

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

Susanville Area
472-400 Diamond Crest Road
Susanville, CA 96130-5001
(530) 252-1800
(800) 735-2929 (TT/TDD)
(800) 735-2922 (Voice)



COUNTY OF LASSEN

SEP 07 2017

Board of Supervisors

File No.:140.11872.17976

September 6, 2017

Lassen County Board of Supervisors
221 S. Roop Street, Suite 4
Susanville, CA 96130

Dear Board Members:

This is to inform you on Tuesday, September 5, 2017, at 0813 hours, approximately 5 gallons of diesel fuel were spilled on the north dirt shoulder of Wendel Road. The spill was a result of a collision involving a solo tractor-trailer combination which had veered off the roadway and overturned. The fuel was leaked from the tractor's saddle tanks. The clean-up was coordinated by the carrier, Dig It Construction and the Lassen County Roads Supervisor Bob McGarva. Clean-up will be accomplished by StoneCo Construction, Inc.

This report is submitted pursuant to Health and Safety Code Section 25180.7 (Proposition 65). The report documents information regarding the discharge of hazardous material which could cause substantial injury to the public health or safety. The report is submitted on behalf of all designated employees of the Department of the California Highway Patrol.

Sincerely,


J. A. MICHELETTI, Captain
Commander
Susanville Area



HAZARDOUS MATERIALS INCIDENT REPORT

CHP 407E (Rev. 3-15) OPI 062 Refer to HPM 84.2, Chapter 2

OES CONTROL NUMBER
17-6461

COLLISION REPORT

☒ Yes ☐ No NUMBER

HAZMAT CASUALTIES	NO. EXPOSED/ DECONNED	NO. INJURED	NO. KILLED	CITY	JUDICIAL DISTRICT	PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE
AGENCY PERSONNEL	0	0	0	UNINCORPORATED	LASSEN	
OTHERS	0	0	0	COUNTY	NCIC	HAZMAT PLACARDS DISPLAYED
				Lassen	9140	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
INCIDENT DATE (MM/DD/YYYY)	INCIDENT TIME	TIME CALTRANS/COUNTY ROADS NOTIFIED	TIME O.E.S. NOTIFIED	STATE HIGHWAY RELATED		
09/05/2017	0813 HOURS	0857 HOURS	0946 HOURS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

INCIDENT OCCURRED ON
WENDEL ROAD

☐ AT INTERSECTION WITH
☒ OR East of **US 395**

MILEPOST INFORMATION

GPS COORDINATES

LATITUDE

LONGITUDE

NAME (FIRST, MIDDLE, LAST)	DRIVER'S LICENSE NUMBER	STATE	VEH. YEAR	MAKE	LICENSE NUMBER	STATE
NELSON LEE BURKETT	D2935799	CA	2013	PETERBILT	9E10946	CA
STREET ADDRESS			VEH. YEAR	MAKE	LICENSE NUMBER	STATE
307 PENNINSULA DRIVE			2007	MANAC	4LY6195	CA
CITY/STATE/ZIP CODE			VEH. YEAR	MAKE	LICENSE NUMBER	STATE
LAKE ALMANOR, CA 96137						
HOME PHONE	BUSINESS PHONE	CARRIER NAME				
		DIG IT CONSTRUCTION				

HAZMAT IDENTIFICATION SOURCES (CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input checked="" type="checkbox"/> On-site fire services | <input type="checkbox"/> Chemtrec |
| <input type="checkbox"/> Private info source | <input type="checkbox"/> Poison Control Center |
| <input type="checkbox"/> Off-site fire services | <input type="checkbox"/> Safety Data Sheet |
| <input type="checkbox"/> On-site non-fire services | <input type="checkbox"/> Placards/Signs |
| <input type="checkbox"/> Off-site non-fire services | <input type="checkbox"/> Shipping papers |
| <input type="checkbox"/> Computer software | <input type="checkbox"/> Emergency Response Guidebook |
| <input type="checkbox"/> Chemist | <input type="checkbox"/> No reference material used |
| <input type="checkbox"/> Other | |

REGISTERED OWNER ☐ SAME AS DRIVER

DIG IT CONSTRUCTION

OWNER'S ADDRESS ☐ SAME AS DRIVER

PO BOX 494 CHESTER, CA 96020

VEHICLE IDENTIFICATION NUMBER

VEHICLE TYPE	CA NUMBER	DOT NUMBER
25 31	284154	

CHEMICAL/TRADE NAME	UN NUMBER	DOT HAZARD CLASS	QUANTITY RELEASED (LBS., GAL., ETC.)	EXTENT OF RELEASE	PHYSICAL STATE STORED	PHYSICAL STATE RELEASED
DIESEL	1993	3	5 GAL	Outside vehicle	Liquid	Liquid

