U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.

PART I - REPORT TYPE

1. Incident Id: I-2002110544
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/10/2002

4. Time of Incident (use 24-hour time):
06:10

5. Enter National Response Center Report Number (if applicable):

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: HAMMOND
County: TANGIPAHOA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-55 & I-12

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: ENTERPRISE TRANSPORTATION CO
Street: 2727 NORTH LOOP WEST-PO BOX 4
City: HOUSTON
State: TX
Zip Code: 772104324
Federal DOT Id Number: US DOT 11517
Hazmat Registration Number:

11. Shipper/Offeror:
Name: RUBICON/GEISMAR
Street: 9156 HIGHWAY 75
City: GEISMAR
State: LA
Zip Code: 70734
Waybill/Shipping Paper: 70037730
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: BUILDING 102, AVE. A
City: YOUNGWOOD
State: PA
Zip Code: 15600

14. Proper Shipping Name of Hazardous Material: OTHER REGULATED SUBSTANCES, LIQUID, N.O.S.

15. Technical/Trade Name: MDI

16. Hazardous Class/Division: Miscellaneous Hazardous Material

17. Identification Number: (E.g. UN2764, NA 2020) NA3082

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18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 1863 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Cargo Tank Motor Vehicle (CTMV)

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 102-Auxiliary Valve; 141-Piping or Fittings
How Failed: -
Causes of Failure: - Rollover Accident; Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings:
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**	
Package Capacity:	5500 Liquid - Gallon	Package Capacity:	
Amount in Package:		Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	BRENNER TANK INC	Manufacture Date:	
Serial Number:	10BFB52VX2	Last Test Date:	11/01/2001
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	(if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)		
Head Thickness:	(if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type:
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	False	- Environmental Damage:	False
- No Release:	False		

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #:
Police Report #:
In-house cleanup:
Other Cleanup:

32. Damages Was the total damage cost more than $500? True

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	$ 25,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 23,700.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	
Responders:	
General Public:	

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many?

34. Did the hazardous material cause or contribute to personal Injury? False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	
Responders:	
General Public:	

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	
Responders:	
General Public:	

35. Did the hazardous material cause or contribute to an evacuation? False

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	0
Duration of the evacuation:	

36. Was a major transportation artery or facility closed? False

If yes, how many?

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	50
Weather conditions:	
Vehicle overturned?	
Vehicle left roadway/track?	

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- Shipment had not been transported
- Transported by air (first flight)
- Transport by air (subsequent flights)
- Initial transport by highway to cargo facility
- Transfer at sort center/cargo facility

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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

DRIVER WAS NORTHBOUND ON I-55 (4 LANE DIVIDED) IN HEAVY RAIN. HE ATTEMPTED TO TAKE THE EXIT RAMP EASTBOUND TO I-12. THE UNIT JACKNIFED ON THE WET PAVEMENT, SLIDING OFF INTO THE DITCH ON THE NORTH SIDE OF THE EXIT RAMP WHERE IT ROLLED OVER ON IT'S LEFT SIDE AND ALL THE WAY OVER COMING TO REST ON IT'S RIGHT SIDE. THE SPILL WAS THE RESULT OF THE VACUUM VENT ON TOP OF THE TRAILER, IN THE CRASH PROTECTION AREA, BEING PUSHED OVER. IT WAS PLACED IN A BIND PERMITTING THE PRODUCT TO RUN OUT. IT WAS PARTIALLY STOPPED BY PLACING ABSORBANT PADS AROUND THE LEAKING VALVE AND TRANSFERRING THE LOAD INTO ANOTHER CARGO TANK. CLEAN-UP CONTRACTOR (GARNER ENVIRONMENTAL) HANDLED THE CLEAN UP AND REMOVAL OF THE SPILLED PRODUCT AND CONTAMINATED SOIL.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

PART VIII – CONTACT INFORMATION

Contact's Name:	ARNOLD L HAY
Contact's Title:	FIELD SAFETY REP
Business Name and Address:	
E-mail Address:	
Telephone Number:	713-880-6711
Fax Number:	
Hazmat Registration Number:	
Date:	10/31/2002
Preparer is:	

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