



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-2024110016

2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/09/2024

4. Time of Incident (use 24-hour time):
09:36

5. Enter National Response Center Report Number
(if applicable):
1414287

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

7. Location of Incident:

City: El Cajon
County: SAN DIEGO
State: CA
Zip Code: (if known): 92019

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2592 FLETCHER PARKWAY

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit Storage

10. Carrier/Reporter:

Name: COASTAL TRANSPORT CO., INC.
Street: 1603 ACKERMAN ROAD
City: San Antonio
State: TX
Zip Code: 78219
Federal DOT Id Number: 36647
Hazmat Registration Number: 052124550246G

11. Shipper/Offendor:

Name: MARATHON TESORO PETROLEUM
Street: 2295 EAST HARBOR DRIVE
City: San Diego
State: CA
Zip Code: 92101
Waybill/Shipping Paper: 501088000
Hazmat Registration Number: unk

12. Origin (if different from shipper address)

Street: 2295 EAST HARBOR DRIVE
City: San Diego
State: CA
Zip Code: 92101

13. Destination:

Street: 978 CUYAMACA STREET
City: El Cajon
State: CA
Zip Code: 92019

14. Proper Shipping Name of Hazardous
Material:

GASOHOL 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)

NA1203

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 8400 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: - 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 308-Leaked
Causes of Failure: - Rollover Accident

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

Identification Markings: NO MARKINGS PROVIDED

(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:
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- 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: 9700 Liquid - Gallon Amount in Package: 8800 Liquid - Gallon Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
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- 28. Provide packaging construction and test information, as appropriate:**

Manufacturer: MAC LTT	Manufacture Date: 04/01/2019
Serial Number: 5348	Last Test Date: 04/01/2024
Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure: 3 PSI (if Tank Car, CTMV, Portable Tank)	
Shell Thickness: 0.173 INCH (if Tank Car, CTMV, Portable Tank)	
Head Thickness: 0.173 INCH (if Tank Car, CTMV)	
Service Pressure: PSI (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: | 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 #: False
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: | \$ 27,950.00 |
| Carrier Damage: | \$ 280,000.00 |
| Property Damage: | \$ 800,000.00 |
| Response Cost: | \$ 700,000.00 |
| Remediation/Cleanup Cost: | \$ 800,000.00 |
- (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? True

If yes, how many? 18

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

If yes, provide the following information:

- Estimated speed (mph): 16
Weather conditions: dry, 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:

CTMV was stopped at traffic signal on Navaho Road. When the light turned green, the operator began accelerating to make 90 degree left turn onto Fletcher Parkway. The turn is an "off-camber turn" as the outer turn radius surface is lower than the inner turn radius. The driver failed to respond correctly to this surface condition. As the CTMV turned, the liquid cargo surged to the passenger side of the cargo compartments. The sudden weight shift caused the CTMV to roll over to the right. The CTMV rotated 180 degrees clockwise and came to rest upside down straddling the roadway and sidewalk. Fuel began leaking through the venting devices mounted between the rollover rails on the top of the semi-trailer. The fuel flowed downhill along the sidewalk and curb. Fuel entered two storm drain entry points before the entry points were closed by sand bagging. The storm drain was dry down stream. While upside down, the compartments were tapped, and approximately 400 gallons were recovered from the compartments. Fuel recovery and remediation steps were begun immediately. Approximately 1500 gallons were recovered from a concrete utility pit located within the sidewalk underneath the upside down CTMV. The remaining fuel is being recovered by cleaning the storm drain conduit and replacing soil that has absorbed fuel downstream from the spill site. Asphalt roadway surface is being replaced for approximately 200 feet downhill from the spill site. The fuel did not enter any waterway.

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:

will be given on CTMV stability during turning maneuvers and off-camber roadways. This event was captured by our onboard camera system. The video will be shown to all CTMV operators during upcoming safety meetings with additional emphasis on selecting proper entry speed when making turns.

PART VIII - CONTACT INFORMATION

Contact's Name:	BARRY DETLEFSEN
Contact's Title:	VICE PRESIDENT SAFETY
Business Name and Address:	COASTAL TRANSPORT CO., INC. 1603 ACKERMAN ROAD San Antonio TX 78219
E-mail Address:	Barry.detlefsen@coastaltransport.com
Telephone Number:	(210)-632-2447
Fax Number:	
Hazmat Registration Number:	052124550246G
Date:	11/03/2024
Preparer is:	Carrier

04/01/2019