CONTAINER TYPE	CONTAINER CAPACITY (LBS., GAL., ETC.)	CONTAINER MATERIAL	LEVEL OF CONTAINER
Vehicular fuel tank	150 GAL	Aluminum/Aluminum alloys	Above ground

CHEMICAL/TRADE NAME	UN NUMBER	DOT HAZARD CLASS	QUANTITY RELEASED (LBS., GAL., ETC.)	EXTENT OF RELEASE	PHYSICAL STATE STORED	PHYSICAL STATE RELEASED

CONTAINER TYPE	CONTAINER CAPACITY (LBS., GAL., ETC.)	CONTAINER MATERIAL	LEVEL OF CONTAINER

PROPERTY USE	SURROUNDING AREA	PROPERTY MANAGEMENT
County/City road	Open land	County

RELEASE FACTORS	EQUIPMENT TYPE INVOLVED	HAZMAT CONFIRMED
Collision/Overtum	Vehicle fuel system	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CITATION ISSUED OR COMPLAINT TO BE FILED	PRIMARY CAUSE OF INCIDENT	OTHER HAZARDOUS MATERIALS VIOLATIONS (NON-CAUSATIVE)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not determined	<input checked="" type="checkbox"/> Violation 22350 VC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<input type="checkbox"/> Other Code violation	DID WEATHER CONTRIBUTE TO CAUSE OR SEVERITY OF INCIDENT?
<input type="checkbox"/> Other cause	<input type="checkbox"/> Yes <input type="checkbox"/> No WEATHER

ELEMENTS (OUTLINE THE FOLLOWING ON A CHP 556. INCLUDE ADDITIONAL INFORMATION AS NECESSARY)

<input checked="" type="checkbox"/> Sequence of events	<input checked="" type="checkbox"/> Evacuation details	<input checked="" type="checkbox"/> Cleanup actions	<input checked="" type="checkbox"/> CHP On-scene Personnel (name, rank, ID number, function, exposure, hours)
<input checked="" type="checkbox"/> Road closures	<input checked="" type="checkbox"/> Environmental impact	<input checked="" type="checkbox"/> Actions of other agencies	

COMPLETE THE FOLLOWING

<input checked="" type="checkbox"/> Incident Action Plan	<input checked="" type="checkbox"/> Site Safety Plan	<input checked="" type="checkbox"/> Proposition 65 Letters: County Health/County Board of Supervisors
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DATE AND TIME SCENE DECLARED SAFE	BY WHOM (NAME, TITLE AND AGENCY)

PREPARER'S NAME, RANK, AND ID NUMBER	DATE	REVIEWER'S NAME, RANK, AND ID NUMBER	DATE
R CULVER, OFFICER 18851	09/05/2017		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/05/2017	0810	9101	018851

1 SEQUENCE OF EVENTS:

2 On September 5, 2017 at approximately 0810 hours, a 2013 three axle Peterbilt truck tractor
3 towing a two axle belly dump semi-trailer loaded with aggregate was being driven by Nelson Lee
4 Burkett eastbound on Wendel Road US 395. Mr. Burkett entered a right hand curve at an unsafe
5 speed and lost control of the subject vehicle. The subject vehicle rolled onto its left side coming to
6 rest in the westbound lane of Wendel Road. As a result of the subject vehicle lying on its left side,
7 the fuel caps and vents of both saddle tanks began to leak diesel fuel onto the ground. California
8 Department of Corrections Fire Fighters took immediate action to dam and divert much of the spilt
9 fuel away from the dirt shoulder. Officer Culver arrived on scene and deployed a catch basin
10 under the subject vehicle to catch additional fuel leaking. An estimated five gallons of diesel fuel
11 leaked onto the dirt shoulder.

12
13 Susanville Towing responded to the scene and recovered the combination of vehicles.

14

15

16 ROAD CLOSURE:

17 One way traffic control was in place on Wendel Road through the scene from 0820 hours to 1119
18 hours. A complete closure for the recovery and removal of the combination of vehicles was in
19 effect from 1003 hours to 1045 hours.

20

21 EVACUATION DETAILS:

22 None.

23

24 ENVIRONMENTAL IMPACTS:

25 Surface water pollution: None.

26 Air pollution: None.

27 Soil contamination: An approximately one by twenty foot area of the dirt shoulder sustained

28 surface contamination from the spilled diesel fuel.

