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-2014030170
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/03/2013

4. Time of Incident (use 24-hour time):
12:14

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: CHESTER
County: CHESTERFIELD
State: VA
Zip Code: (if known): 23831
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
15501 BRANDERSBRIDGE RD.

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BARKSDALE OILS, INC.
Street: 1041 E. BANK STREET
City: PETERSBURG
State: VA
Zip Code: 23803
Federal DOT Id Number:
Hazmat Registration Number: 070913550004V

11. Shipper/Offeror:
Name: BARKSDALE OILS, INC.
Street: 1041 E. BANK STREET
City: PETERSBURG
State: VA
Zip Code: 23803
Waybill/Shipping Paper:
Hazmat Registration Number: 070913550004V

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

13. Destination:
Street: 11395 CHESTER ROAD
City: CHESTER
State: VA
Zip Code: 23831

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: 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) II

19. Quantity Released: (Include Measurement Units) 44.3 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: - 137-Manway or Dome Cover
How Failed: - 308-Leaked
Causes of Failure: - Rollover Accident

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:	2700 Liquid - Gallon	Package Capacity:	
Amount in Package:	2674 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	PROGRESS TANK	Manufacture Date:	01/01/2006
Serial Number:	C-52676	Last Test Date:	11/25/2013
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.02 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.02 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 C001535
Police Report #: True 133375351
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:	$ 519.00
Carrier Damage:	$ 70,000.00
Property Damage:	$ 0.00
Response Cost:	$ 5,050.00
Remediation/Cleanup Cost:	$ 20,164.00

(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? 11

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

If yes, provide the following information:

Estimated speed (mph):	30
Weather conditions:	CLEAR/CLOUDY
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:

BARKSDALE OILS DRIVER (D1) TRAVELING NORTH ON BRANDERSBRIDGE RD. A LARGE SEMI TRUCK (D2) TRAVELING IN OPPOSITE DIRECTION. D1 MOVED OVER TO RIGHT TO GIVE D2 MORE ROOM SINCE IT HAD ENCROACHED ON D1 LANE. DE RAN OFF ROADWAY TO AVOID COLLISION WITH D2. D1 TRYED TO CORRECT COMING OUT OF SOFT SHOULDER/DITCH. CONTENTS OF LOAD SHIFTED AND D1 VEHICLE TURNED OVER. WITH D1 VEHICLE ON IT SIDE, PRODUCT LEAKED FROM DOME COVERS. THE RELEASE LASTED APPROXIMATELY 3 HOURS. WITH PRODUCT LEAKING FROM COMPARTMENTS ONE AND TWO, CHESTERFIELD FIRE DEPT. PLACED CLAMPS ON EACH DOME COVER TO PREVENT FURTHER LEAKING. ABSORBENT DOOMS AND PADS WERE PLACED TO CONTAIN SPILL.

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:

THIS ACCIDENT TOOK PLACE ON A 2 LANE COUNTY ROAD, WHERE ANOTHER VEHICLE CAUSED D1 TO MOVE ON THE RIGHT SHOULDER DITCH RESULTING IN THE ROLLOEVER. THIS COULD HAVE HAPPENED WITH OR WITHOUT PRODUCT ON THE TRUCK. HOWEVER FROM AN OPERATIONAL ASPECT, FUTURE LOADS WILL BE DISPATCHED TO DELIVER QUANTITIES ON MAIN ROADS FIRST AND THEN DELIVER ON SECONDARY ROADS.

PART VIII – CONTACT INFORMATION

Contact's Name:	LASH BARKSDALE
Contact's Title:	PRESIDENT
Business Name and Address:	BARKSDALE OILS, INC. 1041 E. BANK STREET PETERSBURG VA 23803
E-mail Address:	LASHBARKSDALE@VERIZON.NET
Telephone Number:	804-732-2181
Fax Number:	804-861-8716
Hazmat Registration Number:	
Date:	02/26/2014
Preparer is:	Carrier

01/01/2006

U.S Department of Transportation
Research and Special Programs Administration

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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/03/2013

4. Time of Incident (use 24-hour time):
12:14

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: CHESTER
County: CHESTERFIELD
State: VA
Zip Code: (if known): 23831
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
15501 BRANDERSBRIDGE RD.

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BARKSDALE OILS, INC.
Street: 1041 E. BANK STREET
City: PETERSBURG
State: VA
Zip Code: 23803
Federal DOT Id Number:
Hazmat Registration Number: 070913550004V

11. Shipper/Offeror:
Name: BARKSDALE OILS, INC.
Street: 1041 E. BANK STREET
City: PETERSBURG
State: VA
Zip Code: 23803
Waybill/Shipping Paper:
Hazmat Registration Number: 070913550004V

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

13. Destination:
Street: 11395 CHESTER ROAD
City: CHESTER
State: VA
Zip Code: 23831

14. Proper Shipping Name of Hazardous Material: GASOLINE INCLUDES GASOLINE MIXED WITH ETHYL ALCOHOL, WITH NOT MORE THAN 10% ALCOHOL

15. Technical/Trade Name: GASOLINE

16. Hazardous Class/Division: Flammable - Combustible Liquid

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

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 118.9 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: - 137-Manway or Dome Cover
How Failed: - 308-Leaked
Causes of Failure: - Rollover Accident

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:	2700 Liquid - Gallon	Package Capacity:	
Amount in Package:	2674 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	PROGRESS TANK	Manufacture Date:	01/01/2006
Serial Number:	C-52676	Last Test Date:	11/25/2013
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.02 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.02 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 C001535
Police Report #: True 133375351
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:	$ 519.00
Carrier Damage:	$ 70,000.00
Property Damage:	$ 0.00
Response Cost:	$ 5,050.00
Remediation/Cleanup Cost:	$ 20,164.00

(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? 11

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

If yes, provide the following information:

Estimated speed (mph):	30
Weather conditions:	CLEAR/CLOUDY
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
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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Describe:

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Describe:

THIS ACCIDENT TOOK PLACE ON A 2 LANE COUNTY ROAD, WHERE ANOTHER VEHICLE CAUSED D1 TO MOVE ON THE RIGHT SHOULDER DITCH RESULTING IN THE ROLLOEVER. THIS COULD HAVE HAPPENED WITH OR WITHOUT PRODUCT ON THE TRUCK. HOWEVER FROM AN OPERATIONAL ASPECT, FUTURE LOADS WILL BE DISPATCHED TO DELIVER QUANTITIES ON MAIN ROADS FIRST AND THEN DELIVER ON SECONDARY ROADS.

PART VIII – CONTACT INFORMATION

Contact's Name:	LASH BARKSDALE
Contact's Title:	PRESIDENT
Business Name and Address:	BARKSDALE OILS, INC. 1041 E. BANK STREET PETERSBURG VA 23803
E-mail Address:	LASHBARKSDALE@VERIZON.NET
Telephone Number:	804-732-2181
Fax Number:	804-861-8716
Hazmat Registration Number:	
Date:	02/26/2014
Preparer is:	Carrier

01/01/2006