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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 03/12/22 Received Time: 1:00 AM Received By: AS Lead: AS
 Incident Date: 03/12/22 Incident Time: 1:00 AM Assigned to: _____ Assigned Date: _____

CASE NUMBER: 220312 - 01

COMPLAINANT / REPORTING PARTY:

Name: Deputy Delgado RP is from Facility Anonymous
 Organization: Orinda PD Cal OES # (if applicable) _____
 Primary Phone Number: 925-6462441 Secondary Phone Number: _____
 Email: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____
 Phone Number: _____
 Address: Moraga Way and Los Cerros Unit: _____
 City: Orinda State: CA Zip Code: 94563
 Location Description: Moraga Way 200' south of Los Cerros

INITIAL INCIDENT DESCRIPTION:

Traffic collision 2 vehicles one lost gas tank during accident

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 checked="" 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 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: _____ Time Arrived On Scene: _____ Time Departed From Scene: _____

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 |
|--|---|

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 | | | | | |
| Air District | | | | | |
| State OES | | | | | |
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REPORT:

0200 AS arrived on scene
 1950s Chevy head on collision caused the gas tank to detach form the vehicle containing approximately 15 gal of gasoline, Tow truck driver was unable to transport the vehicle safely with the detached gas tank

Tank was attached by rubber fuel line and sensor wire on arrival.

Team donned Level C PPE and transfered the fuel into to a steel 30 gal drum for removal.

absorbent was also used to clean up the small amount of oil/fuel spill from the vehicles

Billing will go to primary party causing collision reported by Police.

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

Report Prepared by: Adam