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-2008040426
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/14/2008

4. Time of Incident (use 24-hour time):
14:30

5. Enter National Response Center Report Number (if applicable):
865073

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

7. Location of Incident:
City: JUANA DIAZ
County: JUANA DIAZ
State: PR
Zip Code: (if known): 00795
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: WESTERN PETROLEUM ENTERPRISES
Street: 203 WEST MENDEZ VIGO STREET
City: MAYAGUEZ
State: PR
Zip Code: 00680
Federal DOT Id Number: 567205
Hazmat Registration Number: 0522065500460Q

11. Shipper/Offeror:
Name: SHELL CHEMICAL YABUCOA, INC.
Street: ROAD 901 KM 2.7 BO CAMINO NUEVO
City: YABUCOA
State: PR
Zip Code: 00767
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: GUANAJIBO INDUSTRIAL PARK
City: MAYAGUEZ
State: PR
Zip Code: 00680

14. Proper Shipping Name of Hazardous Material: KEROSENE

15. Technical/Trade Name:

16. Hazardous Class/Division: Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1223

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 8000 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? True
If yes, provide the Hazard Zone: D

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? 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

26a. Provide the packaging identification markings, if available.
Identification Markings: NON SPEC
(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:	10000 Liquid - Gallon	Package Capacity:	
Amount in Package:	8000 Liquid - Gallon	Amount in Package:	
Number in Shipment:		Number in Shipment:	
Number Failed:		Number Failed:	

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

Manufacturer:	FRUEHAUF	Manufacture Date:	01/01/1986
Serial Number:	1H4704229GK00150	Last Test Date:	03/02/2008
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	5454 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	5454 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:	True
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	True
- No Release:	False		

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

Fire/EMS Report #:	True
Police Report #:	True
In-house cleanup:	False
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:	$ 34,000.00
Carrier Damage:	$ 0.00
Property Damage:	$ 120,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 104,000.00

(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? 12

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

If yes, provide the following information:

Estimated speed (mph):	40
Weather conditions:	SUNNY
Vehicle overturned?	True
Vehicle left roadway/track?	False

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:

ACCIDENT OCCURRED ON MARCH 14, 2008, IN KM. 81 IN JUANA DIAZ, PUERTO RICO IN THE HIGHWAY LUIS A. FERRE, FROM JUANA DIAZ TO PONCE, PUERTO RICO. THE TRUCK DRIVER, SALVADOR ROMAN MORALES, LOADED 8,000 GALLONS OF KEROSENE IN THE REFINERY SHELL CHEMICAL LOCATED AT YABUCOA, PUERTO RICO. THIS PRODUCT WAS DESTINED TO ARRIVE AT THE PHARMACEUTICAL BRISTOL MYERS IN MAYAQUES, PUERTO RICO. MR. ROMAN INDICATES THAT WHEN HE WAS DRIVING ON THE MENTIONED HIGHWAY HE FELL ASLEEP OR FELT DIZZY AND WHEN HE REALIZED IT THE TRUCK TANK WAS ALREADY DOING ZIG ZAGS AND THE TRUCK ENDED HITTING THE CEMENT FENCE THAT WAS IN THE HIGHWAY. WE RECEIVED A CALL FROM A DRIVE BY CONDUCTOR THAT WAS HELPING OUR TRUCK DRIVER, MR. ROMAN, AND SHE INFORMED US ABOUT THE ACCIDENT AND LETS US SPEAK TO THE DRIVER, MR. ROMAN, WE IMMEDIATELY STARTED TO TAKE THE NECESSARY STEPS. IMMEDIATELY, WE REQUIRED THE SERVICES OF SEVERAL COMPANIES AND THE CLEAN UP COMPANY WAS RICLEM ENVIRONMENTAL AT 787-361-4119 WITH MR. JORGE CLEMENTE AND HE TOOK CHARGE OF THE CLEAN UP. WE INFORMED THE NATIONAL RESPONSE CENTER AT 787-729-6770 TO MRS. RAWLS AND THE CASE NUMBER IS 865073. WE NOTIFIED THE FOLLOWING AGENCIES: . "COMISION DE SERVICIOS PUBLICOS" OF PUERTO RICO TO MRS. SONIA PAVELLON AT 787-756-1919. . FIRE DEPARTMENT IN JUANA DIAZ, PUERTO RICO WHICH WERE ALREADY AT THE SITE . "JUNTA DECALIDAD AMBIENTAL" OF PONCE, PUERTO RICO AND SPOKE TO WILFREDO VARGAS AT 787-840-4070, WHICH WAS AT THE SITE AT THE MOMENT.

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:

WE HAD A SAFETY MEETING WITH ALL OF OUR TRUCK DRIVERS. WE SPOKE ABOUT THE ACCIDENT ACCURED 3/14/08 AND WENT OVER ALL THE SECURITY POLICIES AND PROCEDURES.

PART VIII – CONTACT INFORMATION

Contact's Name:	ROBERTO RODRIQUEZ
Contact's Title:	GENERAL MANAGER
Business Name and Address:	WESTERN PETROLEUM
E-mail Address:	2R.RODRIQUEZ@GMAIL.COM
Telephone Number:	787-833-9393
Fax Number:	787-265-3280
Hazmat Registration Number:	
Date:	04/14/2008
Preparer is:	Carrier

01/01/1986