04-41-547393 State of Wisconsin Substance Release Notification Form

State of Wisconsin Substance Release Notification Form Department of Natural Resources Form 4400-91 (Rev. 12-04, e-form) 24-Hour Emergency Hotline Number: 1-800-943-0003

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Date & Military Time of Incident: 09/15/2005 1250hrs		Date & Military Time Reported: 09/15/2005 1618h	Spill File # ser09152005_AA BRRTS #			
Person Reporting: James Ziech		Representing: MFD	Phone # 414-286-8998 Office (O) Fax #			
Responsible Party (RP) / Sp Unknown	oiller:	RP Decision Based On:	Phone # Fax #			
RP Address:		City State Zip Code				
RP Contact Name & Title:		Phone # Fax #				
Substance Involved: Gasoline		Amount & Units Released: Approx. 10-gallons	Amount & Units Recovered: Approx. 10-gallons			
Solid Semisol	id 🔲 Li	iquid 🗌 Gas Color:	Odor:			
Exact Location Of Incident 5000 West National Avenue	Facility Name / Property Owner:					
☐ City ☐ Village ☐ Town West Milwaukee		ounty Iilwaukee	Latitude/Longitude deg. ' '', deg. ' ''			
DNR Region: SER	1	1/4 1/4 Sec T N R	Weather Conditions:			
Cause of Incident: Automobile leaking gasoline in a parking lot. MFD punctured the gas tank and removed approximately 10-gallons. Clay was used to adsorb the already spilled gasoline.						
Check X all that apply		Cause and/or Site: Coop/Food Factory port Facility Railroad Facility Instruction, Excavation, Wrecking, Quarry s/Service Station/Garage/Auto Dealer/Reg draulic Line Break ustrial Facility Paper Mill Chemic eline/Terminal/Tank Farm/Oil Jobber/Wl vate Property (home/farm) olic Property (city, state, church, school, elinsportation Accident, Fuel Tank Spill unsportation Accident, Load Spill lity Co. Power Generating/Transfer Facilities:	Shop			
Injuries? Yes No If yes how many? Has An Evacuation Occurred? Yes No Potential? Yes No						
Are There Any Resource Da	amages? ∐Y€	es No Potential What Kind	?			
Other Agencies Notified: (check first column, if notified; check both columns, if on the scene) Image: Check both columns if on the scene in						
Prepared By: Cindy Vincent	Phone # 414-278	8-4709 Date: 09/15/2005 Rpt	t'd To DATCP? □Yes ⊠No Date: sfed. To DATCP □Yes ⊠No Date:			
Scott Ferguson USMail	Phone # 414-26.	3-8085 Time: To:	Spill Packet Sent? ☐Yes ☑No Date: To:			
Investigated By:	Sign:		ate: Transferred to ERP Yes No Date: Case #			
Spill Coordinator Signoff: Date: 09/20/2005 NFA Letter Sent? Yes No Date: Incident Closed? Yes No Date: 09/20/2						
See Additional Comments On Reverse (Please, print page 2 of 2)						

Not reportable!

Date and Military Time Of Incident:	Responsible Party:				
hrs	·				
Additional Comments :					
·					
	·				
	•				
·					
Case Activity Report: Yes No CAR#:	(Please, attach copy of all CAR and other documentation)				
Enforcement Action: Yes No (Explain Below)					
Emorethent Action. Tes Tres (Explain Below)					
·					

Salary Cold



Milwaukee Fire Department **Hazardous Materials Report**

Response Information

Date

9/15/2005

Haz Units Responding Car 25

INCIDENT/EVENT 67305

Time of Alarm

12:50

Incident Location 5000 W. National Ave.

Time Arrived on Site 13:05

City-Location

West Milwaukee

Back In Service Time 13:41 Total Working Time Hr

Responsible Party Information

Responsible Party

Unknown

Contact Name

Unknown

Responsible Address Unknown

Unknown

City

Phone # Unknown

Fax#

Product Release Information

Chemical Name:

Gas

Physical State: Liquid

Quantity of Release: 10 Gallons

Released to: Parking Lot

Narrative of Incident

U/A found E33 in control of a 4 door Green Eighty Eight Oldsmobile leaking gasoline. Punctured the gas tank removed approx. 10 gallons of gas. Clay absorbed the already spilt gasoline.

Expendable Equipment

Quantity	Description	Cost/Unit	Total Cost
0.50	Clay Absorbent	\$10.00	\$5.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00
0.00		\$0.00	\$0.00

Add additional expenditures in narrative

Total All Costs

\$5.00

Hazardous Materials Members On Scene

Officer Name:

Heo Name:

FF #1:

James H. Ziech

FF #2:

Name: James H. Ziech

FF #3:

Rank: Firefighter