



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-2018070442
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/14/2018
4. Time of Incident (use 24-hour time):
20:40
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: MILLEN
County: JENKINS
State: GA
Zip Code: (if known): 30442
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Hwy 25 S
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: FLORIDA ROCK & TANK LINES INC
Street: 1814 CARMICHAEL RD
City: AUGUSTA
State: GA
Zip Code: 30906-9603
Federal DOT Id Number: 29628
Hazmat Registration Number:
11. Shipper/Officer:
- Name: Magellan
Street: 222 Sweetwater Rd
City: North Augusta
State: SC
Zip Code: 29841
Waybill/Shipping Paper: 453187
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 4401 Hwy 17
City: RICHMOND HILL
State: GA
Zip Code: 31324
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 0.001 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: -

How Failed: -

Causes of Failure: -

26a. Provide the packaging identification markings, if available.

Identification Markings: TE48004

(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:

Material of Construction:

Head Type (Drums only):

Packaging Type:

Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 9200 Liquid - Gallon

Amount in Package: 7601 Liquid - Gallon

Number in Shipment: 1

Number Failed:

Package Capacity:

Amount in Package:

Number in Shipment:

Number Failed:

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

Manufacturer:

Serial Number:

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:

Manufacture Date:

Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:

Packaging Certification:

Certification Number:

Nuclide(s) Present:

Activity:

Critical Safety Index:

Transport Index:

PART IV – CONSEQUENCES

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

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | False | - 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 #: True
Police Report #: True
In-house cleanup: False
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: \$ 0.00
Carrier Damage: \$ 75,000.00
Property Damage: \$ 0.00
Response Cost: \$ 10,000.00
Remediation/Cleanup Cost: \$ 0.00
(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?

True

If yes, how many? 10

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

True

If yes, provide the following information:

Estimated speed (mph): 45
Weather conditions: good
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:

FRTL unit was travelling south on a 4 lane divided highway the unit drifted off the road onto the median shoulder and travelled within the median which caused it to reduce speed. Due to the slope of the median the unit rolled on to its side as it was coming to final rest. It was confirmed by our emergency response contractor Hepaco that there was no release of product from the cargo tank. This was confirmed by visual inspection and by a soil survey using a OVA meter. No injuries resulted to our driver and this was a single vehicle accident. Highway 25 road closure was limited to only one side of the 4 lane highway allowing traffic to detour. Damage to the cargo tank was limited to external cosmetic tank to the cargo tank shell. This incident is being reported as requested by Galata Tona | Senior Administrative Assistant/Analyst U.S. Department of Transportation | Contractor - Unispec Enterprises, Inc. Pipeline and Hazardous Materials Safety Administration (PHMSA) .

Note: Spill amount entered on question 19 (1 liquid gallon). There was no spill but system would not accept without a number entered in this field.

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:

Driver training, stay focused at all times. To be covered in monthly safety meetings.

PART VIII – CONTACT INFORMATION

Contact's Name:	Michele Homan
Contact's Title:	
Business Name and Address:	Florida Rock and Tank Lines, Inc 200 W. Forsyth Street, 7th Floor Jacksonville FL 32202
E-mail Address:	mhoman@patriottrans.com
Telephone Number:	(904)858-9110
Fax Number:	
Hazmat Registration Number:	029628
Date:	07/30/2018
Preparer is:	Carrier



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7. Location of Incident:
City: MILLEN
County: JENKINS
State: GA
Zip Code: (if known): 30442
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Hwy 25 S
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: FLORIDA ROCK & TANK LINES INC
Street: 1814 CARMICHAEL RD
City: AUGUSTA
State: GA
Zip Code: 30906-9603
Federal DOT Id Number: 29628
Hazmat Registration Number:
11. Shipper/Officer:
Name: Magellan
Street: 222 Sweetwater Rd
City: North Augusta
State: SC
Zip Code: 29841
Waybill/Shipping Paper: 453187
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable)

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How Failed: -

Causes of Failure: -

26a. Provide the packaging identification markings, if available.

Identification Markings: TE4804

(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)

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Contact's Name:	Michele Homan
Contact's Title:	
Business Name and Address:	Florida Rock and Tank Lines, Inc 200 W. Forsyth Street, 7th Floor Jacksonville FL 32202
E-mail Address:	mhoman@patriottrans.com
Telephone Number:	(904)858-9110
Fax Number:	
Hazmat Registration Number:	029628
Date:	07/30/2018
Preparer is:	Carrier