



COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 19-02-21 -01

Received Date: 02/21/19 Received Time: 9:09 AM Received By: MJH Lead: MJH
 Incident Date: 2/21/19 Incident Time: Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:
 Name: Charles Thomas (CONFIRE) Melissa Kittell (CHP) Unified Command RP is from Facility Anonymous
 Organization: CCCFPD
 Primary Phone Number: 925 933 1313 Secondary Phone Number:
 Email:
 Address:
 City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:
 Name: Company is: Auto Chlor CUPA Facility I.D.:
 Phone Number: 707-745-3456
 Address: I-680 SB @ S MAIN ST Unit:
 City: WALNUT CREEK State: CA Zip Code:
 Location Description: PRIOR TO THE S MAIN ST OFF RAMP

INITIAL INCIDENT DESCRIPTION:
 VEHICLE ACCIDENT - MIXED LOAD OF CHLORINE

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 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: vehicle accident

Time Enroute to Scene: 09:35 Time Arrived On Scene: 09:55 Time Departed From Scene: 12:50

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					
Air District					
State OES					
Golden Gate	CHP		Melissa Kittell	(925) 646 4980	190 221 66
	Accident report				00 742

REPORT:

02/21/19

09:14

CONFIRE requested full hazmat response assistance for vehicle accident on 680 SB (van carrying commercial dishwashing chemicals. Got rear-ended). First on scene opened door had odor of chlorine.

HM1 & HM3 responding (MJH, SH, MJD & XB, DV, SD)

No serious injuries reported.

Code 3, arrived on scene 09:55

Developed ISC structure with CONFIRE (208 form attached). Joint entry. Joint positions. Level B. Mixed load of detergents, caustics, acids. (1 to 5 gallon sized containers). BOL and SDS made available.

*** SAFETY BRIEFING * 11:15 AM**

Entry team confirmed no containers were broken opened/broken, no hazardous gases via air monitoring equipment deployed.

Determined that tow truck would not tow away van with chemicals on board, decision was made to offload. HM3 was quickly filled with single layer; segregated containers. Decision was made to call in HM4 (MPD). HM4 arrived at 12:35. Loaded containers onto HW4.

HM1, HM3 & HM4 departed scene 12:50 Arrived at HazMat HQ 13:00

Auto-Chlor personnel arrived at HazMat 14:00. Loaded all containers onto their box truck. Re-hab trucks. Complete 15:00

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

Report Prepared by: MJH