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: E-2007070308
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/27/2007

4. Time of Incident (use 24-hour time):
13:12

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: CAPE GIRARDEAU
County: CAPE GIRARDEAU
State: MO
Zip Code: (if known): 63701
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-55 exit 93 northbound lanes

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Schweigert Brothers Inc
Street: 17049 NEW BREMEN RD
City: SAINTE GENEVIEVE
State: MO
Zip Code: 63670
Federal DOT Id Number: 000334497
Hazmat Registration Number: 053007552027p

11. Shipper/Offeror:
Name: Schweigert Brothers Inc
Street: 17049 NEW BREMEN RD
City: SAINTE GENEVIEVE
State: MO
Zip Code: 63670
Waybill/Shipping Paper: 5243
Hazmat Registration Number: 053007552027p

12. Origin (if different from shipper address)
Street: 1400 S. GIBONEY ST
City: CAPE GIRARDEAU
State: MO
Zip Code: 63701

13. Destination:
Street: 508 N MAIN ST
City: PERRYVILLE
State: MO
Zip Code: 63775

14. Proper Shipping Name of Hazardous Material: GAS OIL

15. Technical/Trade Name: #2 DIESEL FUEL ULSD

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1202

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 3475 Liquid - Gallon

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

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

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

23. Was this an undeclared hazardous materials shipment? False

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: - 104-Body
How Failed: - 310-Ripped or Torn
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406
(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:	9400 Liquid - Gallon	Package Capacity:	
Amount in Package:	7476 Liquid - Gallon	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:	FRUEHAUF	Manufacture Date:	01/01/1984
Serial Number:	4EL015005	Last Test Date:	08/02/2006
Material of Construction:	alum (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:	True
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	True
- Vapor (Gas) Dispersion:	False	- Environmental Damage:	True
- No Release:	False		

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

Fire/EMS Report #: False
Police Report #: True 07-02555
In-house cleanup: True
Other Cleanup: True

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:	$ 19,635.00
Carrier Damage:	$ 68,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 200,000.00

(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:	0
Responders:	0
General Public:	0

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

If yes, how many? 0

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

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

Hospitalized (Admitted Only):

Employees:	1
Responders:	0
General Public:	0

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, provide the following information:

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

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

If yes, how many? 1

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

If yes, provide the following information:

Estimated speed (mph):	65
Weather conditions:	SUNNY
Vehicle overturned?	True
Vehicle left roadway/track?	True

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

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:

Supervisor's Report
03/27/07 incident report notes – Terry Church's Accident

We were notified at roughly 1:30 that Terry had been involved in an accident by a bystander who assisted Terry in getting to a safe distance from the truck after the accident. Bob Schooley was a motorist on the overpass and had seen part of the accident as it was happening. He told me he had seen the truck as it was overturning and wanted to offer assistance. He drove his truck down the off ramp and went towards Terry to help get him away from the truck. He stated the truck had flames on the trailer before it hit the ground. Terry was out of the truck as he got there and heading towards him. He helped him across the off ramp and try to make Terry as comfortable as possible while waiting for emergency personnel. Terry asked him to call the office and his family.

Details were very vague when we started out, did not know Terry's condition or the location of the accident. I asked a customer in the area to check on what she could as far as letting me know anything. We had bits and pieces of info as the afternoon progressed. I called DNR about 30 minutes after we first were notified, could have called earlier but did not have enough information to answer any questions.

I spoke with Dean Lamb and began the process of reporting the accident. He assigned a claim number of 0703271350DAL. After taking all the information we had at the time he stated we had done everything we could at that point and would need to work with someone on clean up. Someone from DNR would be on site and tell us what to do and what would be required.

We followed news broadcasts and had information relayed back to us through out the evening. Wayne Schweigert had been in route to Perryville when the first calls came in, he went to the site as soon as he was notified. Wayne and Mark remained in the area until the DNR representative said the clean up procedures had been taken care. I came back to Ozora around 9 pm to assist in setting the tank and making arrangements to be able to unload the water and fuel from the clean up site.

Terry called in the next morning around 7, he was in the hospital and had his medical needs taken care of, but would be in the hospital for a few more days. Although he was in some pain, he sounded good, and had his normal sense of humor.

For more detail see Terry's statement and police reports.

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:

The driver of the Schweigert Brothers truck was not found at fault in this accident, it is not known at this time if anything on his part could have prevented the incident.

PART VIII – CONTACT INFORMATION

Contact's Name:	David Hoff
Contact's Title:	Wholesale Manager
Business Name and Address:	Schweigert Brothers Inc
	17049 New Bremen Rd SAINTE GENEVIEVE MO 63670
E-mail Address:	david@schweigertbrothersinc.com
Telephone Number:	573-543-2280
Fax Number:	573-543-2232
Hazmat Registration Number:	053007552027P
Date:	07/16/2007
Preparer is:	Carrier

01/01/1984