



**COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM**

Type (Circle One):  C  I  N CASE NUMBER: 19-03-04 - 01

Received Date: 03/04/19 Received Time: 10:24 Received By: \_\_\_\_\_ Lead: AA

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Assigned Date: \_\_\_\_\_

**COMPLAINANT / REPORTING PARTY:**

Name: EBRP  RP is from Facility  Anonymous

Organization: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FACILITY / LOCATION OF INCIDENT:**

Name: \_\_\_\_\_ CUPA Facility I.D.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: Wild Cat Canyon R. Unit: \_\_\_\_\_

City: Orinda State: CA Zip Code: \_\_\_\_\_

Location Description: N 37 54.080, W 122 15.027

**INITIAL INCIDENT DESCRIPTION:**

Car accident spilling oil

**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: 10:30 Time Arrived On Scene: 11:00 Time Departed From Scene: 12:00

**REFERRED TO OTHER AGENCY:**



<b>DTSC STATE FUNDING (if applicable):</b> CLU/ERER Number:	<b>STORMWATER STATUS (if applicable):</b> <input type="checkbox"/> Actual Discharge <input checked="" 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	EBRP Police	O	A. Jolie		19-03-013
Air District					
State OES					

**REPORT:**

Single vehicle accident caused oil spill over a 200' area traveling down a hill into a parking area. Vehicle hit a tree stump at speed tearing out oil pan and hoses causing spill of automotive fluids. Due to the rain there was standing water with oil floating on top. Hazmat AS,SH conducted clean up of free product oil in the area was unable to clean sheen from parking area due to amount of rain and oil mixed.

Generated one 5 gal oil contaminated debris drum and transported it back for disposal.

Site safety addressed at time of cleanup PPE level D and gloves.

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

**Report Prepared by:** \_\_\_\_\_