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-2017070006
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/03/2017

4. Time of Incident (use 24-hour time):
22:30

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: INDIANAPOLIS
County: MARION
State: IN
Zip Code: (if known): 46219
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
7335 EAST 30TH ST.

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:

Name: R W EARHART COMPANY
Street: 1494 LYTLE RD
City: TROY
State: OH
Zip Code: 45373
Federal DOT Id Number: 0351746
Hazmat Registration Number:

11. Shipper/Offeror:

Name: R W EARHART COMPANY
Street: 1494 LYTLE RD
City: TROY
State: OH
Zip Code: 45373
Waybill/Shipping Paper: 014902
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street: 1304 OLIN AVE
City: INDIANAPOLIS
State: IN
Zip Code: 46222

13. Destination:

Street: 7335 EAST 30TH ST
City: INDIANAPOLIS
State: IN
Zip Code: 46219

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: #2 MVIS ULTRA LOW SULFUR (15 PPM MAX SULFUR) DIESEL FUEL # 2 MVIS

16. Hazardous Class/Division: Flammable - Combustible Liquid

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

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 282 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? False
If yes, provide the Exemption, Approval, or CA number:

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: - Human Error; Human Error

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406
(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:	9600 Liquid - Gallon	Package Capacity:	
Amount in Package:	7503 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:		Number Failed:	

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

Manufacturer:	HEIL TANKERS	Manufacture Date:	09/09/2013
Serial Number:	5HTAM4526E7H7809	Last Test Date:	08/02/2016
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	33 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.204 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.204 INCH (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:	False
- No Release:	False		

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

Fire/EMS Report #: True EPA SPILL/116740
Police Report #: False
In-house cleanup: True
Other Cleanup: True

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:	$ 600.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 15,329.00

(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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	
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:

FUEL TANKER DRIVER ARRIVED AT CUSTOMER LOCATION TO DELIVER 7,503 GALLONS OF DIESEL FUEL INTO CUSTOMER'S 10,000 GALLON CAPACITY STORAGE TANK. TANK WAS READING 33" OF FUEL, BUT DRIVER USED A 120" DIAMETER, 10,000 GAL CAPACITY TANK CHART TO DETERMINE THE QUANTITY OF FUEL IN THE TANK, SO HE COULD VERIFY THAT THE 7,503 GALLON LOAD WOULD FIT. 33" IN A 120 DIAMETER, 10K TANK IS 2,232 GALLONS. 7,503 + 2,232 <10,000. SO DRIVER CONFIRMED LOAD WOULD FIT.
ERROR #1: DRIVER USED WRONG TANK CHART. TANK IS A 96" DIAMETER 10K TANK 33" IS 3,090 GALLONS IN A 96", 10K TANK. 7,503 + 3,090 > 10,000 THUS A SPILL/OVER FILL OCCURRED.
ERROR #2: DRIVER WAS NOT WITHIN 20 FT OF SHUT OFF VALVES. THUS, THE OVERFILL QUANTITY WAS LARGER THAN IT SHOULD HAVE BEEN.

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:

USED THIS AS AN EXAMPLE TO ALL DRIVERS OF THE IMPORTANCE OF STAYING WITHIN 20 FT OF SHUT OFF VALVES + PAYING ATTENTION TO THE UNLOADING PROCESS.
ALSO, RECOMMENDED TO CUSTOMER THAT OVERFILL PROTECTION BE INSTALLED ON THEIR STORAGE TANK. WE AGREED TO SHARE IN THE COST AS IN INCENTIVE FOR THEM TO FOLLOW THROUGH ON THAT.

PART VIII – CONTACT INFORMATION

Contact's Name:	MIKE RHOADES
Contact's Title:	SVP TRADING + SUPPLY
Business Name and Address:	R W EARHART 1201 BRUKNER DRIVE TROY OH 45373
E-mail Address:	MRHOADES@EARHARTCOMPANY.COM
Telephone Number:	800 686 2928
Fax Number:	
Hazmat Registration Number:	
Date:	06/26/2017
Preparer is:	Carrier

09/09/2013