### **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

MAY 1 7 2018

Board of Supervisors

File No.:140.16735.17925

May 11, 2018

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

### Dear Board Members:

This is to inform you that on Thursday, May 10, 2018, at approximately 0754 hours, approximately 10 gallons of diesel fuel leaked onto the asphalt/dirt shoulder, on the south side of Johnstonville Road, at the intersection with Big Sky Boulevard. The spill was a result of a two vehicle traffic collision, involving a 1988 Peterbuilt and a 2012 Peterbuilt. Stoneco Construction immediately responded to the scene and placed absorbent pads and dirt to contain the spilled fuel. Stoneco Construction returned on May 11, 2018, dug out the contaminated soil, conducted soil testing and replaced with clean soil.

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,

S. RICHARDS, Lieutenant

Acting Commander Susanville Area



#### STATE OF CALIFORNIA

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

| HAZARDOUS MATERIALS INCIDENT REPORT   OES CONTR  |  |                |                     |                               |  | OL NUMBE   | ₹                    | COLLISION REPORT  |                |                          |                            |
|--|--|----------------|---------------------|-------------------------------|--|--|----------------------|---|----------------|--------------------------|----------------------------|
| CHP 407E (Rev. 3-15) OPI 062 Refer to HPM 84.2, Chapter 2 18-3043  |  |                |                     |                               |  |  |                      | ☐ Yes NUMBER 9140-2018-00094 ☐ No   |                |                          | ☐ No                       |
| HAZMAT CASUALTIES NO   | ). EXPOSED!                                  | NO.<br>INJURED | NO.<br>KILLED       | CITY                          |  |  |                      | JUDICIAL DISTRICT   |                |                          | / NONE                     |
| AGENCY PERSONNEL ()  | CONNED                                       | 0              |                     | UNINCORPORATED                |  |  | LASSEN SUPER         |   | 24 10010       |                          |                            |
|  |  |                |                     | COUNTY                        |  |  |                      | NCIC  | ٠              | HAZMAT PLACARD           |                            |
| OTHERS 0   |  | 0              | 0                   |                               |  |  |                      | 9140  |                | Yes                      | ⊠ No                       |
| INCIDENT DATE (MM/DD/Y   | YYY)   | INCIDENT T     | -                   |                               | NS/COUNTY F  | ROADS NOTI   | - 1                  | TIME O.E.S. NOTIFIED  |                | STATE HIGHWAY F          | No.                        |
| 05/10/2018<br>INCIDENT OCCURRED ON   |  | 07,34.         | HOURS               | 1348                          |  | N ar ner   | HOURS<br>RSECTION V  |   | HOURS          | Lites                    | N MO                       |
| The second of the second of the  |  |                |                     |                               |  | OR   | :Katolion's          | BIG SKY B   | LVD            |                          |                            |
| JOHNSTONVILLE RD. MILEPOST INFORMATION   |  |                |                     |                               |  | GPS COORDINATES  |                      |   |                |                          |                            |
| a construction of the second   |  |                |                     |                               |  | LATITUDE LONGITUDE   |                      |   |                |                          |                            |
| NAME (FIRST, MIDDLE; LAST)  DRIVER'S LICENSE NUMBER  |  |                |                     |                               | STATE  | VEH. YEAR MAKE. LICE   |                      |   | LICENSE NUMBER | STATE                    |                            |
| DINTY LEWIS M  | OORE   |                | P0878519            |                               |  |  | PETERI               | BUILT   |                | 22357C2                  | CA                         |
| STREET ADDRESS   |  |                |                     |                               | VEH, YEAR MAKE   |  | 1                    |   |                | LICENSE NUMBER           | į.                         |
| 700-105 OLD ARC  | CHERY RD                                     | •              |                     | 1989 FW                       |  |  |                      |   | 4GZ3385        | CA                       |                            |
| CITY/STATE/ZIP CODE  |  |                |                     |                               |  | VEH. YEAR  | MAKE                 |   | -              | LICENSE NUMBER           | STATE                      |
| SUSANVILLE, CA   | A 96130                                      | BUSINESS       | BUONE               |                               |  | Of Briefs A  | i A A arc            |   |                |                          |                            |
| (530) 310-2370   |  | (530) 25       | 1.00                |                               |  | CARRIER NAME  STONEDOO CONISTELLICATION                              |                      |   |                |                          |                            |
| HAZMAT IDENTIFICATION  | SOURCES (CHEC                                |                |                     |                               |  | STONECO CONSTRUCTION  REGISTERED OWNER SAME AS DRIVER                |                      |   |                |                          |                            |
| On-site fire service   |  | Chem           |                     |                               | ٠.   |  |                      |   |                |                          |                            |
| Private info source  |  | . <del></del>  | Control Cer         | nter                          |  | STONECO CONSTRUCTION  OWNER'S ADDRESS SAME AS DRIVER                 |                      |   |                |                          |                            |
| Off-site fire service  |  | treated .      | Data Sheet          |                               |  |  |                      |   |                |                          |                            |
| On-site non-fire se  | rvices                                       |                | rds/Signs           |                               |  | 1104 GENTRY LN., SUSANVILLE, CA 96130  VEHICLE IDENTIFICATION NUMBER |                      |   |                |                          |                            |
