



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-1992040536  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
03/17/1992
4. Time of Incident (use 24-hour time):  
06:30
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: HENDERSON  
County: VANCE  
State: NC  
Zip Code: (if known):  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
INTERSTATE 85 SOUTH
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: KRAJACK TANK LINES INC  
Street: PO BOX 383-155 SMITH STREET  
City: KEASBEY  
State: NJ  
Zip Code: 08832  
Federal DOT Id Number:  
Hazmat Registration Number:
11. Shipper/Officer:
- Name: SHELL CHEMICAL CO  
Street: 111 STATE STREET  
City: SEWAREN  
State: NJ  
Zip Code: 07007  
Waybill/Shipping Paper: 7281096A9  
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:  
City:  
State:  
Zip Code:
13. Destination:
- Street: 3930 GLENWOOD DRIVE  
City: CHARLOTTE  
State: NC  
Zip Code: 28208
14. Proper Shipping Name of Hazardous  
Material: METHYL ETHYL KETONE
15. Technical/Trade Name: METHYL ETHYL KETONE
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1193

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

**19. Quantity Released:** (Include Measurement Units) 6000 Liquid - Gallon

**20. Was the material shipped as a hazardous waste?**

If yes, provide the EPA Manifest Number:

**21. Is this a Toxic by Inhalation (TIH) material?**

If yes, provide the Hazard Zone:

**22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?**

If yes, provide the Exemption, Approval, or CA number:

**23. Was this an undeclared hazardous materials shipment?**

### 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: - 103-Basic Material

How Failed: - 310-Ripped or Torn

Causes of Failure: - 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:  
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: 4250 Liquid - Gallon  
Amount in Package:  
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: HEIL COMPANY  
Serial Number: 926554  
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: | True  |
| - 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 #:  
Police Report #:  
In-house cleanup:  
Other Cleanup:

### 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:            | \$ 17,000.00  |
| Carrier Damage:           | \$ 5,000.00   |
| Property Damage:          | \$ 300,000.00 |
| Response Cost:            | \$ 0.00       |
| Remediation/Cleanup Cost: | \$ 800,000.00 |

(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:  
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?

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): 55  
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:

DRIVER OF VEHICLE STATED THAT HE WAS TRAVELING IN THE LEFT LANE ON I-85 SOUTH WHEN ANOTHER VEHICLE PASSED HIM ON THE RIGHT AND ABRUPTLY CUT IN FRONT OF HIM. OUR DRIVER STATED THAT HE SWERVED TO THE LEFT TO AVOID THE OTHER VEHICLE AND THE LEFT SIDE OF THE TANK-TRAILER STRUCK A BRIDGE PILLAR, RIPPING OPEN THE SIDE OF THE TANK, AND SPILLING THE CARGO ON TO THE MEDIAN STRIP. THE OTHER VEHICLE DID NOT STOP. INVESTIGATION BY THE CARRIER REVEALED THAT THE DRIVER WAS DRIVING BEYOND THE 10 HOUR RULE WITHOUT 8 HOURS OFF AND HE HAD BEEN ON-DUTY FOR MORE THAT 15 HOURS WITHOUT 8 HOURS OFF DUTY. DESPITE THE DRIVERS STATEMENTS THE CARRIER FEELS THAT IT IS PROBABLE THAT THE DRIVER DOZED OFF PRIOR TO LEAVING THE HIGHWAY AND STRIKING THE PILLAR. THERE WERE NO FATALITIES OR INJURIES. THE FIRM OF FOUR SEASONS INDUSTRIAL SERVICES INC. OF GREENSBORO, NC WAS CONTACTED TO PERFORM THE CLEAN UP OPERATIONS AND THE CONTAMINATED SOIL FROM THE SPILL WAS TRANSPORTED TO LAIDLAW ENVIRONMENTAL SERVICES INC IN REIDSVILLE, NC FOR DISPOSAL.

## 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:

## PART VIII – CONTACT INFORMATION

Contact's Name: JOHN READY  
Contact's Title: DIRECTOR OF SAFETY  
Business Name and Address:  
  
E-mail Address:  
Telephone Number: 9083248181  
Fax Number:  
Hazmat Registration Number:  
Date: 04/13/1992  
Preparer is:



U.S. Department of Transportation  
Research and Special Programs Administration

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### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 03/17/1992  
4. Time of Incident (use 24-hour time): 06:30  
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: HENDERSON  
County: VANCE  
State: NC  
Zip Code: (if known):  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
INTERSTATE 85 SOUTH  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: KRAJACK TANK LINES INC  
Street: PO BOX 383-155 SMITH STREET  
City: KEASBEY  
State: NJ  
Zip Code: 08832  
Federal DOT Id Number:  
Hazmat Registration Number:  
11. Shipper/Officer:  
Name: SHELL CHEMICAL CO  
Street: 111 STATE STREET  
City: SEWAREN  
State: NJ  
Zip Code: 07007  
Waybill/Shipping Paper: 7281096A9  
Hazmat Registration Number:  
12. Origin (if different from shipper address)  
Street:  
City:  
State:  
Zip Code:  
13. Destination:  
Street: 3930 GLENWOOD DRIVE  
City: CHARLOTTE  
State: NC  
Zip Code: 28208  
14. Proper Shipping Name of Hazardous Material: BUTANOLS  
15. Technical/Trade Name: BUTYL ALCOHOL  
16. Hazardous Class/Division: Flammable - Combustible Liquid  
17. Identification Number: (E.g. UN2764, NA 2020) UN1120

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

**19. Quantity Released:** (Include Measurement Units) 1000 Liquid - Gallon

**20. Was the material shipped as a hazardous waste?**

If yes, provide the EPA Manifest Number:

**21. Is this a Toxic by Inhalation (TIH) material?**

If yes, provide the Hazard Zone:

**22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?**

If yes, provide the Exemption, Approval, or CA number:

**23. Was this an undeclared hazardous materials shipment?**

### 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:**

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**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: - 103-Basic Material

How Failed: - 310-Ripped or Torn

Causes of Failure: - 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:  
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: 4250 Liquid - Gallon  
Amount in Package:  
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: HEIL COMPANY  
Serial Number: 926554  
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: | True  |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage:                  | False |
| - No Release:             | False |                                          |       |

### 31. Emergency Response: The following entities responded to the incident: (Check all that apply)

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Police Report #:  
In-house cleanup:  
Other Cleanup:

### 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:            | \$ 17,000.00  |
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| Response Cost:            | \$ 0.00       |
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(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?

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): 55  
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?

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- |                                          |                                                  |
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- 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.

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- 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:

## PART VIII – CONTACT INFORMATION

Contact's Name: JOHN READY  
Contact's Title: DIRECTOR OF SAFETY  
Business Name and Address:  
  
E-mail Address:  
Telephone Number: 9083248181  
Fax Number:  
Hazmat Registration Number:  
Date: 04/13/1992  
Preparer is: