



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: E-2005050184
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/18/2005
4. Time of Incident (use 24-hour time):
08:45
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: BATON ROUGE
County: EAST BATON ROUGE PARISH
State: LA
Zip Code: (if known):
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: Petron, Inc.
Street: 1600 Harris Street
City: ALEXANDRIA
State: LA
Zip Code: 71301
Federal DOT Id Number: Hazmat Registration Number:
11. Shipper/Officer:
- Name: Petron, Inc.
Street: 1600 Harris St.
City: ALEXANDRIA
State: LA
Zip Code: 71301
Waybill/Shipping Paper: Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street: 1940 Hwy 1 North
City: PORT ALLEN
State: LA
Zip Code: 70767
13. Destination:
- Street: 6890 Pecue Lane
City: BATON ROUGE
State: LA
Zip Code: 70817
14. Proper Shipping Name of Hazardous
Material: DIESEL FUEL
15. Technical/Trade Name: Low Sulphur Diesel
16. Hazardous Class/Division: Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 15 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: - 150-Tank Shell
How Failed: - 309-Punctured
Causes of Failure: - Rollover Accident

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

Identification Markings: NA 1993

(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: 9327 Liquid - Gallon
Amount in Package: 7373 Liquid - Gallon
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:
Serial Number:
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:

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: | True |
| - No Release: | False | | |

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

- Fire/EMS Report #: False
Police Report #: True LA 05-03251
In-house cleanup: True
Other Cleanup: False

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: | \$ 30.00 |
| Carrier Damage: | \$ 25,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 0.00 |
| Remediation/Cleanup Cost: | \$ 10,000.00 |
- (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: | 0 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 0 |
| Duration of the evacuation: | 0 |

36. Was a major transportation artery or facility closed? True

- If yes, how many? 6

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

- If yes, provide the following information:

- | | |
|-----------------------------|------------|
| Estimated speed (mph): | 30 |
| Weather conditions: | clear 80's |
| 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:

A tanker truck heading south on Highway 61 attempted to turn left onto Sherwood Commons Street in Baton Rouge, LA. The tanker rolled over. Petron personnel in alexandria received the call at 0845 and dispatched their emergency response team. At 0900 the state police emergency response hotline was notified. The north bound lane of Hwy 61 between Seigan Lane and Southpark Drive was closed until 15:30. When Petron arrived on the scene, Baton Rouge Area Mutual Aid System (BRAMAS) were already on the scene. BRAMAS member, ChemNet, drilled openings into the sides of the tanker with an air drill. Product was pumped out of the tanker and into another. Less than 15 gallons of diesel fuel was lost from the first compartment of the tanker. Clean-up started as soon as wreckers were able to upright and move the truck and trailer. Soil was excavated around the edge of the road and around a drain. Diesel fuel on the road was adsorbed with oil dry. Puddles of fuel was collected with a vac truck. Fuel and water was collected with a vac truck from a concrete drainage ditch. All material was disposed of at approved facilities. Louisiana State Police, Louisiana Department of Environmental Quality, and BRAMAS were on the scene. Clean-up was completed at 18:00. Total duration of the release was 7 hours.

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:

More emphasis to drivers on safe speeds.

PART VIII – CONTACT INFORMATION

Contact's Name:	Isaac Ricketts
Contact's Title:	Geologist
Business Name and Address:	Petron, Inc. 1600 Harris Street ALEXANDRIA LA 71301
E-mail Address:	isaac@petron-us.com
Telephone Number:	318-445-5685
Fax Number:	318-448-1727
Hazmat Registration Number:	
Date:	05/23/2005
Preparer is:	Carrier