| Off-site non-fire se   | ervices                                      | ☐ Shìppi       | ing papers          | •                             |  | 1, · · · · · · · · · · · · · · · · · · ·                             |                      |   |                |                          |                            |
| Computer software  | <b>e</b> .                                   |                | jency Respoi        |                               | ok.  | 1FXPFDB9X6JN26093  |                      |   |                |                          |                            |
| ☐ Chemist  |  | No ref         | erence mater        | ce material used              |  | VEHICLE TYPE CA NUMBER   |                      |   | DOT NUMBER     |                          |                            |
| Other  | <del></del>                                  | f              | ·                   | lari e anas                   |  | 25   | 31                   | 53595   |                | 2660507                  | ·                          |
| CHEMICAL/TRADE NAME  |  | UN<br>NUMBER   | DOT HAZARD<br>CLASS | QUANTITY RE<br>(LBS., GAL., E |  | EXTENT O   | RELEASE              |   |                | PHYSICAL<br>STATE STORED | PHYSICAL STATE<br>RELEASED |
| DIESEL   |  | 1993           | 3                   | 10 GAL                        |  | Outside  | vehicle              |   |                | Liquid                   | Liquid                     |
| CONTAINER TYPE   |  | <u> </u>       | CONTAINER C         | APACITY (LBS.,                | GAL, ETC.)   | CONTAINE   | R MATERIAL           |   |                | LEVEL OF CONTA           | INER_                      |
| Vehicular fuel tank  | <u>.                                    </u> |                | 100                 |                               |  |  |                      |   |                | Above groun              | d                          |
| CHEMICAL/TRADE NAME  |  | NUMBER         | DOT HAZARD<br>CLASS | QUANTITY RE<br>(LBS., GAL., E |  | EXTENT O   | FRELEASE             |   |                | PHYSICAL<br>STATE STORED | PHYSICAL STATE<br>RELEASED |
| CONTAINER TYPE CONTAINER CAPACITY (LBS., GAL, ETC.   |  |                |                     |                               | , GAL., ETC.)  | CONTAINER MATERIAL   |                      |   | ·              | LEVEL OF CONTAINER       |                            |
| PROPERTY LISE  |  |                |                     |                               |  | SURROUNDING AREA   |                      |   | · · · · · ·    | PROPERTY MANAGEMENT      |                            |
| County/City mad  |  |                |                     |                               | CountrilChiasa   |  |                      | I   |                | County                   |                            |
| County/City road RELEASE FACTORS   |  |                |                     |                               |  | County/City road  EQUIPMENT TYPE INVOLVED                            |                      |   |                | HAZMAT CONFIRMED         |                            |
| Collision/Overturn   |  |                |                     |                               |  |  |                      |   |                |                          |                            |
| CITATION ISSUED OR COMPLAINT TO BE FILED PRIMARY CAUSE OF INC  |  |                |                     | SE OF INCIDEN                 | VT.  | Vehicle fuel system  OTHER HAZARDOUS MATERIALS VIOLATIONS (NON-CAUS  |                      |   |                | Yes                      | No                         |
|  |  |                |                     | •                             | ☐ Yes        No  |  |                      |   | * **           |                          |                            |
| Yes     No     Not determined          ✓ Violation 21755(a) CVC        Other Code violation  |  |                |                     |                               | DID WEATHER CONTRIBUTE TO CAUSE OR SEVERITY OF INCIDENT? |  |                      |   |                |                          |                            |
|  |  |                |                     |                               |  |  |                      |   |                |                          |                            |
| Other cause  |  | 0141100        | AL A OUD CE         | A MINI III                    | - A BB (TIA)   | Yes  |                      | W. Carrett C. Carrett | Clear          |                          |                            |
| ELEMENTS (OUTLIN   |  |                |                     |                               |  |  |                      |   |                | A                        | a KL                       |
| Sequence of events          ☐ Evacuation details           ☐ Cleanup actions           ☐ CHP On-scene Personnel (name, rank, ID number, function, exposure, hours) |  |                |                     |                               |  |  | ie, rank, ID<br>urs) |   |                |                          |                            |
| ☐ Road closures ☐ Environmental impact ☐ Actions of other agencies ☐ COMPLETE THE FOLLOWING  |  |                |                     |                               |  |  |                      |   |                |                          |                            |
| ☐ Incident Action Plan ☐ Site Safety Plan ☐ Proposition 65 Letters: County Health/County Board of Supervisors  |  |                |                     |                               |  |  |                      |   |                |                          |                            |
| DATE AND TIME SCENE DECLARED SAFE BY WHOM (NAME, TITLE AND AGENCY)   |  |                |                     |                               |  |  |                      |   |                |                          |                            |
| 05/10/2018 13  | i n  |                |                     |                               | TIA ŽĀD  | ישוומי   | MATEDI               | AL SPECIALIS  | T              |                          |                            |
| PREPARER'S NAME, RANK  |  | 1              | IN THE              | DATE                          | HALAN  |  |                      | NK, AND ID NUMBER   |                | DATI                     | <u> </u>                   |
|  |  |                |                     |                               |  |  |                      |   | 4              |                          |                            |
| R. WILBURN, OF   | CR 15749                                     |                |                     | 05/10/201                     | 8.   | K .  | CICKA                | <u> </u>  | 143            | 14 >                     | 81-115                     |

