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-2003120100
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/19/2002

4. Time of Incident (use 24-hour time):
01:00

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: SHEFFIELD
County: LORAIN
State: OH
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
39115 COLORADO AVE

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: SANTMYER OIL CO INC
Street: 1055 W OLD LINCOLN WAY
City: WOOSTER
State: OH
Zip Code: 44691
Federal DOT Id Number: MC292884
Hazmat Registration Number:

11. Shipper/Offeror:
Name: BP PRODUCTS OF NORTH AMERICA
Street: 4850 E 49TH
City: CLEVELAND
State: OH
Zip Code: 44215
Waybill/Shipping Paper: BOL#0186852
Hazmat Registration Number:

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

13. Destination:
Street:
City: KNOXVILLE
State: TN
Zip Code:

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: LOW SULPHUR DIESEL

16. Hazardous Class/Division: Flammable - Combustible Liquid

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

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 1600 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

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?

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:
Portable Tank

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: -

26a. Provide the packaging identification markings, if available.
Identification Markings:
(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:	Package Capacity:
Amount in Package:	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: NOT REPORTED BY CARRIER
Manufacture Date:
Serial Number:
Last Test Date:
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:

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:	False
- No Release:	False		

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

Fire/EMS Report #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:	$ 1,600.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 89,000.00

(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:	
Responders:	
General Public:	

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many?

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:	
Responders:	
General Public:	

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	
Responders:	
General Public:	

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:	0
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:

