

04-71-046710

State Div. Emergency Gov't. (608) 266-3232  
U.S. Nat'l. Response Center (800) 424-8802  
Chemtrec/Pesticides/Chlorine (800) 424-9300

Spill ID Number  
Y Y M M D D 0-99

04-71-046710

1-16-92

Date of Incident 1/16/92	Day of Week WED	Time of Incident 1:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Robert Fox	Telephone Number (414) 424 3058
Date Reported 1/16/92	Day of Week WED	Time Reported 4:13	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting Dept. of Natural Resources	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved anti freeze	Quantity 30 gal	Units gallon	Person or Firm Responsible OSHKOSH TRUCK		
Substance Involved	Quantity	Units	Contact Name BOB FOX	Telephone Number X 2420 (414) 235 9151	

Physical Characteristics <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas	Color _____ Odor _____	Address - Street or Route 2307 OREGON ST	City, State, Zip Code OSHKOSH WI 54901
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Cause of Incident Cold weather, clamp loosened	Exact Location Description (intersection, mileage, etc.) 333 W. 29th	County Location Winnebago	Groundwaters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential	Action Taken By Spiller <input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate <input checked="" type="checkbox"/> Containment; Type _____ <input checked="" type="checkbox"/> Cleanup; Method <u>oil dry</u> <input type="checkbox"/> Amount Recovered _____ <input type="checkbox"/> Monitor _____ <input type="checkbox"/> Contractor Hired; Name _____ <input type="checkbox"/> Other Action _____
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Surface Waters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential	Name of Surface Water NA	Spill Location <input checked="" type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co. <input type="checkbox"/> Gas/Service Station/Garage, Auto Dealer, Repair Shop <input type="checkbox"/> Ag Coop/Facility/Cheese Factory/Creamery <input type="checkbox"/> Other Small Business (bank, grocery, insurance co., etc.) <input type="checkbox"/> Public Property (city, county, state, church, school, etc.) <input type="checkbox"/> Utility Co., Power Generating/Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Other _____
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Date District Notified 1/16/92	Day of Week THURSDAY	Time District Notified 4:13	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
District Person Notified UNK	Telephone Number (414) 497 4410	Date Investigated 1/16/92	Day of Week WED
Person Investigating Wayne L. Jendry	Telephone Number (414) 424 3058	Time Investigated 4:30	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.

Action Taken By DNR <input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup	Spiller Required To Take Action; Type <input checked="" type="checkbox"/> Take Action; Type <u>cleanup / OSH truck</u>	Spilled Substance Destination <input type="checkbox"/> Air <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other _____
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Other Agencies on Scene	Local <u>N/A</u>	State <u>N/A</u>	Federal <u>N/A</u>	Person Filing This Report (print name) Wayne L. Jendry	Date Signed 1/22/92
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Additional Comments:  
complaint # FO 0231 / anti freeze leaked from at least 12 parked trucks because of loose hose clamps. Leaks started 1/15/92. Oil day is busy w-1 and should be completed by 1/17/92. Inspected site 1/22/92 and noted that the site was cleaned up.

DISTRICT Files 920116-04

**SUBSTANCE SPILL/RELEASE ALERT FORM**

<b>Spill No./Notification Date and Military Time</b> <u>92 1 16 14:35</u> YY MM DD TIME	<b>Information should be reported to:</b> Department of Military Affairs Wisconsin Division of Emergency Government 4802 Sheboygan Ave., Room 99A, P.O.Box 7865 Madison, Wisconsin 53707-7865 (608) 266-3232 FAX (608) 266-1569	<b>Date and Military Time of Incident</b> <u>92 1 16</u> YY MM DD TIME County: <u>Winnebago</u>
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<b>REPORTING INFORMATION</b>			
<b>Reported by:</b> <u>Robert FOX</u> / <u>Safety + Environ. Dept.</u> (name)	<b>Person/Firm Responsible:</b> <u>Oshkosh Truck Corp.</u>		
<b>Address:</b> <u>2307 Oregon St</u> P.O. Box 2566	<b>Address:</b> <u>of their yard; where spill occurred</u> <u>333 W. 29th St.</u>		
<b>City:</b> <u>Oshkosh</u> <b>State:</b> <u>WI</u> <b>Zip:</b> <u>54903</u>	<b>City:</b> <u>Oshkosh</u> <b>State:</b> <u>WI</u> <b>Zip:</b> <u>54903</u>		
<b>Telephone:</b> <u>414-235-9151 ex 2425</u>	<b>Telephone:</b> _____		

<b>Spill Contact Person/Firm:</b> _____ <b>Address:</b> _____
<b>(if different from above)</b>
<b>Telephone:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____

<b>SUBSTANCE INFORMATION</b>										
<b>Name of Substance/Quantity Involved:</b> <u>antifreeze - unknown quantity</u>										
<input type="checkbox"/> EHS Chemical <input type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown										
<b>CAS #</b>	<b>Placard #</b>	<b>Quantity</b>	<b>Solid</b>	<b>Powder</b>	<b>Liquid</b>	<b>Vapor</b>	<b>Gas</b>	<b>Radio-Active</b>	<b>Unknown</b>	<b>Color</b> <u>12</u> <b>Odor</b>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>SITE INFORMATION</b>	
<b>Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.):</b>	
<u>In yard of above company at 333 W. 29th St.</u> <u>Underneath several trucks parked there.</u>	