# INCIDENT ACTION PLAN/SITE SAFETY PLAN

OES CONTROL NUMBER

| CHP 407I (New 5-15) OPI 062 Ref                                 | er to HPM    | 84.2, Chapte                            | ег 2                                    |  |                                       | 18-3043                                 |                                       |  |
|---|--------------|---|---|--|---------------------------------------|---|---------------------------------------|--|
| INCIDENT DATE (MMDD/YYYY)                                       |              |   |   | INCIDENT TIME (HOURS)  |                                       |   |                                       |  |
| 05/10/2018  |              |   |   | 0754   |                                       |   | •                                     |  |
| INCIDENT OCCURRED ON  |              |   |   | AT INTERSECTION WITH   | BIG SKY BLVD.                         |   |                                       |  |
| JOHNSTONVILLE RD.   |              |   |   | OR BIG SK I BLVD.  |                                       |   |                                       |  |
| AREA DESCRIPTION  |              |   |   |  |                                       |   |                                       |  |
| RURAL COUNTY RD.  |              |   | •                                       |  |                                       |   |                                       |  |
| INCIDENT COMMANDER  |              |   | •                                       | SITE SAFETY OFFICER  |                                       | •                                       |                                       |  |
| SGT. TOWNSEND #17925  |              | aggeroegede hukgeukunn di yatra         | Maria - Santana a see gaster bela       | OFCR, LINGENFELT   | ER #19275                             |   |                                       |  |
|   |              |   | INCIDENT A                              | CTION PLAN   |                                       |   |                                       |  |
| GENERAL INFORMATION:  |              |   | E, ENVIRONMENT,                         |  | · · · · · · · · · · · · · · · · · · · |   |                                       |  |
|   |              |   |   | TITLE 8, CALIFORNIA  |                                       | TIONS.                                  |                                       |  |
| PROCEDURES FOR HANDLI   |              |   |   | ANDER AND SAFETY (   | JEFICER,                              |   |                                       |  |
| ☑ Identify all hazardous sub                                    |              |   |   |  |                                       |   |                                       |  |
| •   |              |   | -                                       |  |                                       | 42                                      |                                       |  |
| Based upon identification     ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ | ,            | • | · · · · · · · · · · · · · · · · · · ·   |  |                                       | uve equipme                             | ent.                                  |  |
| ⊠ Ensure personnel expose                                       | ed to inh    | alation haz                             | zard wear a self co                     | ntained breathing app  | paratus.                              |   | -                                     |  |
| □ Limit the number of person                                    | onnel on     | -site, but u                            | se the buddy syste                      | em.  |                                       |   |                                       |  |
| ⊠ Ensure back-ups and sta                                       | ndby em      | ergency n                               | nedi <mark>cal service</mark> s ar      | e available.   |                                       |   |                                       |  |
| ☑ Designate a safety office                                     | r with kn    | owledge o                               | f safety operations                     |  |                                       | •                                       |                                       |  |
| ⊠ Implement appropriate de                                      | econtam      | ination.                                |   |  |                                       |   |                                       |  |
