

04-71-048380

SUBSTANCE SPILL/RELEASE ALERT FORM

93043003

04-71-048380

Spill No./Notification Date and Military Time <u>930503 1120</u> YY MM DD TIME	Information should be reported to: 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	Date and Military Time of Incident <u>9304300800</u> YY MM DD TIME County: <u>Winnebago</u>
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REPORTING INFORMATION			
Reported by: <u>Bob Cartwright</u> (name)	Person/Firm Responsible: <u>Oshkosh Truck Co.</u>	Address: <u>Same</u>	
Address: <u>PO. Box 2566</u>	City: <u>Oshkosh</u> State: <u>54903</u> Zip: <u>54903</u>	City: _____ State: _____ Zip: _____	Telephone: <u>414 233 9589</u>
Telephone: _____	City: _____ State: _____ Zip: _____	Telephone: <u>414-235-9151</u>	Spill Contact Person/Firm: <u>Bob ↑</u>
(if different from above)		Address: _____	
Telephone: _____	City: _____ State: _____ Zip: _____		

SUBSTANCE INFORMATION											
Name of Substance/Quantity Involved: <u>2 ga. aviation fuel + 1 ga. motor oil</u>											
<input type="checkbox"/> EHS Chemical <input type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown											
CAS #	Placard #	Quantity	Solid	Powder	Liquid	Vapor	Gas	Radio-Active	Unknown	Color	Odor
_____	_____	_____	<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"/>	_____	_____

SITE INFORMATION	
Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.): <u>Truck parking lot in NW corner of S. plant assembly <del>area</del> area - 333 W. 29th Ave</u>	
Source of Spill	Spill Destination
<input checked="" type="checkbox"/> Transportation <input type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____	<input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other <input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Name: <u>spill pillows - dirt</u> <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet
Weather Conditions	
Wind Speed and Direction	
<input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____	

PUBLIC HEALTH INFORMATION				
Recommended safety precautions (known acute/chronic health risks): <u>Closed 5/12/93</u> <u>DMA 8/15/17</u>				
	No	Unknown	Yes	Number
Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter facility:				
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter Location and Name				

088840-1F-10

RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire \_\_\_\_\_
- Law Enforcement \_\_\_\_\_
- DNR \_\_\_\_\_
- County EG \_\_\_\_\_
- EMS \_\_\_\_\_
- Other: \_\_\_\_\_

Incident Commander

Name \_\_\_\_\_

Title \_\_\_\_\_

Dept. \_\_\_\_\_

Telephone \_\_\_\_\_

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:

*Minor power failure - small plane crash*

DEG DUTY OFFICER CONTACTS

- | Agency   | Telephone Number | Contact Name        |
|--|------------------|---------------------|
| <input type="checkbox"/> DNR (days)  | (608) 266-2141   | <i>faxed to DNR</i> |
| <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 | _____            |                     |

**RECEIVED**  
 MAY 12 1993  
 EMERG & REMEDIAL RESPONSE SECTION  
 BUR OF SOLID & HAZRD WASTE

INCIDENT FOLLOW-UP (to include date and time)

*Clean up -*

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.

*Wade Sand*

Signature of DEG Duty Officer

*Anita Cornell*

Signature of Preparer