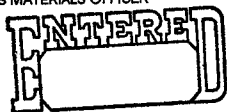


WILLIAM B. WALKER, M.D.  
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER  
CHIEF ENVIRONMENTAL HEALTH AND  
HAZARDOUS MATERIALS OFFICER



CONTRA COSTA  
HEALTH SERVICES  
HAZARDOUS MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100  
Martinez, California  
94553-2233  
Phone (925) 335-3200  
Fax (925) 646-2073

# CONTRA COSTA HEALTH SERVICES

## COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

Received Date: 10/10/16 Received Time: 12:56 Received By: LF Lead: LF

Incident Date: 10/10/16 Incident Time: 12:56 Assigned to: \_\_\_\_\_ Assigned Date: \_\_\_\_\_

CASE NUMBER: 161016-02

### COMPLAINANT / REPORTING PARTY:

Name: Sherriff Comm 1  RP is from Facility  Anonymous

Organization: \_\_\_\_\_

Primary Phone Number: -646-2441 Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### FACILITY / LOCATION OF INCIDENT:

Name: Prius- Hwy 4 East @ Hillcrest CUPA Facility I.D.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: Hwy 4 Unit: \_\_\_\_\_

City: Antioch State: \_\_\_\_\_ Zip Code: 94509

Location Description: Batteries of Hybrid off gassing

### INITIAL INCIDENT DESCRIPTION:

- Battery firing after wreck of Hybrid

### INCIDENT TYPE / DESCRIPTION:

Community Warning System Level (Circle Highest Level): N/A  0  1  2  3

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Spill or Release <input type="checkbox"/> Startup or Shutdown <input type="checkbox"/> Flaring <input type="checkbox"/> Upset	<input type="checkbox"/> Fatality (one or more) <input type="checkbox"/> > 24 hrs. Hospital, 3 or more people <input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs.	<input type="checkbox"/> Tank Truck <input type="checkbox"/> Railroad <u>Vehicle</u> <input type="checkbox"/> On Water <input type="checkbox"/> Pipeline <input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Storm Drain/Creek <input type="checkbox"/> Drug Lab <input type="checkbox"/> Disposal/Abandonment <input type="checkbox"/> Odor Complaint <input checked="" type="checkbox"/> Other: <u>MVA</u>

Time Enroute to Scene: 12:57 Time Arrived On Scene: 1:04 Time Departed From Scene: 1:30

REFERRED TO OTHER AGENCY: Con Fire + CHP on scene

### DTSC STATE FUNDING (if applicable):

CLU/ERER Number: \_\_\_\_\_

### STORMWATER STATUS (if applicable):

Actual Discharge  Potential Discharge



**AGENCIES ON SCENE OR NOTIFIED:**

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department					
Law Enforcement					
Air District					
State OES					

**REPORT:**

Prius in accident - Rain storm - battery off gassing -  
 Car Fire requesting assistance. Concern about  
 large rechargeable electric battery. HMS was 2 min  
 from scene at time of call. HMS <sup>on-scene</sup> on-scene. Discussions  
 w/ CHP, tow truck driver and car Fire. Battery  
 (large ~~Li-ion~~) was not impacted. Smaller  
 Lead acid was reacting w/ rain water. Fire  
 retardant was sprayed on it and it was  
 disconnected. Car to be towed - no further  
 action. Any acid spilled onto freeway was  
 immediately washed away due to extremely  
 heavy rainfall.

Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan

Report Prepared by: 