|   |              |   | SITE SAF                                | ETY PLAN   |                                       |   |                                       |  |
| GENERAL INFORMATION:  | • PR         | OTECTION                                | OF LIFE IS THE HI                       | Maria Maria de La Caracteria de Caracteria d | 3.351                                 | *************************************** | 21 (94 ) (10 )                        |  |
|   | • EN         | SURE ALL                                | PERSONNEL ARE                           | BRIEFED ON OPERAT  | IONS AND SAFETY E                     | EFORE WOF                               | RK BEGINS.                            |  |
|   | • NO         |   |   | EIR LEVEL OF TRAINII   | NG, CAPABILITIES, C                   | R RESOURC                               | CES.                                  |  |
| CHEMICAL/TRADE NAME   | UN<br>NUMBER | DOT HAZARD<br>CLASS                     | QUANTITY RELEASED (LBS., GAL., ETC.)    | EXTENT OF RELEASE  |                                       | PHYSICAL<br>STATE STORED                | PHYSICAL STATE<br>RELEASED            |  |
| DIESEL FUEL   | 1993         | 3                                       | 10 GAL                                  | Outside vehicle  |                                       | Liquid                                  | Liquid                                |  |
| CONTAINER TYPE.   |              | CONTAINER C                             | APACITY (LBS., GAL., ETC.)              | CONTAINER MATERIAL   |                                       | LEVEL OF CONTA                          | AINER                                 |  |
| Vehicular fuel tank   |              | 100 GAL                                 | LOUIS PROPERTY OF CLASS                 | Aluminum/Aluminum  | Above groun                           |   |                                       |  |
| CHEMICAL/TRADE NAME   | UN<br>NUMBER | DOT HAZARD<br>CLASS                     | QUANTITY RELEASED<br>(LBS., GAL., ETC.) | EXTENT OF RELEASE  |                                       | PHYSICAL<br>STATE STORED                | PHYSICAL STATE<br>RELEASED            |  |
| CONTAINER TYPE  |              | CONTAINER C                             | APACITY (LBS., GAL., ETC.)              | CONTAINER MATERIAL   | <u> </u>                              | LEVEL OF CONTA                          | AINER                                 |  |
| CONTAINED   | ŧ            | CONTRIBUTE                              | richort (1550,, GAL., 170,)             | CONTRIBUTION AND LINE  |                                       | LEVEL OF GOINT                          | -IIII-II                              |  |
| MEDICAL SIGNS OF EXPOS  | I IDE:       |   |   |  |                                       |   | · · · · · · · · · · · · · · · · · · · |  |
| Medical signs or expositions  ✓ Nausea/Vomiting                 | OKE.         |   |   | ☐ Coughing   |                                       |   |                                       |  |
|   |              |   |   |  | af nutromitina                        |   | -                                     |  |
| ☐ Dehydration   |              |   |   | ☐ Tingling/Numbness  | or extremilles                        | -                                       |                                       |  |
| ☐ Trouble breathing   |              |   |   | ☐ Diarrhea   |                                       |   |                                       |  |
| Skin irritation   |              |   |   | Unconsciousness  | · .                                   | •                                       |                                       |  |
| ☐ Dizziness   |              | •                                       |   | ☐ Anxiety  |                                       |   | •                                     |  |
| ☐ Confusion   |              |   |   | ☐ Blurred/Double visi  | on T                                  |   |                                       |  |
| Other symptoms:   |              |   |   | <del></del>  |                                       | <u> </u>                                |                                       |  |
|   | •            |   |   |  | ·                                     |   |                                       |  |

