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-2007120474
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/31/2007

4. Time of Incident (use 24-hour time):
15:10

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: SOMERVILLE
County: SOMERSET
State: NJ
Zip Code: (if known): 08876
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
INTERSTATE 78 AT MILE MARK

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: HORWITH TRUCKS, INC.
Street: 1449 NOR BATH BLVD PO BOX 7
City: NORTHAMPTON
State: PA
Zip Code: 18067
Federal DOT Id Number: 205701
Hazmat Registration Number: 053106551018OQ

11. Shipper/Offeror:
Name: HONEYWELL
Street: 60 KELLOGG STREET
City: JERSEY CITY
State: NJ
Zip Code: 07305
Waybill/Shipping Paper: 003246161
Hazmat Registration Number: 052207001025P

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

13. Destination:
Street: 20400 LEMLEY ROAD
City: GRAND VIEW
State: ID
Zip Code: 83624

14. Proper Shipping Name of Hazardous Material: HAZARDOUS WASTE, SOLID, N.O.S.

15. Technical/Trade Name: CHROMIUM COMPOUNDS

16. Hazardous Class/Division: Miscellaneous Hazardous Material

17. Identification Number: (E.g. UN2764, NA 2020) NA3077

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 23 Solid - Long Ton

20. Was the material shipped as a hazardous waste? True
If yes, provide the EPA Manifest Number: 3246161

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:
Other, TRIAXLE DUMP

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: - 128-Inner Packaging
How Failed: - 310-Ripped or Torn
Causes of Failure: - Rollover Accident

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:	0	Package Capacity:
Amount in Package:	23 Solid - Long Ton	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:
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:	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 7086349
Police Report #: True B130200703668A
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:	$ 110,000.00
Property Damage:	$ 0.00
Response Cost:	$ 20,000.00
Remediation/Cleanup Cost:	$ 40,000.00

(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:	
Total number of employees evacuated:	
Total evacuated:	
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:	CLEAR
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:

At approximately 3:10pm on October 31, 2007, a tri-axle dump truck was traveling westbound on Route 78 near milemarker 31 in New Jersey. A passenger vehicle, a Ford Taurus, that was traveling westbound in the right lane, forunknown reasons changed lanes striking the tri-axle dump truck on the right side. Both vehicles veered left off theroadway into the median. The tri-axle rolled over. The inner shipping container tore as a result of contact with theother vehicle, releasing a portion of the contents of the container onto the median. Following the incident,appropriate notifications were made to emergency response personnel including a call to 911 and the contact of ourhazardous materials cleanup contractor, Rapid Response, Inc.Rapid Response, Inc. initiated and directed the cleanup and remediation efforts related to the hazardous materials.The hazardous material that was released was a solid that was discharged on a soil embankment. A large portion ofthe material release could be recovered. However, the cleanup included the removal of contaminated soils. Allmaterials were properly packaged at the site and transported from the scene for shipment to the original consignee.The following responded to the scene... NJDEOT, Somerset County Hazmat, Bedminster Fire and Rescue, RapidResponse, Inc., a hazmat cleanup contractor, NJDEP, Gemini Towing, and Horwith Management personnel.

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:

Based on the reports taken at the scene, the incident was generally caused by the unforeseenactions of a third party, consequently, we believe that the driver was unable to avoid the collision.The incident occurred in a construction zone. The edge of the road was not grated and asignificant drop-off was present along the roadway. It is our recommendation that the road edgeshould have been tapered to prevent such an abrupt drop, therefore, preventing the likelihood ofa rollover.

PART VIII – CONTACT INFORMATION

Contact's Name:	KELLIE HEFFLEY
Contact's Title:	SAFETY DIRECTOR
Business Name and Address:	HORWITH TRUCK, INC
E-mail Address:	kheffley@horwithtrucks.com
Telephone Number:	6102612220
Fax Number:	6102612916
Hazmat Registration Number:	053106551018OQ
Date:	11/26/2007
Preparer is:	Carrier