AT APPROXIMATELY 1:00 AM ON DECEMBER 19, 2002 A SOCI TRANSPORT TRUCK TRAVELED TO PILOT TRAVEL CENTER #004 IN AVON, OHIO (SITE) TO COMPLETE A SCHEDULED DELIVERY OF LOW SULFUR DIESEL FUEL. THE PILOT TRAVEL CENTER IS OWNED BY PILOT TRAVEL CENTERS, LLC (PILOT). UPON ARRIVAL, THE SOCI DRIVER GAUGED WHAT APPEARED TO BE A DIESEL UNDERGROUND STORAGE TANK (UST) LOCATED SOUTHWEST OF THE DIESEL PUMP ISLANDS. IT WAS LATER DETERMINED THIS TANK WAS AN OIL/WATER SEPARATOR. THE SOCI DRIVER SUBSEQUENTLY PUMPED 7,503 GALLONS OF LOW SULFUR DIESEL FUEL FROM HIS TRUCK TO THE OIL/WATER SEPARATOR. AFTER COMPLETING THE DELIVERY, THE SOCI DRIVER PRESENTED DOCUMENTATION OF DELIVERY TO THE STORE PERSONNEL, AND LEFT THE SITE. THE DELIVERY DOCUMENTATION INDICATED THAT A STICK READING OF THE TANK WAS 0 INCHES PRIOR TO THE DELIVERY, AND THAT AFTER THE DELIVERY THE STICK READING WAS 62 INCHES. I ADDITION, THE DOCUMENTATION SHOWED THAT 3,003 GALLONS OF DIESEL FUEL WAS PUMPED INTO COMPARTMENT #1, 1,500 GALLONS IN COMPARTMENT #3 AND 3,000 GALLONS INTO COMPARTMENT #4, WHICH WERE ACTUALLY CHAMBERS IN THE OIL/WATER SEPARATOR. A DESCRIPTION OF THE RELEASE IS SUMMARIZED IN TABLE 1-1 BELOW. THE LOCATION OF THE AREA ON A USGS TOPOGRAPHIC MAP IS PROVIDED AS FIGURE A-1. A SITE MAP US PROVIDED AS FIGURE A-2. THE DIESEL FUEL SUBSEQUENTLY FLOWED FROM THE SEPARATOR TO A RETENTION POND LOCATED SOUTHWEST OF THE SEPARATOR (FIGURE 2). THE DIESEL FUEL FLOWED ACROSS THE POND AND ENTERED A SEVEN-INCH DIAMETER DRAIN AT THE BASE OF A PRECAST CONCRETE CATCH BASIN LOCATED AT THE SOUTHERN TERMINUS OF THE RETENTION POND. THE DIESEL FUEL WAS CONVEYED FOR THE CATCH BASIN TO FRENCH CREEK VIA A CORRUGATED PLASTIC DRAIN PIPE. DIESEL FUEL WAS THE CONVEYED DOWNSTREAM FROM ON FRENCH CREEK AND INTO BLACK RIVER. AN ESTIMATED TOTAL OF 1,600 GALLONS OF DIESEL FUEL WERE RELEASED TO ENVIRONMENT. APPROXIMATELY TWO HOURS LATER, PILOT CALLED SOCI TO REPORT THAT THEY WERE RUNNING OUT OF DIESEL FUEL IN THE USTS. SOCI CALLED PILOT AT APPROXIMATELY 4:00 AM, AND WAS INFORMED BY A PILOT EMPLOYEE THAT THE SOCI DRIVER HAD PUMPED THE DIESEL FUEL INTO A STRUCTURE THAT WAS NOT PART OF THE DIESEL UST SYSTEM. ACCORDING TO SOCI, THE REPRESENTATIVE FROM PILOT THOUGHT THE STRUCTURE WAS AN INACTIVE (I.E., "DEAD") UST. SOCI ASKED IF SOMEONE FROM PILOT SHOULD BE CONTACTED, AND WAS TOLD THAT THE PILOT STORE MANAGER WOULD ARRIVE AT APPROXIMATELY 6:00 AM, AND HE WOULD CALL SOCI IF NECESSARY. AT A LATER TIME, THE PILOT STORE MANAGER CALLED SOCI TO REPORT THAT THE DIESEL FUEL HAD BEEN PUMPED INTO AN OIL/WATER SEPARATOR WHICH HAD DISCHARGED TO AN ON-SITE RETENTION POND, BUT THE POND WOULD PREVENT THE PRODUCT FROM LEAVING THE SITE. AFTER SPEAKING TO THE PILOT STORE MANAGER, SOCI DISPATCHED PERSONNEL AND A VACUUM TRUCK TO THE SITE. ACCORDING TO THE ATTACHED REPORT ENTITLED, "EMERGENCY RESPONSE ACTIVITIES, PILOT TRAVEL CENTERS #004, PREPARED BY GROUNDWATER & ENVIRONMENTAL SERVICES, INC., THE PILOT STORE GENERAL MANAGER IMMEDIATELY CONTACTED MR. JASON MCCAIN (PILOT TRAVEL CENTERS ENVIRONMENTAL MANAGER) AND CALLED CHEMTRON CORPORATION OF AVON, OHIO TO INITIATE EMERGENCY RESPONSE SERVICES. AT 8:31 AM ON DECEMBER 19, 2002 THE SHEFFIELD FIRE DEPARTMENT RESPONDED TO A REPORT FROM A RESIDENT LIVING NEAR FRENCH CREEK DOWNSTREAM OF THE PILOT STATION WHO REPORTED A PETROLEUM ODOR. THE SHEFFIELD FD INVESTIGATED THE ODOR, AND DISCOVERED PRODUCT (DIESEL FUEL) ON THE WATER IN THE CREEK. THE SHEFFIELD FIRE DEPARTMENT TRACED THE PRODUCT TO THE PILOT TRAVEL CENTER. AT 8:49 AM, THE SHEFFIELD FIRE DEPARTMENT CONTACTED THE OHIOEPA TO REPORT THE SPILL, WHO ASSIGNED SPILL NUMBER 0212-47-4747 TO THE RELEASE. THE SHEFFIELD FIRE DEPARTMENT ALSO CONTACTED THE AVON DEPARTMENT, SINCE THE SITE WAS UNDER THEIR JURISDICTION. SOCI CALLED THE OHIOEPA TO REPORT THE RELEASE AT 9:20 AM ON DECEMBER 19, 2002.

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:	JIM HODKINSON
Contact's Title:	SAFETY OFFICER
Business Name and Address:	
E-mail Address:	
Telephone Number:	330-262-6501
Fax Number:	
Hazmat Registration Number:	
Date:	11/21/2003
Preparer is:	