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
R CULVER / OFFICER	018851			

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/05/2017	0810	9101	018851	

1 **CLEANUP ACTIONS:**

2 Lassen County Roads Supervisor Bob McGarva responded to the scene and met with the owner
3 of the subject vehicle, Caleb Holland. Mr. Holland agreed to secure a licensed HAZMAT cleanup
4 crew to perform the cleanup operation.

5

6

7 **ACTIONS OF OTHER AGENCIES:**

8 None.

9

10 **CHP PERSONNEL INVOLVED:**

11

Name	Rank / ID	Function	Time on Scene	Exposed	Injured
R. Culver	Ofc. / 18851	Incident Commander / Technician/Specialist	3 hours	No	No
M. Major	Ofc. / 20047	Safety Officer	4 hours	No	No
E. Clem	Ofc. / 14898	Safety Officer	4 hours	No	No

Total: 11 hours

12

13

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
R CULVER / OFFICER	018851			

SITE SAFETY AND CONTROL PLAN ICS 208		1. Incident Name: WENDEL ROAD		2. Date Prepared: 9-5-17		3. Operational Period: Time: 0915 TO 1200							
Section I. Site Information													
LASSSEN COUNTY WENDEL ROAD AT COUNTY ROAD C													
Section II. Organization													
5. Incident Commander: R. CULVER		6. HM Group Supervisor: R. CULVER			7. Tech. Specialist – HM Reference:								
8. Safety Officer: M. MAJOR		9. Entry Leader:			10. Safe Refuge Area Mgr:								
11. Asst. Safety Officer - HM E. CLEM		12. Documentation Leader:			13. Scribe:								
14. Environmental Health:		15.			16.								
17. Entry Team: (Buddy System) Name: PPE Level				18. Decontamination Element: Name: PPE Level									
Entry 1				Decon 1									
Entry 2				Decon 2									
Entry 3				Decon 3									
Entry 4				Decon 4									
Section III. Hazard/Risk Analysis													
19. Material:		Container Type	Qty	Phys. State	pH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL
DIESEL FULE		TANK	150 GA	LIQ			125	494	2.7	.87	.84	1.3	6
Section IV. Hazard Monitoring													
20. LEL Instrument(s):				21. O ₂ Instrument(s):									
22. Toxicity/PPM instrument(s):				23. Radiological Instrument(s):									
Section V. Decontamination Procedures													
24. Standard decontamination Procedures: WATER RINSE						YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>						
Section VI. Site Communications													
25. Command Frequency: CHP AMB		26. Tactical Frequency:			27. Entry Frequency:								
Section VII. Medical Assistance													
28. Medical Monitoring:		YES: <input type="checkbox"/>	NO: X <input type="checkbox"/>	29. Medical Treatment and Transport In-place		YES: <input type="checkbox"/>	NO: X <input type="checkbox"/>						

INCIDENT ACTION PLAN/SITE SAFETY PLAN

CHP 4071 (New 5-15) OPI 062 Refer to HPM 84.2, Chapter 2

OES CONTROL NUMBER

INCIDENT DATE (MM/DD/YYYY)	INCIDENT TIME (HOURS)
09/05/2017	0810
INCIDENT OCCURRED ON	<input type="checkbox"/> AT INTERSECTION WITH
WENDEL ROAD~	<input checked="" type="checkbox"/> OR East of VIEW LAND ROAD
AREA DESCRIPTION	
COUNTY ROAD	
INCIDENT COMMANDER	SITE SAFETY OFFICER
CULVER	MAJOR

INCIDENT ACTION PLAN

- GENERAL INFORMATION:
- PROTECT LIFE, ENVIRONMENT, AND PROPERTY.
 - COMPLY WITH SECTION 5192(q), TITLE 8, CALIFORNIA CODE OF REGULATIONS.
 - IDENTIFY THE INCIDENT COMMANDER AND SAFETY OFFICER.

PROCEDURES FOR HANDLING EMERGENCY INCIDENTS:

- ☒ Identify all hazardous substances or conditions present.
- ☒ Based upon identification, implement appropriate operations, and assure use of proper personal protective equipment.
- ☒ Ensure personnel exposed to inhalation hazard wear a self contained breathing apparatus.
- ☒ Limit the number of personnel on-site, but use the buddy system.
- ☒ Ensure back-ups and standby emergency medical services are available.
- ☒ Designate a safety officer with knowledge of safety operations.
- ☒ Implement appropriate decontamination.

SITE SAFETY PLAN

- GENERAL INFORMATION:
- PROTECTION OF LIFE IS THE HIGHEST PRIORITY.
 - ENSURE ALL PERSONNEL ARE BRIEFED ON OPERATIONS AND SAFETY BEFORE WORK BEGINS.
 - NO PERSON SHALL EXCEED THEIR LEVEL OF TRAINING, CAPABILITIES, OR RESOURCES.

