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# CONTRA COSTA HAZARDOUS MATERIALS PROGRAMS

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## COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

CASE NUMBER: 220823-03

Received Date: 08/23/22 Received Time: 8:15 AM Received By: JP Lead: JP

Incident Date: 8/23/22 Incident Time: 7:52 AM Assigned to: Assigned Date:

### COMPLAINANT / REPORTING PARTY:

Name:  RP is from Facility  Anonymous

Organization: CONFIRE Cal OES # (if applicable)

Primary Phone Number: 925-941-3330 Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

### FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:

Phone Number:

Address: SR 4 E/ Somersville Rd Unit:

City: Antioch State: CA Zip Code: 94509

Location Description:

### INITIAL INCIDENT DESCRIPTION:

OVERTURNED VEHICLE RESULTED IN A 35-GALLON BLUE CONTAINER TO LEAK FLUID ONTO ROADWAY

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

Time Enroute to Scene: 8:55 AM Time Arrived On Scene: 9:15 AM Time Departed From Scene: 9:21 AM

REFERRED TO OTHER AGENCY: Contra Costa County Fire Protection District (CONFIRE) and Contra Costa Department of Agriculture



<b>DTSC STATE FUNDING (if applicable):</b> CLU/ERER Number:	<b>STORMWATER STATUS (if applicable):</b> <input checked="" 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	CONFIRE	O	Robert Atlas	925-383-5005	
Law Enforcement					
Air District					
State OES					
	Contra Costa Department of Agriculture	O	Shannon		

**REPORT:**

At 8:15 AM, CONFIRE requested Contra Costa Health Services Hazardous Materials Programs (CCHSHMP) to respond to an overturned white sedan on its side causing a 35 gallons blue container leaking fluid on highway.

At 8:55 AM, HM1 (JP & NM) and HM3 (DWL & ER) enroued to scene.

BC Atlas told CCHSHMP that CONFIRE Hazmat team determined that the blue container contained mainly water. The responsible party contacted Contra Costa Department of Agriculture, and the Department of Agriculture will pick up the container. BC Atlas provided CCHSHMP's contact information to Shannon, the Department of Agriculture staff.

At 9:15 AM, HM1 and HM3 arrived on scene. CCHSHMP did not observe any incidents or CONFIRE's vehicles on highway 4 near Somersville Rd. CCHSHMP contacted BC Atlas. BC Atlas stated that the incident was cleared and completed. The Department of Agriculture staff picked up the container. No further action was required.

At 9:21 AM, HM1 & HM3 departed from scene.

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

Report Prepared by: JP