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-2020040227
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
02/25/2020

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

**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: AUSTIN
County: Lonoke
State: AR
Zip Code: (if known): 72007
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Between MM 23 and 24

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: LEGACY REGIONAL TRANSPORT, LLC
Street: 2800 GAP RD
City: BATESVILLE
State: AR
Zip Code: 72501-8377
Federal DOT Id Number: 1639953
Hazmat Registration Number: 061518550199AC

**11. Shipper/Offeror:**
Name: FUTUREFUEL CHEMICAL COMPANY
Street: 2800 GAP RD
City: BATESVILLE
State: AR
Zip Code: 72501-8377
Waybill/Shipping Paper: 74258
Hazmat Registration Number:

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

**13. Destination:**
Street: 1401 Bauxite Cutoff Road
City: BAUXITE
State: AR
Zip Code: 72011

**14. Proper Shipping Name of Hazardous Material:** SULFURIC ACID WITH NOT MORE THAN 51% ACID

**15. Technical/Trade Name:**

**16. Hazardous Class/Division:** Corrosive Material

**17. Identification Number:** (E.g. UN2764, NA 2020) UN2796

**18. Packing Group:** (if applicable) II

**19. Quantity Released:** (Include Measurement Units) 44860 Liquid - Pound

**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: MC-370
(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: | 52250 Liquid - Pound | Package Capacity: | |
| Amount in Package: | 44860 Liquid - Pound | 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: | Polar | Manufacture Date: | 07/15/1995 |
| Serial Number: | 1PMS34223T101666 | Last Test Date: | 07/16/2019 |
| Material of Construction: | 316 (if Tank Car, CTMV, Portable Tank, or Cylinder) | | |
| Design Pressure: | 30 PSI (if Tank Car, CTMV, Portable Tank) | | |
| Shell Thickness: | 0.01 INCH (if Tank Car, CTMV, Portable Tank) | | |
| Head Thickness: | 0.13 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 #: | False |
| Police Report #: | True A-02/20-0268 |
| In-house cleanup: | False |
| Other Cleanup: | False |

**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: | $ 449.00 |
| Carrier Damage: | $ 55,000.00 |
| Property Damage: | $ 40,000.00 |
| Response Cost: | $ 12,815.00 |
| 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? 8

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

If yes, provide the following information:

| | |
|---|---|
| Estimated speed (mph): | |
| 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

## 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:**

2/24/20 11:43-TRAILER 337 WAS LOADED WITH 44,860 LBS OF 42% SULFURIC ACID SOLUTION. 2/25/20-4:34am- TRAILER 337 DEPARTED THE FUTURE FUEL PLANT 6:11am- TRAILER 337 IMPACTED A EXTREME ROUGH SPOT ON THE HIGHWAY AT A BRIDGE AND THE TANKER IMMEDIATELY RUPTURED SPILLING THE ENTIRE CONTENTS . OTHER VEHICLES ARE CONTAMINATED WITH THE ACID. ONE VEHICLE LOSES CONTROL IMPACTS BARRIER CABLES IN MEDIAN. 6:12 am DRIVER CALLS 911.-6:25 HWY 167 IS CLOSED , NORTH AND SOUTH BOUND7:19am- E3 RESPONSE ARRIVES ON SITE . 8:45am-THE NATIONAL RESPONSE CENTER IS NOTIFIED 11:45 -THE DRIVER IS ADMINISTERED A DOT DRUG/ALCOHOL TEST 12:55 pm-THE ACCIDENT SCENE IS DECLARED "NEUTRALIZD" 3:30pm-E3 DEPARTS SITE SEE ADDITIONAL INFORMATION.

## 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:**

AT THIS TIME, WE DO NOT KNOW THE FAILURE THAT CAUSED THE TANK TO RUPTURE. WE DO NOT BELIEVE IT WAS CORROSION RELATED. THE TANK HAD BEEN PROPERLY INSPECTED AND TESTED PER 49 PART 180.407. WE ARE CONTINUING OUR INVESTIGATION INTO THE CAUSE FOR THE TANK AND WILL TAKE NECESSARY ACTIONS TO PREVENT RECURRENCE.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | CINDY BUTLER |
| Contact's Title: | COMPLIANCE MANAGEMENT |
| Business Name and Address: | Legacy Regional Transort LLC<br>2800 GAP ROAD BATESVILLE AR 72501 |
| E-mail Address: | cindybutler@ffcmail.com |
| Telephone Number: | 870-698-3136 |
| Fax Number: | 870- 698-5563 |
| Hazmat Registration Number: | |
| Date: | 05/06/2020 |
| Preparer is: | Shipper |

07/15/1995