



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-2012090101
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/27/2012
4. Time of Incident (use 24-hour time):
04:30
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: CASA
County: PERRY
State: AR
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2 MI. EAST OF CASA ON HWY 1D
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: PETROLEUM TRANSPORTATION COMPANY
Street: 308 W. INDUSTRIAL PARK ROAD
City: Harrison
State: AR
Zip Code: 72601
Federal DOT Id Number: 1497071
Hazmat Registration Number: 06041200502DU
11. Shipper/Officer:
- Name: PETROMARK, INC.
Street: 308 W INDUSTRIAL PARK RD
City: HARRISON
State: AR
Zip Code: 72601-6803
Waybill/Shipping Paper: 1036952/1036953
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street: 2207 CENTRAL AIRPORT ROAD
City: NORTH LITTLE ROCK
State: AR
Zip Code: 72117
13. Destination:
- Street: 109 EAST HIGHWAY 10
City: OLA
State: AR
Zip Code: 72853
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) II

19. Quantity Released: (Include Measurement Units) 578 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: - 149-Tank Head
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Rollover Accident

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

Identification Markings: NA-1993 PG III UN-1203 PG II

(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):
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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):
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Package Capacity: Amount in Package: Number in Shipment: Number Failed:	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:
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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:
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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 530812033
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: | \$ 8,758.00 |
| Carrier Damage: | \$ 150,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 0.00 |
| Remediation/Cleanup Cost: | \$ 0.00 |
- (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? 4

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

- If yes, provide the following information:

- | | |
|-----------------------------|-------|
| Estimated speed (mph): | 65 |
| Weather conditions: | CLEAR |
| 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:

AT APPROX 4:30AM OUR DRIVER FAILED TO NEGOTIATE A LEFT HAND CURVE & OVERTURNED THE TRUCK. DURING THE ROLLOVER THE BULKHEADS BETWEEN THE COMPARTMENTS RUPTURED ALLOWING PRODUCT TO FLOW FROM THE VENT HOLES BETWEEN THE COMPARTMENTS FROM WHAT THE FIRST RESPONDERS STATED THE TRAILER LEAKED THROUGH THE VENT HOLES FOR APPROXIMATELY 1 HOUR BEFORE BEING PLUGGED. ONCE PLUGGED WITH 3/4" PLUGS ON TOP & BOTTOM OF TRAILER PRODUCT STOPPED FLOWING.

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:

ADDITIONAL STUDIES ON ROLLOVER PREVENTION
IMPLEMENTATION AS SOON AS POSSIBLE.
SHOULD BE MANDATORY ON "ALL" CARGO TANKS

PART VIII – CONTACT INFORMATION

Contact's Name:	JIM AKIN
Contact's Title:	GENERAL MANAGER
Business Name and Address:	PETROMARK TRANSPORTATION 308 W. INDUSTRIAL PARK ROAD HARRISON AR 72601
E-mail Address:	JAKIN@PETROMARKINC.COM
Telephone Number:	870-741-3560
Fax Number:	870-741-5680
Hazmat Registration Number:	
Date:	08/30/2012
Preparer is:	Carrier



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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 08/27/2012
4. Time of Incident (use 24-hour time): 04:30
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: CASA
County: PERRY
State: AR
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2 MI. EAST OF CASA ON HWY 1D
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PETROLEUM TRANSPORTATION COMPANY
Street: 308 W. INDUSTRIAL PARK ROAD
City: Harrison
State: AR
Zip Code: 72601
Federal DOT Id Number: 1497071
Hazmat Registration Number: 06041200502DU
11. Shipper/Officer:
Name: PETROMARK, INC.
Street: 308 W INDUSTRIAL PARK RD
City: HARRISON
State: AR
Zip Code: 72601-6803
Waybill/Shipping Paper: 1036952/1036953
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 2207 CENTRAL AIRPORT ROAD
City: NORTH LITTLE ROCK
State: AR
Zip Code: 72117
13. Destination:
Street: 109 EAST HIGHWAY 10
City: OLA
State: AR
Zip Code: 72853
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name: DIESEL
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 587 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: - 305-Crushed
Causes of Failure: - Rollover Accident

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

Identification Markings: NA-1993 PG III

(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: Amount in Package: Number in Shipment: Number Failed:	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 530812033
In-house cleanup: False
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32. Damages Was the total damage cost more than \$500? True

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| Material Loss: | \$ 8,758.00 |
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| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 0.00 |
| Remediation/Cleanup Cost: | \$ 0.00 |
- (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? 4

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

- If yes, provide the following information:

- | | |
|-----------------------------|-------|
| Estimated speed (mph): | 65 |
| Weather conditions: | CLEAR |
| Vehicle overturned? | True |
| Vehicle left roadway/track? | True |

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SHOULD BE MANDATORY ON "ALL" CARGO TANKS

PART VIII – CONTACT INFORMATION

Contact's Name:	JIM AKIN
Contact's Title:	GENERAL MANAGER
Business Name and Address:	PETROMARK TRANSPORTATION 308 W. INDUSTRIAL PARK ROAD HARRISON AR 72601
E-mail Address:	JAKIN@PETROMARKINC.COM
Telephone Number:	870-741-3560
Fax Number:	870-741-5680
Hazmat Registration Number:	
Date:	08/30/2012
Preparer is:	Carrier