



COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 191031 -02

Received Date: 10/31/19 Received Time: 12:53 PM Received By: ED Lead: ED

Incident Date: 10/31/19 Incident Time: Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: RP is from Facility Anonymous
 Organization: CHP Cal OES # (if applicable) 19-7008
 Primary Phone Number: Secondary Phone Number:
 Email:
 Address:
 City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:
 Phone Number:
 Address: Eastbound I-80 @ WILLOW AVE EXIT Unit:
 City: State: Zip Code:
 Location Description:

INITIAL INCIDENT DESCRIPTION:

VEHICLE ACCIDENT RESULTING IN DIESEL SPILL WITH 120 GALLONS OF DIESEL FROM SADDLE TANKS.

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 <input type="checkbox"/> On Water <input type="checkbox"/> Pipeline <input checked="" 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 type="checkbox"/> Other:

Time Enroute to Scene: 13:15 Time Arrived On Scene: 13:30 Time Departed From Scene: 15:15

REFERRED TO OTHER AGENCY:



DTSC STATE FUNDING (if applicable): CLU/ERER Number:	STORMWATER STATUS (if applicable): <input type="checkbox"/> Actual Discharge <input type="checkbox"/> Potential Discharge
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AGENCIES ON SCENE OR NOTIFIED:

<u>Agency Type</u>	<u>Agency</u>	<u>O/N</u>	<u>Contact Person</u>	<u>Phone Number</u>	<u>Case Number</u>
Fire Department					
Law Enforcement	CHP	O	Sgt. Kittell	925-646-4980	
Air District					
State OES					
	CalTrans	O			

REPORT:

Responded per CHP request to a semi that released diesel onto the highway from the saddle tank. Performed entry to mitigate remaining diesel within saddle tank and to pump diesel which had been damed up along the right side of the highway. Clean-up operations occurred after stabilization in coordination with CalTrans and CHP.

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

Report Prepared by: ED

[EXTERNAL] Hazardous Materials Spill Report: Cal OES Control #:19-7008

Warning Center <Warning.Center@oes.ca.gov>

Thu 2019-10-31 12:16 PM

To: ccchazmat@hsd.cccounty.us <ccchazmat@hsd.cccounty.us>

Governor's Office of Emergency Services
Hazardous Materials Spill Report

DATE: 10/31/2019 | RECEIVED BY Cal OES: Hiedi O'neal | Cal OES CNTRL #:19-7008

TIME: 1209 | RECEIVED BY OSPR: | NRC#:

1.a. PERSON NOTIFYING Cal OES

1. NAME: Trisha (14573) | 2. AGENCY: CHP Golden Gate
3. PHONE #: 707-641-8310 | 4. EXT: | 5. PAGER #:

1.b. PERSON REPORTING SPILL (If different from above):

1. NAME: | 2. AGENCY:
3. PHONE #: | 4. EXT: | 5. PAGER #:

2. SUBSTANCE TYPE:

a. SUBSTANCE: / b.QTY: / Amount / Measure / c. TYPE / d. OTHER / e. PIPELINE / f. Vessel Over => 300 tons

1. Diesel / = / 100 / Gal(s) / PETROLEUM / / No / No

2.

3.

g. DESCRIPTION: RP advised that a semi released Diesel onto the roadways due to an unknown reason. It is possible that debris caused the release. No waterways affected.

h. CONTAINED: Stopped | i. WATER INVOLVED: No

j. WATERWAY: | k. DRINKING WATER IMPACTED: No

l. KNOWN IMPACT: None

3.a. INCIDENT LOCATION: EB I-80, Willow Ave x Cummings Sky Way

b. CITY: Hercules | c. COUNTY: Contra Costa County | d. ZIP:

4. INCIDENT DESCRIPTION:

- a. DATE: 10/31/2019 | b. TIME(Military): 1130 | c. SITE: Road |
 - d. CAUSE: Unknown
 - e. INJURIES: No | f. FATALITY: No | g. EVACUATIONS: No | h.
- CLEANUP BY: Unknown
- e. INJURIES #: | f. FATALS #: | g. EVACS #:

5. SUSPECTED RESPONSIBLE PARTY:

- a. NAME: Unknown | b. AGENCY:
- c. PHONE#: | d. EXT:
- e. MAIL ADDRESS: Unknown
- f. CITY: | g. STATE: CA | h. ZIP:

6. NOTIFICATION INFORMATION:

- a. ON SCENE: CHP, Fire Dept. | b. OTHER ON SCENE:
- c. OTHER NOTIFIED: Fire Department
- d. ADMIN. AGENCY: Contra Costa County Health Services Department
- e. SEC. AGENCY:
- f. ADDITIONAL COUNTY: g. ADMIN. AGENCY:
- h. NOTIFICATION LIST: DOG Unit: | RWQCB Unit: 2

AA/CUPA, DTSC, RWQCB, US EPA, USFWS, CALTRANS, CHP, Co/Hlth, Co/E-Hlth

CONFIDENTIAL REMARKS:

Created by Warning Center on 10/31/2019 12:09:19 PM Last
 Modified by Warning Center on 10/31/2019 12:15:30 PM

California State Warning Center
 Governor's Office Emergency Services
 Phone: (916) 845-8911
 Warning.Center@oes.ca.gov

Link to Spill Report:

https://urldefense.proofpoint.com/v2/url?u=http-3A_w3.calema.ca.gov_operational_malhaz.nsf_SpillAllDocs_C60FA47E2FDFC282882584A400693927-3F0penDocument&d=DwIBAg&c=RpR9LiQNIoGO8A8CMgA1NQ&r=S0jS0A081QNgB4a-k_X9SD1TTubB3usfrG7WkczC2Lg&m=dN7TVTz8IQ_FaibVldmL59OinleULE8yvW75CV2HTU&s=TX2gb90G5VoTTLfIBnp_0rQgKySWfNZtim7ujFp_C4s&e=