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CONTRA COSTA
 HAZARDOUS
 MATERIALS PROGRAMS
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ENTERED

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 11/24/18 Received Time: 5:40AM Received By: JP Lead: JP
 Incident Date: 11/24/18 Incident Time: 5:20AM Assigned to: _____ Assigned Date: _____

CASE NUMBER: 18-11-24 - 01

COMPLAINANT / REPORTING PARTY:
 Name: COMM-1 RP is from Facility Anonymous
 Organization: _____
 Primary Phone Number: 925-646-2441 Secondary Phone Number: _____
 Email: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:
 Name: _____ CUPA Facility I.D.: _____
 Phone Number: _____
 Address: 4531 BURGUNDY DR Unit: _____
 City: OAKLEY State: CA Zip Code: 94561
 Location Description: _____

INITIAL INCIDENT DESCRIPTION:
 10-15 GALLONS OF GASOLINE RELEASED, DUE TO A TRAFFIC COLLISION, IMPACTING THE ROAD SURFACE AND A STORM DRAIN. AN ESTIMATED 5 GALLONS HAD ENTERED THE STORM DRAIN.

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 type="checkbox"/> Other:

Time Enroute to Scene: 6:25 AM Time Arrived On Scene: 7:01 AM Time Departed From Scene: 8:45 AM

REFERRED TO OTHER AGENCY:



DTSC STATE FUNDING (if applicable): CLU/ERER Number:	STORMWATER STATUS (if applicable): <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	EAST CONTRA COSTA FIRE PROTECTION DISTRICT	O	CAPT. STEVE CARTER	925-634-3400	18120994
Law Enforcement	OAKLEY POLICE DEPARTMENT	O			
Air District					
State OES	CAL OES	N	TIMOTHY DAVIS	916-845-8911	18-7963

REPORT:

At approximately 5:40 AM, Contra Costa Health Services Hazardous Materials Program (CCHSHMP) received a request to respond to a gasoline released, due to a traffic collision, impacting the road surface and a storm drain in Oakley from Contra Costa Sheriff Department (COMM-1).

At 6:25 AM, HM3 (JP, MD, and XB) departed the bay.

At 7:01 AM, HM3 arrived on scene. CCHSHMP met East Contra Costa Fire Protection District Captain Steve Carter. Captain Carter stated that there were about 10-15 gallons of gasoline released. He estimated about 5 gallons of gasoline had entered the storm drain nearby. CCHSHMP conducted air monitor readings using 4 gas meter in the affected area and inside the storm drain. The readings were normal. CCHSHMP detected gasoline odor.

The vehicle collision involved a Chevy pickup truck and a Dodge Challenger. The Chevy pickup truck had a California license plate number 7S53445 and belonged to Mr. Mainor Navarro. The Dodge Challenger had a license plate number 7NCB256 and belonged to Mr. Alvin Horn. Captain Carter stated that Mr. Horn caused the vehicle accident.

CCHSHMP conducted the clean up. CCHSHMP retrieved about 2.5 gallons of gasoline. CCHSHMP used absorbent pads to remove the gasoline from the street curb and road. CCHSHMP collected about 5 gallon of gasoline contaminated debris. CCHSHMP observed that the amount of gasoline entered the storm drain was unrecoverable. CCHSHMP transport and dispose one 5 gallons container of liquid gasoline and one 5 gallons container of gasoline contaminated debris. CCHSHMP transferred the two 5 gallons containers to the temporary storage area outside of the truck bay.

CCHSHMP departed the scene at approximately 8:45 AM.

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

Report Prepared by: JP