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-2015100009
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/01/2015

4. Time of Incident (use 24-hour time):
04:30

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: AFTON
County: OTTAWA
State: OK
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-44 WB MM 305

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CENTRAL TRANSPORT INTERNATIONAL, INC.
Street: 12225 STEPHENS RD
City: WARREN
State: MI
Zip Code: 48089-2070
Federal DOT Id Number: 661173
Hazmat Registration Number: 060915002020X

11. Shipper/Offeror:
Name: GM CUSTOMER CARE & AFTER
Street: 3221 MAGNUM DR
City: ELKHART
State: IN
Zip Code: 46516-9021
Waybill/Shipping Paper: 496117
Hazmat Registration Number:

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

13. Destination:
Street: CANTU CHEVROLET- 805 E RILEY
City: FREER
State: TX
Zip Code: 78357

14. Proper Shipping Name of Hazardous Material: 1,1,1,2-TETRAFLUOROETHANE OR REFRIGERANT GAS R 134A

15. Technical/Trade Name:

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN3159

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 75 Gas - 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:
Non-Bulk

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: - Fire, Temperature, or Heat; Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN
(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:	Box	Packaging Type:	Cylinder
Material of Construction:	Fiberboard	Material of Construction:	Metal (any type)
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:	37 Gas - Pound	Package Capacity:	
Amount in Package:	37 Gas - 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:
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:	True
- 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 XA00135-15
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:	$ 75,000.00
Carrier Damage:	$ 22,000.00
Property Damage:	$ 0.00
Response Cost:	$ 25,000.00
Remediation/Cleanup Cost:	$ 12,500.00

(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? True

If yes, how many? 3

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

If yes, provide the following information:

Estimated speed (mph):	60
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:

THE RELEASE WAS DUE TO A MOTOR VEHICLE ACCIDENT THAT RESULTED IN A FIRE. ALL THE EQUIPMENT AND FREIGHT WERE A TOTAL LOSS.

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:

SAFE DRIVING TECHNIQUES ARE REITERATED TO PREVENT ACCIDENTS

PART VIII – CONTACT INFORMATION

Contact's Name:	WILLIAM BLAESS
Contact's Title:	SAFETY MANAGER
Business Name and Address:	
	12225 STEPHENS RD WARREN MI 48089
E-mail Address:	WBLAESS@CENTRALTRANSPORT.COM
Telephone Number:	586 939 7000
Fax Number:	586 819 0378
Hazmat Registration Number:	
Date:	09/28/2015
Preparer is:	Carrier

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07/01/2015

4. Time of Incident (use 24-hour time):
04:30

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: AFTON
County: OTTAWA
State: OK
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-44 WB MM 305

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CENTRAL TRANSPORT INTERNATIONAL, INC.
Street: 12225 STEPHENS RD
City: WARREN
State: MI
Zip Code: 48089-2070
Federal DOT Id Number: 661173
Hazmat Registration Number: 060915002020X

11. Shipper/Offeror:
Name: KEM KREST CORPORATION
Street: 3221 MAGNUM DR
City: ELKHART
State: IN
Zip Code: 46516-9021
Waybill/Shipping Paper: 496326
Hazmat Registration Number: 060915002020X

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

13. Destination:
Street: CONCHO SUPPLY INC- 4102 SHERWOOOD WAY
City: SAN ANGELO
State: TX
Zip Code: 76901

14. Proper Shipping Name of Hazardous Material: LIQUEFIED GAS, FLAMMABLE, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN3161

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 45 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:
Non-Bulk

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: - Fire, Temperature, or Heat; Vehicular Crash or Accident Damage

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:	Box	Packaging Type:
Material of Construction:	Fiberboard	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:	15 Liquid - Pound	Package Capacity:
Amount in Package:	15 Liquid - Pound	Amount in Package:
Number in Shipment:	3	Number in Shipment:
Number Failed:	3	Number Failed:

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

Manufacturer: Manufacture Date:
Serial Number: Last Test Date:
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:

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:	False	- Fire:	True
- 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 XA00135-15
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:	$ 75,000.00
Carrier Damage:	$ 22,000.00
Property Damage:	$ 0.00
Response Cost:	$ 25,000.00
Remediation/Cleanup Cost:	$ 12,500.00

(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? True

If yes, how many? 3

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

If yes, provide the following information:

Estimated speed (mph):	60
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
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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:

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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:

SAFE DRIVING TECHNIQUES ARE REITERATED TO PREVENT ACCIDENTS

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Contact's Name:	WILLIAM BLAESS
Contact's Title:	SAFETY MANAGER
Business Name and Address:	
	12225 STEPHENS RD WARREN MI 48089
E-mail Address:	WBLAESS@CENTRALTRANSPORT.COM
Telephone Number:	586 939 7000
Fax Number:	586 819 0378
Hazmat Registration Number:	
Date:	09/28/2015
Preparer is:	Carrier

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07/01/2015

4. Time of Incident (use 24-hour time):
04:30

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: AFTON
County: OTTAWA
State: OK
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-44 WB MM 305

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CENTRAL TRANSPORT INTERNATIONAL, INC.
Street: 12225 STEPHENS RD
City: WARREN
State: MI
Zip Code: 48089-2070
Federal DOT Id Number: 661173
Hazmat Registration Number: 060915002020X

11. Shipper/Offeror:
Name: SUPERCLEAN
Street: 8000 W GOOD HOPE RD
City: MILWAUKEE
State: WI
Zip Code: 53223
Waybill/Shipping Paper: 07392600002315491
Hazmat Registration Number:

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

13. Destination:
Street: WAL-MART DC- 221 LOIS RD
City: SANGER
State: TX
Zip Code: 76266

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: SUPERCLEAN DEGREASER

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 1200 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

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How Failed: -
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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:	Box	Packaging Type:
Material of Construction:	Fiberboard	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:	1200 Liquid - Pound	Package Capacity:
Amount in Package:	1200 Liquid - Pound	Amount in Package:
Number in Shipment:	21	Number in Shipment:
Number Failed:	21	Number Failed:

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

Manufacturer: Manufacture Date:
Serial Number: Last Test Date:
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:

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):

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If yes, how many? 0

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

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

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

Employees:	0
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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? True

If yes, how many? 3

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

If yes, provide the following information:

Estimated speed (mph):	60
Weather conditions:	CLEAR
Vehicle overturned?	True
Vehicle left roadway/track?	True

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If yes, was it tendered as cargo, or as passenger baggage?

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Contact's Name:	WILLIAM BLAESS
Contact's Title:	SAFETY MANAGER
Business Name and Address:	
	12225 STEPHENS RD WARREN MI 48089
E-mail Address:	WBLAESS@CENTRALTRANSPORT.COM
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