

DATE OF INCIDENT 01-20-93	DAY OF WEEK WED.	TIME OF INCIDENT 5:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	REPORTED BY (NAME) STEVEN C. KRUGER	TELEPHONE NUMBER 715 / 384 - 5598
DATE REPORTED 01-20-93	DAY OF WEEK WED.	TIME REPORTED 5:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	AGENCY OR FIRM REPORTING PRINCE CORP.	REPORTED THRU DIV. EMERGEN. GOVT. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SUBSTANCE INVOLVED DIESEL FUEL	QUANTITY +100	UNITS GAL.	PERSON OR FIRM RESPONSIBLE PRINCE CORP.
SUBSTANCE INVOLVED HYDRAULIC FLUID	QUANTITY 5	UNITS GAL.	CONTACT NAME STEVEN C. KRUGER
PHYSICAL CHARACTERISTICS <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SEMISOLID <input type="checkbox"/> GAS			TELEPHONE NUMBER 715 / 384 - 3105
ADDRESS - STREET OR ROUTE 8351 E. CTW H			CITY, STATE, ZIP CODE MARSHFIELD, WI. 54449

CAUSE OF INCIDENT
TRAFFIC ACCIDENT

TRANSP. RELATED FACILITY RELATED SPCC PLAN YES NO NA

EXACT LOCATION DESCRIPTION (INTERSECTION, MILEAGE, ETC.)
FIRST DRIVEWAY ON E. SIDE OF HWY SOUTH OF LAKE PLEASANT

COUNTY LOCATION
VILLAS $\frac{1}{4}$ SECTION, TOWN, RANGE
NW, SE, 22, T42 N, R10 E

DNR DISTRICT **NORTH CENTRAL WOODRUFF** SURFACE WATERS AFFECTED YES NO POT DRAIN BASIN

WEATHER CONDITIONS

TEMPERATURE **UNK.** °F WIND SPEED **UNK.** MPH DIRECTION OF WIND **UNK.**

PRECIPITATION: YES NO

DIRECTION OF SPILL MOVEMENT **NONE**

DATE DISTRICT NOTIFIED JAN. 22, 1993	DAY OF WEEK FRIDAY	TIME DISTRICT NOTIFIED UNKNOWN <input type="checkbox"/> AM <input type="checkbox"/> PM	DISTRICT PERSON NOTIFIED JAMES BLANKENHORN	TELEPHONE NUMBER 715 / 362 - 7616
DATE INVESTIGATED JAN. 26, 1993	DAY OF WEEK TUESDAY	TIME INVESTIGATED 9:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	PERSON INVESTIGATING BRUCE NIMZ	TELEPHONE NUMBER 715 / 479 - 4276

ACTION TAKEN BY DNR

NO ACTION TAKEN INVESTIGATION 29.29 ENFORCEMENT

CONTAINMENT; TYPE _____

CLEANUP; METHOD _____

SUPERVISE CLEANUP (PERSON) _____

DISPOSAL; LOCATION _____

ENVIRONMENTAL HAZARD/DAMAGE

REAL POTENTIAL

VEGETATION **JUST AT ACCIDENT SITE**

FISH _____

WILDLIFE _____

BIRDS _____

OTHER _____

NONE _____

COMMENTS: _____

OTHER AGENCIES ON SCENE

LOCAL **VILLAS COUNTY SHERIFF'S DEPT.**

STATE _____

FEDERAL _____

PERSON FILING THIS REPORT (PRINT NAME)
BRUCE E. NIMZ

SIGNATURE **Bruce E. Nimz** DATE SIGNED **2-17-93**

ADDITIONAL COMMENTS:
SPILL CONFINED TO ACCIDENT SITE DUE TO TOPOGRAPHY

SUBSTANCE SPILL/RELEASE ALERT FORM

04-64-048042

Archie

Spill No./Notification Date and Military Time <i>Q30120 1145</i> YY MM DD TIME	Information should be reported to: Department of Military Affairs Wisconsin Division of Emergency Government 4802 Sheboygan Ave., Room 29A, P.O. Box 7885 Madison, Wisconsin 53707-7885 (608) 266-3232 FAX (608) 266-1589	Date and Military Time of Incident <i>930120 0945</i> YY MM DD TIME County: <i>Vilas</i>
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NCO

