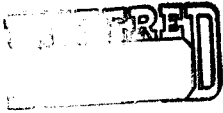


WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
HAZARDOUS MATERIALS OFFICER



CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): 000
C I N

CASE NUMBER: 160831-01

Received Date: 8/31/16 Received Time: 7:45 Received By: ED Lead: ED

Incident Date: 8/31/16 Incident Time: 7:45 Assigned to: _____ Assigned Date: _____

COMPLAINANT / REPORTING PARTY:

Name: _____ RP is from Facility Anonymous

Organization: Con Fire Dispatch

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Parking Lot CUPA Facility I.D.: _____

Phone Number: _____

Address: 3700 San Pablo Ave. Unit: _____

City: Rodeo State: CA Zip Code: _____

Location Description: Parking Lot adjacent to Starbucks

INITIAL INCIDENT DESCRIPTION: vehicular fuel release in parking lot

INCIDENT TYPE / DESCRIPTION:

Community Warning System Level (Circle Highest Level): 0 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 checked="" 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: 0802 Time Arrived On Scene: 0828 Time Departed From Scene: 1020

REFERRED TO OTHER AGENCY:

DTSC STATE FUNDING (if applicable):

CLU/ERER Number: _____

STORMWATER STATUS (if applicable):

Actual Discharge Potential Discharge



AGENCIES ON SCENE OR NOTIFIED:

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department	Rodeo Hercules		Dispatch		
Law Enforcement	CTHP / Hercules PD				6-116639
Air District					
State OES					
	Hercules Public Works	D	Jeff Brown	510-812-4630	

REPORT:

Confire page at 7:45. Quint 76 (Hercules/Rodeo Fire District) and CTHP on scene. Vehicle hit object in road on HWY 4, puncturing full tank. Vehicle was 2011 Toyota Tacoma holding approximately 15 gallons of gasoline (max 17)

0802 HM1 Departed office

0810 HM3 Departed office

0828 HM1 On scene

0832 HM3 On scene

Fuel possibly went into private storm drain, made entry to pump out storm drain and plug leak in fuel tank.

Safety brief at 9:05, entry at 9:08

Assistance from Jeff Brown of Hercules Public Works. Fire district return to scene for 600 gal storm drain flush, occurring at 9:53, departing at 10:00

Departed scene at 10:20

No further Action needed

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

Report Prepared by: ED