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MEDICAL SIGNS OF EXPOSURE:

- | | |
|---|---|
| <input type="checkbox"/> Nausea/Vomiting | <input checked="" type="checkbox"/> Coughing |
| <input type="checkbox"/> Dehydration | <input type="checkbox"/> Tingling/Numbness of extremities |
| <input type="checkbox"/> Trouble breathing | <input type="checkbox"/> Diarrhea |
| <input checked="" type="checkbox"/> Skin irritation | <input type="checkbox"/> Unconsciousness |
| <input checked="" type="checkbox"/> Dizziness | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Blurred/Double vision |
| <input type="checkbox"/> Other symptoms: | |

CONTROL ZONES (ESTABLISH AS APPROPRIATE):

☒ Hot (Exclusion) Zone: IMMEDIATE AREA OF SPILL

☒ Warm (Contamination reduction) Zone: SEE SKETCH

☒ Cold (Support) Zone: SEE SKETCH

WHEN REQUIRED, ADDRESS THE FOLLOWING:

☒ Decontamination Plan: FIRE DEPARTMENT TO PROVIDE WATER DECON

☒ Evacuation Plan: EXIT AREA TO WEST

☐ Demobilization Plan: _____

☒ Communications Plan: ALL EMERGENCY TRAFFIC TO SUSANVILLE CHP DISPATCH

☐ Medical Assistance Plan: _____

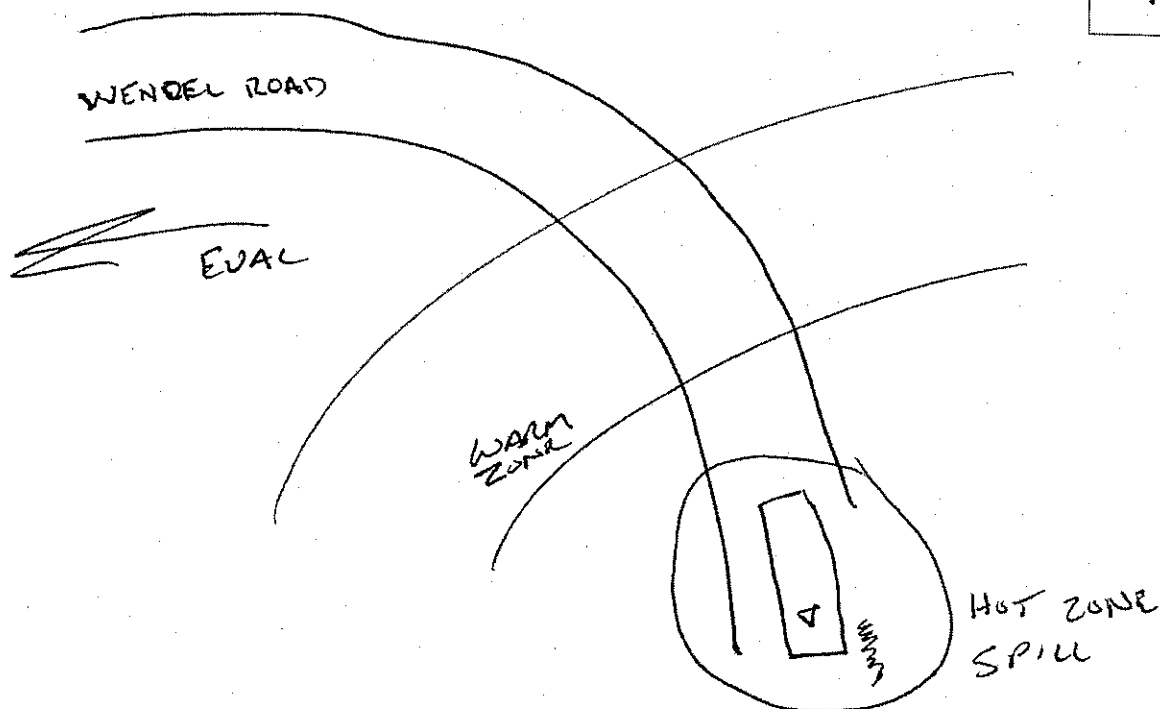
☒ Emergency Procedures Plan: EVAC TO BANNER HOSPITAL

(Drawing not to scale)

SKETCH

(Factual diagram is not required)

INDICATE NORTH



SAFETY BRIEFING COMPLETED (TIME)

1000

HOURS

INCIDENT COMMANDER NAME, RANK, AND ID NUMBER

R CULVER, OFFICER 18851

DATE

09/05/2017