



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-1999010735
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/18/1998
4. Time of Incident (use 24-hour time):
04:30
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: LINCOLN
County: LEWIS AND CLARK
State: MT
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MT 200 MP 88.5
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: MONTANA REFINING
Street: 1900 10 STREET NE
City: GREAT FALLS
State: MT
Zip Code: 594041955
Federal DOT Id Number: 0830800
Hazmat Registration Number:
11. Shipper/Officer:
- Name: MONTANA REFINING
Street: 1900 10 STREET NE
City: GREAT FALLS
State: MT
Zip Code: 594041955
Waybill/Shipping Paper: 5233
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: PO BOX 8627
City: MISSOULA
State: MT
Zip Code: 59807
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name: #2 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) 191 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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: - 103-Basic Material

How Failed: - 309-Punctured

Causes of Failure: - Rollover Accident; Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.

Identification Markings:

(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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 12200 Liquid - Gallon
Amount in Package:
Number in Shipment: 1
Number Failed: 1

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer: NOT REPORTED BY CARRIER
Serial Number: T.N1393.83
Material of Construction: (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:

Manufacture Date:
Last Test Date: 09/03/1998

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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: | False |
| - No Release: | False | | |

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

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

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:	\$ 88.00
Carrier Damage:	\$ 20,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 21,500.00

(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:
Responders:
General Public:

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

False

If yes, how many?

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:
Responders:
General Public:

Non-Hospitalized:

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

Employees:
Responders:
General Public:

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: 0
Duration of the evacuation:

36. Was a major transportation artery or facility closed?

False

If yes, how many?

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

True

If yes, provide the following information:

Estimated speed (mph): 25
Weather conditions:
Vehicle overturned?
Vehicle left roadway/track?

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:

On December 18, 1998, at approximately 4:30 a.m., a Montana Refining Company (MRC) product delivery truck and trailer, loaded with diesel fuel skidded off of Highway 200 during a blizzard. The truck overturned on its top in the borrow ditch and the trailer turned on its side. The incident occurred approximately one mile west from the top of Rodgers Pass in Lewis and Clark county, MT. The product truck and trailer was loaded with 9,052 gallons of #2 low sulfur diesel fuel. Two small leaks were discovered in the product delivery truck fuel storage compartment. The leaks were plugged by MRC responders using a combination of wooden stakes and beeswax. Approximately 191 gallons of diesel fuel leaked from the product truck before it was plugged. MRC responded immediately to the incident by dispatching the Company's oil spill response team, five towing trucks, two empty fuel trucks, and two vacuum trucks. The response consisted of two task forces. Task force one was instructed to recover the product from the truck and trailer and then remove the equipment from the site. Task force two was instructed to contain and recover all spilled diesel fuel. Task Force one recovered 9301 gallons of diesel fuel from the truck and trailer and returned the product to the Great Falls refinery that evening. The truck and trailer were recovered and towed to repair shops in Missoula later in the day. Task Force two deployed 50 feet of containment boom and 30 feet of absorbent spaghetti below the incident area. All of the spilled diesel fuel was trapped above the sand dike placed by the Highway Department to prevent migration of the product down the borrow ditch. (Figure I). MRC responders used vacuum trucks to recover the water and fuel trapped behind the impoundment. Small pockets of product were cleaned up using absorbent blankets. The spent absorbent, water and product were taken to the refinery for recovery and disposal. The entire incident was declared over at 3:45 p.m. on 12/18/98. Approximately 191 gallons of diesel fuel spilled onto the ground. (Table 1). Most of the product was recovered using vacuum trucks and absorbent blankets. MRC anticipates a few gallons (probably <5 gallons) was trapped under ice or entrained in the snow. MRC does not feel that this small amount will endanger the environment.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:	DEXTER BUSBY
Contact's Title:	ENVIRONMENTAL ENGINEER
Business Name and Address:	
E-mail Address:	
Telephone Number:	406-761-4100
Fax Number:	
Hazmat Registration Number:	
Date:	01/12/1999
Preparer is:	