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-2009100356
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/10/2009

4. Time of Incident (use 24-hour time):
12:34

5. Enter National Response Center Report Number (if applicable):
917457

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

7. Location of Incident:
City: AMHERST
County: ERIE
State: NY
Zip Code: (if known): 14226
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I290 EB, EXIT RAMP 7C

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: GRIFFITH ENERGY, INC.
Street: 760 BROOKS AVE
City: ROCHESTER
State: NY
Zip Code: 14619
Federal DOT Id Number: 157649
Hazmat Registration Number: 052008012020QR

11. Shipper/Offeror:
Name: GRIFFITH ENERGY, INC.
Street: 760 BROOKS AVE
City: ROCHESTER
State: NY
Zip Code: 14619
Waybill/Shipping Paper: 50990
Hazmat Registration Number: 052008012020QR

12. Origin (if different from shipper address)
Street: 4545 RIVER ROAD
City: TONAWANDA
State: NY
Zip Code: 14151

13. Destination:
Street: 275 AERO DRIVE
City: BUFFALO
State: NY
Zip Code: 14225

14. Proper Shipping Name of Hazardous Material: FUEL, AVIATION, TURBINE ENGINE

15. Technical/Trade Name: JET A (#76)

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1863

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 7000 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; 150-Tank Shell
How Failed: - 303-Burst or Ruptured; 310-Ripped or Torn
Causes of Failure: - Rollover Accident; Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406 AL
(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:	12550 Liquid - Gallon	Package Capacity:	
Amount in Package:	10600 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:	HEIL TRAILER INTERNATIONAL	Manufacture Date:	10/19/1999
Serial Number:	5HTAB4736Y7L6378	Last Test Date:	09/19/2008
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	5 PSI (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:	True
- 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 #:	True	9828
Police Report #:	True	950451
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:	$ 21,621.00
Carrier Damage:	$ 100,000.00
Property Damage:	$ 50,000.00
Response Cost:	$ 75,000.00
Remediation/Cleanup Cost:	$ 150,000.00

(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? True

If yes, provide the following information:

Total number of general public evacuated:	90
Total number of employees evacuated:	0
Total evacuated:	90
Duration of the evacuation:	4

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):	30
Weather conditions:	CLEAR,DRY,WARM
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:

NOTE: A FOLLOW-UP REPORT WILL BE SENT ONCE POLICE REPORT DETAILING EVACUATION INFORMATION AND FINAL COSTS HAVE BEEN RECEIVED. DRIVING EB ON 1290, APPROACHING EXIT 7 FROM CENTER LANE, DRIVER WAS ATTEMPTING TO MERGE FOR EXIT BUT OTHER DRIVERS WOULD NOT LET HIM IN; DRIVER SPED UP TO GAIN ACCESS TO RAMP AND ENTERED CURVING GRADE TOO QUICKLY; FULLY LOADED TRAILER STARTED TO ROLL, PULLING REST OF UNIT WITH IT. TRACTOR AND TRAILER UNIT STRUCK GUARDRAIL, WHICH SLICED THE TOP OF THE TRAILER OPEN AND PUNCTURED SEVERAL COMPARTMENTS NEAR THE TOP OF THE TRAILER, ALLOWING APPROXIMATED 7,000 GALLONS JET FUEL TO SPILL TO THE ROADWAY, SURROUNDING EMBANKMENT AND DRAINAGE DITCH. EMERGENCY RESPONDERS ARRIVED ON SCENE WITHIN MOMENTS TO CONTAIN PRODUCT AND ASSIST WITH ACCIDENT. NO OTHER VEHICLES WERE INVOLVED IN ACCIDENT, HOWEVER SEVERAL VEHICLES WERE "SPLASHED" WITH THE SPILLING JET FUEL. SURROUNDING AREA WAS EVACUATED AS A PRECAUTIONARY MEASURE AND ROUTE 290 IN BOTH DIRECTIONS WAS CLOSED FOR INITIAL ACCIDENT INVESTIGATION AND CLEANUP. GRIFFITH ENERGY IS WAITING ON FINAL REPORTS OF EVACUATED NUMBERS AND TIME; FOLLOW-UP REPORT WILL BE SUBMITTED ONCE INFORMATION HAS BEEN RECEIVED FROM EMERGENCY RESPONDERS. REMEDIATION EFFORTS TO RECOVER THE LOST PRODUCT AND REMOVAL/DISPOSAL OF THE CONTAMINATED SOILS ARE ONGOING BY OUTSIDE CONTRACTOR

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:	ERIC LESKINEN
Contact's Title:	DIRECTOR OF SAFETY AND TRAINING
Business Name and Address:	GRIFFITH ENERGY, INC. 760 BROOKS AVE ROCHESTER NY 14619
E-mail Address:	eleskinen@griffithenergy.com
Telephone Number:	5857832608
Fax Number:	5852356572
Hazmat Registration Number:	
Date:	10/29/2009
Preparer is:	Carrier

10/19/1999