REPORTING INFORMATION

Reported by: <i>Larry Miller</i> (name) Address: <i>Vilas Co, E 9th</i> <i>on Eagle River State 2 zip 54501</i> Telephone: <i>715-499-3490</i> Spill Contact Person/Firm: (if different from above) Telephone:	Person/Firm Responsible: <i>Prince Corp</i> Address: City: <i>Maushefeld</i> State: <i>WI</i> Zip: Telephone: Address: City: State: Zip:
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SUBSTANCE INFORMATION

Name of Substance/ Quantity Involved: <i>1001 gals diesel fuel, 5 gals hydraulic fluid</i> <input type="checkbox"/> EPA Chemical <input type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown																																																										
<table border="1"> <thead> <tr> <th rowspan="2">CAS #</th> <th rowspan="2">Product #</th> <th rowspan="2">Quantity</th> <th colspan="7">HARTS</th> </tr> <tr> <th>Solid</th> <th>Powder</th> <th>Liquid</th> <th>Vapor</th> <th>Gas</th> <th>Active</th> <th>Unknown</th> <th>Color</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	CAS #	Product #	Quantity	HARTS							Solid	Powder	Liquid	Vapor	Gas	Active	Unknown	Color	Code				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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SPILL INFORMATION

Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.):
15 mi N of Eagle River on HW 45 N

Source of Spill <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other	Spill Destination <input checked="" 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"/> Surface water <input type="checkbox"/> Ice <input type="checkbox"/> Fog <input type="checkbox"/> Potential Name: <input type="checkbox"/> Ground water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well:
Weather Conditions Wind Speed and Direction <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Fog <input type="checkbox"/> Other:	

PUBLIC HEALTH INFORMATION

Recommended safety precautions (known acute/chronic health risks):

<table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Unknown</th> <th>Yes</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Injured</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fatalities</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Evacuated</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Public Evacuated</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shelter facilities:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Hospital</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td> School</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td> Other/Type</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		No	Unknown	Yes	Number	Injured	<input checked="" type="checkbox"/>				Fatalities	<input checked="" type="checkbox"/>				Facility Evacuated	<input checked="" type="checkbox"/>				Public Evacuated	<input checked="" type="checkbox"/>				Shelter facilities:					Hospital	<input checked="" type="checkbox"/>				School	<input checked="" type="checkbox"/>				Other/Type	<input checked="" type="checkbox"/>				Shelter Location and Name:
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1/20/93 1200

Contacted: Betty Michels

REPORT INFORMATION

Agency: **Vilas City**

Incident Commander Name: _____

Title: _____

Dept: _____

Telephone: _____

Number of individuals reporting: _____

Agency: _____ Telephone Number: _____

Agency: _____ Telephone Number: _____

Agency: _____ Telephone Number: _____

car swerved was demolished wrecker spilled from their tracks. Dept. immediately.

truck went off road and (no injuries) tank ruptured. about 5 gals hydraulic fluid. This was cleaned up by Highway Dept. Diesel fuel dissipated - NO dead end

Agency	Telephone Number	Contact Name
_____	(400) 205-2101	_____
_____	(400) 200-1220	_____
_____	(400) 200-0200	_____
_____	(400) 424-2800	_____

INCIDENT FOLLOW-UP (to include date and time)

AGENCY SIGNATURES

DDC	DIV. of Env't & Conservation	NAC	Natl. Aerospace Center (Federal Supply)
CHNTREC	Dynamics Transportation Engrg. Center	_____	Environmental Protection Agency (US Coast Guard)
DNR	Department of Natural Resources	DILR	Dept. of Industry, Labor and Nat. Relations
DDT/State Patrol	Dept. of Transportation	DAICP	Dept. of Agriculture, Trade and Consumer Protection
CHREE	Dept. of Health & Senior Services		

Reminders: If the release is of an LUS or SECLA chemical or of ABOVE the reportable quantity, the responsible party must also submit a follow-up written report per Fed. District, as soon as practicable to the State Emergency Response Board, Box 7465, Madison, WI 53707 7065 the Local Emergency Planning Committee and the NRC.

Ken Peterson