<b>Source of Spill</b>	<b>Spill Destination</b>
<input type="checkbox"/> Transportation <input checked="" type="checkbox"/> <b>Manufacture</b> <input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> <b>Soil (frozen)</b> <input type="checkbox"/> Air <input type="checkbox"/> Water
<input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input type="checkbox"/> Business	<input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other
<input type="checkbox"/> Private Property <input type="checkbox"/> Other _____	<input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> Potential
<b>Weather Conditions</b>	
<b>Wind Speed and Direction:</b> <u>Very cold, clear</u>	<b>Name:</b> _____
<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog	<input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential
<input type="checkbox"/> Other: _____	<b>Distance to nearest drinking water well:</b> _____ <b>feet</b>

<b>PUBLIC HEALTH INFORMATION</b>	
<b>Recommended safety precautions (known acute/chronic health risks):</b> <u>none</u>	

<table border="1"> <tr> <td></td> <td>No</td> <td>Unknown</td> <td>Yes</td> <td>Number</td> </tr> <tr> <td>Injuries</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[ ]</td> </tr> <tr> <td>Fatalities</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[ ]</td> </tr> <tr> <td>Facility Evacuated</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[ ]</td> </tr> <tr> <td>Public Evacuated</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[ ]</td> </tr> <tr> <td>Shelter facility:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>  Hospital</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[ ]</td> </tr> <tr> <td>  School</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[ ]</td> </tr> <tr> <td>  Other/Type</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>[ ]</td> </tr> </table>		No	Unknown	Yes	Number	Injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ ]	Fatalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ ]	Facility Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ ]	Public Evacuated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ ]	Shelter facility:					Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ ]	School	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ ]	Other/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ ]	<b>Shelter Location and Name</b> _____ _____ _____
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Other/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[ ]																																										

**RESPONSE INFORMATION**

Local Responder on Scene (Give name of response agencies)

<input type="checkbox"/> Fire _____	Incident Commander
<input type="checkbox"/> Law Enforcement _____	Name _____
<input type="checkbox"/> DNR _____	Title _____
<input type="checkbox"/> County EG _____	Dept. _____
<input type="checkbox"/> EMS _____	Telephone _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> No further follow-up or state assistance required

List of contacts made by responsible party/firm or individual reporting incident:

Agency	Telephone Number	Contact Name
<input type="checkbox"/> Dist. Dept. of Natural Resources (DNR)	_____	_____
<input type="checkbox"/> Loc. Emer. Planning Committee (LEPC)	_____	_____
<input type="checkbox"/> Local Public Health	_____	_____
<input type="checkbox"/> CHEMTREC	1-800-424-9300	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

Narrative: Cause of incident/Actions being taken/Other information:

*Antifreeze leaked from at least 12 parked trucks because of loose hoses+clamps. Leaks started last night (1-15). They are using "oil-dry" to absorb. Clean-up should be done by tomorrow (1-17)*

**DEG DUTY OFFICER CONTACTS**

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	(608) 266-2141	_____
<input type="checkbox"/> DNR (Duty Officer pager)	_____	_____
<input type="checkbox"/> DOT/State Patrol	(608) 246-3228	_____
<input type="checkbox"/> DH&SS	(608) 266-2830	_____
<input type="checkbox"/> DILHR	_____	_____
<input type="checkbox"/> DATCP	_____	_____
<input type="checkbox"/> NRC	1-800-424-8802	_____
<input type="checkbox"/> Area Director	_____	_____
<input type="checkbox"/> DEG, Dir. Bureau of Field Services and Disaster Resources	_____	_____

**INCIDENT FOLLOW-UP (to include date and time)**

**AGENCY DEFINITIONS**

DEG	Div. of Emerg Government	NRC	Nat'l Response Center (Federal Reporting Environmental Protection Agency US Coast Guard)
CHEMTREC	Chemical Transportation Emerg. Center	DILHR	Dept. of Industry, Labor and Human Relations
DNR	Department of Natural Resources	DATCP	Dept. of Agriculture, Trade and Consumer Protection
DOT/State Patrol	Dept. of Transportation		
DH&SS	Dept. of Health & Social Services		

Reminder: If the release is of an EHS or CERCLA chemical at or above the reportable quantity, the responsible party must also submit a follow-up written report per Fed. Statutes, as soon as practicable, to the State Emergency Response Board, Box 7865, Madison, WI 53707-7865, the Local Emergency Planning Committee and the NRC.

Signature of DEG Duty Officer

*Nancy Andersen*

Signature of Preparer

04-71-046706

Activity Number: 04-71-046706

Activity Type: Spill

Activity Name: 333 W 29TH ST

Region: Northeast Region

County: Winnebago

FID: 471041120

Location Name: OSHKOSH TRUCK CORP SOUTH PLT

EPA ID: WID000608869

Location Address: 333 W 29TH ST

Start Date: 01/15/1992

End Date: OPEN

Municipality: OSHKOSH

Project Manager: ROXANNE CHRONERT

Legal Desc: None Found

Latitude: None Found

Longitude: None Found

Closed 1/15/92  
RPA 7/28/17

Incident Date/Time: 01/15/1992 23:00

Reported Date/Time:

DNR Notify Immediate:

Physical Char:

Physical Color:

Physical Odor:

Spill Cause: LEAKAGE FROM LOOSE HOSES

Spill Source: Industrial Facility

Source Comment:

Resource Damage:  Comment:

DNR Investigator:

Spill Comment:

Who:

Contact Type: RESPONSIBLE PARTY

Phone: ( ) -

Ext:

Name:

Fax:

Title:

E-Mail:

Company: OSHKOSH TRUCK CORP

Address: PO BOX 2566

OSHKOSH, WI 54903

Impacts:

Contained/Recovered

Substances:

Other

Spill Substance Details:

Other

Released Amount:

Recovered Amount:

Physical Characteristic:

Physical Color:

Physical Odor:

Spiller Actions:

Cleanup Method

CONTAINED/RECOVERED

Actions:

1 Notification 01/15/1992

Auto populated via migration process