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-2020060407
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/26/2020

4. Time of Incident (use 24-hour time):
08:15

5. Enter National Response Center Report Number (if applicable):
1278110

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

7. Location of Incident:
City: LEBANON
County: WARREN
State: OH
Zip Code: (if known): 45036
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Close to 5701 St. Rt. 350

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: LYKINS TRANSPORTATION INC
Street: 5163 WLFPN PLSNT HL RD
City: MILFORD
State: OH
Zip Code: 45150-9632
Federal DOT Id Number: 213745
Hazmat Registration Number: 053118550068AC

11. Shipper/Offeror:
Name: LYKINS OIL COMPANY
Street: 5163 WLFPN PLSNT HL RD
City: MILFORD
State: OH
Zip Code: 45150-9632
Waybill/Shipping Paper: 953807, 54719, 953900
Hazmat Registration Number: 053118550061AC

12. Origin (if different from shipper address)
Street: 890 Todhunter Rd.
City: MONROE
State: OH
Zip Code: 45050

13. Destination:
Street: Muitlpe Loactions
City: Monroe and Lebanon area
State: OH
Zip Code:

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name:

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) 350 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: -
How Failed: -
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: CTMV
(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:	2600 Liquid - Gallon	Package Capacity:	
Amount in Package:	2008 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 Industries, Inc.	Manufacture Date:	05/18/1989
Serial Number:	B-36082	Last Test Date:	10/21/2019
Material of Construction:	Aluminum (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.16 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.21 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:	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	Unknown
Police Report #:	True	83-0328-83
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:	$ 875.00
Carrier Damage:	$ 27,000.00
Property Damage:	$ 6,000.00
Response Cost:	$ 20,000.00
Remediation/Cleanup Cost:	$ 50,000.00

(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? True

If yes, provide the following information:

Estimated speed (mph):	22
Weather conditions:	Sunny
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:

On Tuesday, May 26, 2020, Lykins Transportation, Inc. (LTI) driver was operating a straight truck tanker. Driver was headed east bound on St Rt 350 enroute to Clarksville, OH loaded with approximately 1,108 gallons of dyed diesel, 900 gallons of clear diesel, and 650 gallons of unleaded gasoline. The driver had never been on that road prior to that day. He was covering for another driver in the Lebanon, OH area. Therefore, the driver was not familiar with the route and was using GPS which took the driver on St Rt 350 headed to Clarksville, OH from Monroe, OH. Parts of St Rt 350 in that area are steep and curvy. The driver should have not been on that section of the state route and was going too fast for the road. At approximately 0815 the driver was approaching a sharp downhill curve and failed to control the tanker which resulted in a rollover striking a tree and went into a ravine with a creek bottom adjacent to the road. The driver was able to climb out of the truck cab. The tanker suffered compartmental/piping damage which resulted in a spill. Approximately 350 gallons of diesel was released into the creek which is a tributary to the Little Miami River. Most of the product was contained to the tributary. Some of the release did enter the Little Miami River, but the amount is unknown. No gasoline was released only diesel. Multiple first responders and hazardous material cleanup crews responded to the scene. Initially, the spill was mitigated with the use of oil absorbent booms and pads. And, a large boom was placed in the Little Miami River at the base of the creek. Also, on May 27th several thousand gallons of water was flushed down the creek and captured to recovery the bulk of the diesel in the creek. Over the next few weeks spill absorbent booms and pads were maintained throughout the tributary along with the large boom in the river. As rainfall events occurred, diesel was absorbed, and supplies were replaced as needed. As of today, the clean up still under way as the site and it is waiting for a few more good rainfall events to capture any remaining diesel that is still left behind. The site is monitored during and after rainfall events. The cleanup will be completed in the next few weeks depending on the weather.

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:

Lykins Transportation, Inc. (LTI) reviews all incidents, in order, to determine the root cause, preventability, and what actions, i.e. training or procedures, need to be conducted or implemented so that the incident will not happen again. The rollover was caused by the driver being unfamiliar with the area and going to fast for the condition of the roadway. LTI conducts multiple driver focused safety meetings during the year. LTI will brief all drivers about the incident and its preventability. LTI will focus on the importance of communicating to drivers where impassable routes are located and best practices when covering unknown areas.

PART VIII – CONTACT INFORMATION

Contact's Name:	Jacob Webster
Contact's Title:	Director of Safety, Env. & Maint.
Business Name and Address:	LYKINS TRANSPORTATION INC 5163 WLFPN PLSNT HL RD MILFORD OH 45150-9632
E-mail Address:	jwebster@lykinsenergy.com
Telephone Number:	(513)965-6252
Fax Number:	
Hazmat Registration Number:	
Date:	06/17/2020
Preparer is:	Carrier

05/18/1989

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Research and Special Programs Administration

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PART I - REPORT TYPE

1. Incident Id: E-2020060407
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/26/2020

4. Time of Incident (use 24-hour time):
08:15

5. Enter National Response Center Report Number (if applicable):
1278110

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

7. Location of Incident:
City: LEBANON
County: WARREN
State: OH
Zip Code: (if known): 45036
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Close to 5701 St. Rt. 350

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: LYKINS TRANSPORTATION INC
Street: 5163 WLFPN PLSNT HL RD
City: MILFORD
State: OH
Zip Code: 45150-9632
Federal DOT Id Number: 213745
Hazmat Registration Number: 053118550068AC

11. Shipper/Offeror:
Name: LYKINS OIL COMPANY
Street: 5163 WLFPN PLSNT HL RD
City: MILFORD
State: OH
Zip Code: 45150-9632
Waybill/Shipping Paper: 953807, 54719, 953900
Hazmat Registration Number: 053118550061AC

12. Origin (if different from shipper address)
Street: 890 Todhunter Rd.
City: MONROE
State: OH
Zip Code: 45050

13. Destination:
Street: Mutiple Locations
City: Monroe and Lebanon area
State: OH
Zip Code:

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

15. Technical/Trade Name:

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)

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: -
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: CTMV
(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:	2600 Liquid - Gallon	Package Capacity:	
Amount in Package:	650 Liquid - Gallon	Amount in Package:	
Number in Shipment:		Number in Shipment:	
Number Failed:		Number Failed:	

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

Manufacturer:	Progress Industries, Inc.	Manufacture Date:	05/18/1989
Serial Number:	B-36082	Last Test Date:	10/21/2019
Material of Construction:	Aluminum (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.16 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.21 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:	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	Unknown
Police Report #:	True	83-0328-83
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:	$ 875.00
Carrier Damage:	$ 27,000.00
Property Damage:	$ 6,000.00
Response Cost:	$ 20,000.00
Remediation/Cleanup Cost:	$ 50,000.00

(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? True

If yes, provide the following information:

Estimated speed (mph):	22
Weather conditions:	Sunny
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
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PART VIII – CONTACT INFORMATION

Contact's Name:	Jacob Webster
Contact's Title:	Director of Safety, Env. & Maint.
Business Name and Address:	LYKINS TRANSPORTATION INC 5163 WLFPN PLSNT HL RD MILFORD OH 45150-9632
E-mail Address:	jwebster@lykinsenergy.com
Telephone Number:	(513)965-6252
Fax Number:	
Hazmat Registration Number:	
Date:	06/17/2020
Preparer is:	Carrier

05/18/1989