



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-2010090423
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 08/31/2010
4. Time of Incident (use 24-hour time): 07:16
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: CORNERSVILLE
County: MARSHALL
State: TN
Zip Code: (if known): 37047
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 22 I65 N Exit/Entrance Ramp
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: Nelson Brothers, LLC
Street: 820 Shades Creek Parkway Suite 2000
City: Birmingham
State: AL
Zip Code: 35209
Federal DOT Id Number: 877063
Hazmat Registration Number: 051110555043S
11. Shipper/Officer:
Name: Nelson Brothers, LLC
Street: 820 Shades Creek Parkway Suite 2000
City: BIRMINGHAM
State: AL
Zip Code: 35209
Waybill/Shipping Paper: 316621
Hazmat Registration Number: 051110555043S
12. Origin (if different from shipper address)
Street: 2120 Industrial Drive
City: CHEROKEE
State: AL
Zip Code: 35616
13. Destination:
Street: Rt. 28 Spencer Fork
City: HAZARD
State: KY
Zip Code: 41701
14. Proper Shipping Name of Hazardous Material: OXIDIZING SOLID, N.O.S.
15. Technical/Trade Name: PowerNel 1000
16. Hazardous Class/Division: Oxidizer
17. Identification Number: (E.g. UN2764, NA 2020) UN1479

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 42000 Solid - 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? True
If yes, provide the Exemption, Approval, or CA number: SP-8554

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: - 150-Tank Shell
How Failed: - 310-Ripped or Torn
Causes of Failure: - Vehicular Crash or Accident Damage

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

Identification Markings: OXIDIZING SOLID, N.O.S., 5.1, UN1479

(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: 50000 Solid - Gallon Amount in Package: 48360 Solid - Gallon Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:

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

Manufacturer:	Brenner Tank Line	Manufacture Date:	12/01/2003
Serial Number:	10BFB52V54F0B510	Last Test Date:	12/01/2009
Material of Construction:	Stainless (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	45 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.005 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.005 INCH (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 #: True No Report
Police Report #: True 900118323
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: \$ 3,000.00
Carrier Damage: \$ 110,000.00
Property Damage: \$ 18,000.00
Response Cost: \$ 62,000.00
Remediation/Cleanup Cost: \$ 10,000.00
(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?

False

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

Hospitalized (Admitted Only):

Employees: 0
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?

False

If yes, how many? 0

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

True

If yes, provide the following information:

Estimated speed (mph): 45
Weather conditions: Clear
Vehicle overturned? False
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:

Driver was exiting I-65 North at mile marker 22 in Tennessee. Exit ramp is of a clover leaf design. Tractor and tank left continued straight through the curve of the exit ramp, continued across an open grassy area, and then crossed over the adjacent northbound entrance ramp to I-65 North where tractor and tank struck Ford explorer traveling on entrance ramp. Both vehicles came to rest along side of north bound entrance ramp against embankment. Collision resulted in tank disconnecting from tractor. Tank was ruptured by tractor when it disconnected causing hole in lower portion of tank approximately 5 inches in diameter. Product leaked until it was below the hole. Product was naturally contained below the tank in a ditch. Product stayed contained due to ditch sloping inward toward and under the tanker. There was no release to a water supply or onto the road. Product stayed contained within a 100 foot are. Response crew contained product to the crash scene and pumped approximately 23,000 pounds from the ground into another tanker. Another approximate 7,000 pounds was pumped from damaged tanker into another tanker. That left approximately 18,000 that was waste hauled. The crash took place at 0716 hours in the morning and all product but approximately 4,000 pounds was cleaned up at 2300 hours that night. Area was cordoned off and the remaining approximate 4,000 pounds was cleaned up the next morning before 1000 hours. Some earth was damaged and required two dump trucks of top soil and hay and seed.

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 was hired 08/23/2010 and the accident occurred 08/23/2010. Therefore, he had been driving for Nelson Brothers, LLC for less than seven days. This was his second dispatch. He had already made one run on a similar route. In investigating the accident, the driver made the statement that he "messed up" by not realizing he was that far in to the turn when he looked back to his co-driver to tell him to wake up to change out. And, at that point it was too late, as he states, to try to stay in the curve so he rode it out straight through the curve and tried to control the tractor and trailer instead of taking the chance of rolling it. We can use this incident and how it happened for future training of drivers. We are scheduling an accident re-construction and will evaluate other prevention action items once it is complete. The driver was terminated from employment with Nelson Brothers, LLC for being at fault.

PART VIII – CONTACT INFORMATION

Contact's Name:	Terry D. Newton
Contact's Title:	Director Safety & Compliance
Business Name and Address:	Nelson Brothers, LLC 820 Shades Creek Parkway Suite 2000 BIRMINGHAM AL 35209
E-mail Address:	tnewton@nelbro.com
Telephone Number:	205-802-5344
Fax Number:	205-803-5365
Hazmat Registration Number:	051110555043S
Date:	09/23/2010
Preparer is:	Carrier

12/01/2003