| CONTROL ZONES (ESTABLISH A       | S APPROPRIATE):                        |                     |                                       |   |
|----------------------------------|--|---------------------|---------------------------------------|---|
|                                  | of saddle tank leak,                   |                     | · · · · · · · · · · · · · · · · · · · |   |
|                                  |  |                     | ·                                     |   |
| ☐ Warm (Contamination reduction) | Zone:                                  |                     | <u></u>                               |   |
| <u> </u>                         |  |                     |                                       |   |
| Cold (Support) Zone:             |  |                     |                                       |   |
| MANUEL DECLUDED ADDRESS TH       |  |                     | ·                                     |   |
| WHEN REQUIRED, ADDRESS TH        |  |                     |                                       |   |
| Decontamination Plan:            |  |                     |                                       |   |
| Evacuation Plan:                 |  |                     |                                       |   |
| •                                |  |                     |                                       |   |
| Demobilization Plan:             |  |                     | -                                     |   |
| •                                |  |                     | ·                                     |   |
| Communications Plan:             |  |                     |                                       |   |
|                                  |  |                     |                                       |   |
| Medical Assistance Plan:         |  |                     | ,                                     |   |
|                                  |  |                     |                                       | ·                                       |
| Emergency Procedures Plan:       |  |                     |                                       | `                                       |
|                                  |  |                     |                                       | percións les contractos contactos       |
| (Drawing not to scale)           | St.                                    | (ETCH               | (Factua                               | diagram is not required)                |
| •                                |  |                     |                                       | , |
|                                  |  | •                   |                                       |   |
|                                  | East this warman                       | A SA SEE & POS FORM |                                       |   |
| •                                | JOHNSTOR                               | NVILLE RD.          |                                       |   |
|                                  | 30000000000000000000000000000000000000 |                     |                                       | • .                                     |
|                                  |  |                     |                                       |   |
| •                                |  |                     |                                       |   |
|                                  |  | <b>.</b>            |                                       |   |
| DIESEL FUEL                      |  |                     |                                       |   |
| EVOLUDION ZONE                   |  | · .                 |                                       |   |
| EXCLUSION ZONE                   |  | _                   | •                                     |   |
|                                  |  |                     |                                       |   |
|                                  |  | •                   |                                       |   |
|                                  |  | 4 · *               | ,                                     |   |
|                                  | BIG SKY<br>BLVD,                       |                     |                                       |   |
| ,                                | <del></del>                            |                     |                                       | •                                       |
|                                  | · .                                    |                     |                                       |   |
| · .                              |  |                     |                                       |   |
| SAFETY BRIEFING COMPLETED (TIME) | 05/10/2018                             |                     |                                       |   |
| 0859 HOURS                       |  |                     |                                       |   |

## **HAZARDOUS MATERIALS INCIDENT REPORT:**

May 10, 2018

OES #18-3043

## **SEQUENCE OF EVENTS:**

On May 10, 2018, at approximately 0754 hours, Mr. Dinty Moore was driving a truck tractor/semi trailer combination, eastbound on Johnstonville Rd. approaching the intersection of Big Sky Blvd. Mr. Jerome Bryant was driving a three axle truck eastbound on Johnstonville Rd. behind Moore. Moore began to slow and veered to the left in preparation to turn right onto Big Sky Blvd. Bryant drove to the right of Moore. Due to Bryant's unsafe passing on the right a collision occurred with the right side of Moore's vehicle and the left side of Bryant's vehicle. Both vehicles came to rest, on their wheels, within the intersection of Johnstonville Rd. and Big Sky Blvd. The collision caused a puncture to the right saddle tank of Moore's vehicle and a fuel line break on Bryant's vehicle. Approximately 10 gallons of diesel fuel leaked out of the saddle tank onto the roadway. A small amount of fuel leaked from the broken fuel line onto the roadway. The diesel fuel leaked downgrade in a southwesterly direction on the west roadway edge of Big Sky Blvd. and into the dirt shoulder.

# **ROAD CLOSURE INFORMATION:**

One-way traffic control was utilized for approximately one hour.

### **EVACUATION DETAILS:**

There were no evacuations.

### **ENVIRONMENTAL IMPACT:**

Approximately 10 gallons of diesel fuel were spilled and eventually drained into the north dirt shoulder. First responders built a berm out of dirt and leaves to slow the flow of the diesel and to block the diesel from draining into a culvert located on the north dirt shoulder approximately 60 feet downhill from the scene. Later, absorbent pads and booms were used to collect the diesel/precipitation mixture. It appeared the diesel was contained to the dirt shoulder. The culvert showed no evidence of diesel fuel contamination.

# **CLEAN-UP ACTIONS:**

The trucking company (Stoneco Construction) immediately responded to the scene and placed absorbent pads and dirt to contain the spilled fuel.

Stoneco Construction is planning on responding the next day to dig out the contaminated soil, conduct soil testing, and replace with clean soil.

## **ACTIONS OF OTHER AGENCIES:**

No other agencies involved.

## **CHP PERSONNEL ON SCENE:**

| Brent Townsend   | Sergeant | # 17925 | Incident Commander | 1.0 hrs |
|------------------|----------|---------|--------------------|---------|
| Ben Lingenfelter | Officer  | # 19275 | Safety Officer     | 2.0 hrs |
| Matt Peterson    | Officer  | # 20458 | Traffic Control    | 2.0 hrs |
| Robert Wilburn   | Officer  | # 15749 | HM Group Sup.      | 1.0 hrs |

No CHP personnel experienced exposure to the hazardous material.

R. Wilburn, #15749 Officer