U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.

PART I - REPORT TYPE

1. Incident Id: I-2015120189
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/31/2015

4. Time of Incident (use 24-hour time):
12:00

5. Enter National Response Center Report Number (if applicable):

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:

City: CASA GRANDE
County: PINAL
State: AZ
Zip Code: (if known): 85122
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
STOREY ROAD TWEETY ROAD CASA

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: WESTERN STATES PETROLEUM
Street: 450 SOUTH 15TH AVENUE
City: PHOENIX
State: AZ
Zip Code: 85007
Federal DOT Id Number: 309696
Hazmat Registration Number: 062615552022X

11. Shipper/Offeror:

Name: WESTERN STATES PETROLEUM, INC.
Street: 450 S 15TH AVE
City: PHOENIX
State: AZ
Zip Code: 85007-3327
Waybill/Shipping Paper: 298037
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street: CALJET, 125 NORTH 53RD AVENUE
City: PHOENIX
State: AZ
Zip Code: 85034

13. Destination:

Street: MULTIPLE DELIVERY LOCATIONS IN PINAL COU
City:
State:
Zip Code:

14. Proper Shipping Name of Hazardous Material: GASOLINE, CASINGHEAD

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1203

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 3947 Liquid - Gallon

20. Was the material shipped as a hazardous waste? False
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material? False
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? True
If yes, provide the Exemption, Approval, or CA number: 298037

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Cargo Tank Motor Vehicle (CTMV)

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: -
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN UN1203/1993 CLASS 3
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Package Capacity:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	WELD IT COMPANY	Manufacture Date:	11/01/2006
Serial Number:	6-30840-1A	Last Test Date:	03/01/2015
Material of Construction:	STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	(if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)		
Head Thickness:	(if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type:
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	False	- Environmental Damage:	True
- No Release:	False		

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: False
Police Report #: True 150731152
In-house cleanup: True
Other Cleanup: False

32. Damages Was the total damage cost more than $500? True

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	$ 6,690.00
Carrier Damage:	$ 90,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 143,991.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	0
Responders:	0
General Public:	0

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal Injury? False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	0
Responders:	0
General Public:	0

35. Did the hazardous material cause or contribute to an evacuation? False

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	
Duration of the evacuation:	

36. Was a major transportation artery or facility closed? True

If yes, how many? 5

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	35
Weather conditions:	SUNNY 100F
Vehicle overturned?	True
Vehicle left roadway/track?	True

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- Shipment had not been transported
- Transported by air (first flight)
- Transport by air (subsequent flights)
- Initial transport by highway to cargo facility
- Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

SEE ATTACHED POLICY REPORT FOR DESCRIPTION OF ACCIDENT:

ON FRIDAY JULY 31, 2015 AT ABOUT 1158 HOURS, I WAS DISPATCHED TO TWEEDY RD AND STOREY RD IN REFERENCE TO A TRAFFIC ACCIDENT WITH INJURIES INVILVING A FUEL TRUCK THAT HAD ROLLED OVER. THE DRIVER WAS ALSO REPORTED TO BEING EJECTED FROM THE FUEL TRUCK AND THE FUEL TRUCK SPILLING OUT FUEL.

PRIOR TO MY ARRIVAL, OTHER UNITS HAD ARRIVED AND BEGAN MAKING THE SCENE SECURE. THE DRIVER WHO WAS IDENTIFIED AS JEFFEREY MOORE (06/27/67) BY HIS ARIZONA DRIVER'S LICENSE WAS TREATED BY SOUTHWEST AMBULANCE AND LATER TRANSPORTED BY GROUND TO THE BANNER CASA GRANDE HOSPITAL.

THE SCENE WAS LATER TURNED OVER TO DEPUTY HARRISON WHEN HE ARRIVED ON SCENE.

NFI

CASE STATUS: CLOSED

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

SAFETY MEETING. REAFFIRMED SOP.

PART VIII – CONTACT INFORMATION

Contact's Name:	ROBERT F KEC
Contact's Title:	PRESIDENT
Business Name and Address:	WESTERN STATES PETROLEUM 450 SOUTH 15TH AVENUE PHOENIX AZ 85007
E-mail Address:	BOBKEC@WESTERNSTATESPETROLEUM.COM
Telephone Number:	602 252 4011
Fax Number:	602 340 9621
Hazmat Registration Number:	062615552022X
Date:	12/07/2015
Preparer is:	Carrier

11/01/2006

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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/31/2015

4. Time of Incident (use 24-hour time):
12:00

5. Enter National Response Center Report Number (if applicable):

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:

City: CASA GRANDE
County: PINAL
State: AZ
Zip Code: (if known): 85122
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
STOREY ROAD TWEETY ROAD CASA

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: WESTERN STATES PETROLEUM
Street: 450 SOUTH 15TH AVENUE
City: PHOENIX
State: AZ
Zip Code: 85007
Federal DOT Id Number: 309696
Hazmat Registration Number: 062615552022X

11. Shipper/Offeror:

Name: WESTERN STATES PETROLEUM
Street: 450 SOUTH 15TH AVENUE
City: PHOENIX
State: AZ
Zip Code: 85007
Waybill/Shipping Paper: BOL 297524
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street: CALJET 125 NORTH 53RD AVENUE
City: PHOENIX
State: AZ
Zip Code: 85034

13. Destination:

Street: MULTIPLE DELIVERY LOCATIONS IN PINAL COU
City:
State:
Zip Code:

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: DYED 5705 ULTRA LOW SULFUR DIESEL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 3947 Liquid - Gallon

20. Was the material shipped as a hazardous waste? False
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material? False
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? True
If yes, provide the Exemption, Approval, or CA number: BOL 297524

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Cargo Tank Motor Vehicle (CTMV)

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 150-Tank Shell
How Failed: - 310-Ripped or Torn
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN UN1203/1993 CLASS 3
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity:	0	Package Capacity:	
Amount in Package:	0	Amount in Package:	
Number in Shipment:	0	Number in Shipment:	
Number Failed:	0	Number Failed:	

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	WELD IT COMPANY	Manufacture Date:	11/01/2006
Serial Number:	6-30840-1A	Last Test Date:	03/01/2015
Material of Construction:	STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	(if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)		
Head Thickness:	(if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type:
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
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PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	False	- Environmental Damage:	True
- No Release:	False		

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Fire/EMS Report #: False
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Other Cleanup: False

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If yes, enter the following information: (If no, go to question 33.)

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(See damage definitions in the instructions)

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If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	0
Responders:	0
General Public:	0

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal Injury? False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	0
Responders:	0
General Public:	0

35. Did the hazardous material cause or contribute to an evacuation? False

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	
Duration of the evacuation:	

36. Was a major transportation artery or facility closed? True

If yes, how many? 5

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	35
Weather conditions:	SUNNY 100F
Vehicle overturned?	True
Vehicle left roadway/track?	True

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

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Describe:

SAFETY MEETING. REAFFIRMED SOP.

PART VIII – CONTACT INFORMATION

Contact's Name:	ROBERT F KEC
Contact's Title:	PRESIDENT
Business Name and Address:	WESTERN STATES PETROLEUM 450 SOUTH 15TH AVENUE PHOENIX AZ 85007
E-mail Address:	BOBKEC@WESTERNSTATESPETROLEUM.COM
Telephone Number:	602 252 4011
Fax Number:	602 340 9621
Hazmat Registration Number:	062615552022X
Date:	12/07/2015
Preparer is:	Carrier

11/01/2006