



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-2020070071  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
06/11/2020
4. Time of Incident (use 24-hour time):  
10:35
5. Enter National Response Center Report Number (if applicable):  
1279360
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:  
City: CHARLOTTE  
County: MECKLENBURG  
State: NC  
Zip Code: (if known): 28208  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
I-77 SB @ Wilkinson Bl
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:  
Name: AUSTIN POWDER COMPANY  
Street: 25800 SCIENCE PARK DR # 300  
City: CLEVELAND  
State: OH  
Zip Code: 44122-7386  
Federal DOT Id Number: 103999  
Hazmat Registration Number: 050718550043AC
11. Shipper/Officer:  
Name: AUSTIN POWDER CO  
Street: 399 THREE SISTERS RD  
City: KNIGHTDALE  
State: NC  
Zip Code: 27545-8276  
Waybill/Shipping Paper:  
Hazmat Registration Number:
12. Origin (if different from shipper address)  
Street:  
City:  
State:  
Zip Code:
13. Destination:  
Street: 11325 Texland Blvd.  
City: CHARLOTTE  
State: NC  
Zip Code: 28203
14. Proper Shipping Name of Hazardous Material: AMMONIUM NITRATE EMULSION OR AMMONIUM NITRATE SUSPENSION OR AMMONIUM NITRATE GEL, INTERMEDIATE FOR BLASTING EXPLOSIVES
15. Technical/Trade Name: AN Emulsion
16. Hazardous Class/Division: Oxidizer
17. Identification Number: (E.g. UN2764, NA 2020) UN3375

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

**19. Quantity Released:** (Include Measurement Units) 16000 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?** True  
If yes, provide the Exemption, Approval, or CA number: IME SLP-23

**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: - 137-Manway or Dome Cover  
How Failed: - 312-Torn Off or Damaged  
Causes of Failure: - Rollover Accident

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

Identification Markings: DOT 412

(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:

Packaging Type:  
Material of Construction:  
Head Type (Drums only):

#### Single Package or Inner Packaging (if any):

Packaging Type:  
Material of Construction:

**27. Describe the package capacity and the quantity:**

#### Single Package or Outer Packaging:

Package Capacity: 1470 Liquid - Gallon  
Amount in Package:  
Number in Shipment: 1  
Number Failed: 1

#### Single Package or Inner Packaging (if any):

Package Capacity:  
Amount in Package:  
Number in Shipment:  
Number Failed:

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

|                            |                                                                 |                   |            |
|----------------------------|-----------------------------------------------------------------|-------------------|------------|
| Manufacturer:              | Tread Corp.                                                     | Manufacture Date: | 01/01/2002 |
| Serial Number:             | 12376                                                           | Last Test Date:   | 01/31/2020 |
| Material of Construction:  | Stainless steel (if Tank Car, CTMV, Portable Tank, or Cylinder) |                   |            |
| Design Pressure:           | 5 PSI (if Tank Car, CTMV, Portable Tank)                        |                   |            |
| Shell Thickness:           | 0.179 INCH (if Tank Car, CTMV, Portable Tank)                   |                   |            |
| Head Thickness:            | 0.25 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  
Police Report #: True 200611047HA  
In-house cleanup: True  
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: \$ 4,000.00  
Carrier Damage: \$ 100,000.00  
Property Damage: \$ 0.00  
Response Cost: \$ 10,000.00  
Remediation/Cleanup Cost: \$ 20,000.00  
(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?

True

If yes, how many? 10

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

True

If yes, provide the following information:

Estimated speed (mph): 55  
Weather conditions: cloudy 79 degree  
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:

An Austin Powder Company driver was driving multipurpose bulk truck (MBT) Southbound on Interstate 77 in Charlotte, NC on the morning of 6/11/2020, around 10:30 AM. His truck, a 2009 Mack GU813, (registered weight of 69,000 lbs), was fully loaded with several hazardous materials in both bulk and non-bulk quantities. Namely, ammonium nitrate emulsion (in a DOT 412 tank), ammonium nitrate "prill", in 2 non-pressure capable bins, a bulk quantity of diesel fuel (for manufacturing products), and a non-bulk quantity of acetic acid solution. The truck was traveling around 55 mph in heavy traffic. The roadway is a 6-lane divided road at this point. The truck, which was traveling in the right hand lane, swerved suddenly to the left, and then back to the right, crossing the lane and going onto the shoulder, and overturning onto the guardrail. In doing so, multiple hazardous materials were released from the vehicle. 125 gallons of combustible liquid, n.o.s. (diesel fuel) was released from the non-spec tank. This material is on the truck for manufacturing. The release was due to a puncture in the shell of the tank. 2 gallons of acetic acid solution was released, simply leaking from the lid as the truck lay on its side. 7,000 lbs of ammonium nitrate were released from bins (the bin door was torn off by the force of the accident), and 16,000 lbs. of ammonium nitrate emulsion was released from a DOT specification 412 tank, due to the manway lid being ripped off. In The driver reported later that he felt the rear of the vehicle "getting loose". Examinations done at the scene found 2 u-bolts broken off on the drivers side. These bolts hold the spring assembly to the trunion. Evidence shows that one may have broken a short time before, and the other at the time of the accident. The driver was transported to a local hospital and received treatment for non-life threatening injuries. The truck was towed away, and the cleanup effort lasted several hours, keeping the road closed. All hazardous materials were confined to the roadway.

## 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:

We are looking at our preventative maintenance program, and specifically developing service intervals for suspension parts, body mounts, etc (some items that may cause a sudden loss of control accident). This truck had a PM done on May 28, 2020-at which time the suspension parts, including u bolts were checked and verified to be present, free of cracks etc. Changes to our program may include a required replacement interval for changing out suspension parts, enhanced inspection process during PM service. Directly after the accident, we tasked all of our locations with inspecting CMVs (particularly those with similar style suspension) for missing or damaged u-bolts. Furthermore, we are sending a small number of u-bolts for analysis at a metallurgy lab, in hopes of finding trends related to vehicle type, use, age etc... as it relates to cracking, metal fatigue, and failure.

## PART VIII – CONTACT INFORMATION

|                             |                                                                              |
|-----------------------------|------------------------------------------------------------------------------|
| Contact's Name:             | dmart1833                                                                    |
| Contact's Title:            | Transportation Regulatory Manager                                            |
| Business Name and Address:  | AUSTIN POWDER COMPANY<br>25800 SCIENCE PARK DR # 300 CLEVELAND OH 44122-7386 |
| E-mail Address:             | darrell.martin@austinpowder.com                                              |
| Telephone Number:           | 2164083144                                                                   |
| Fax Number:                 | 2168966098                                                                   |
| Hazmat Registration Number: |                                                                              |
| Date:                       | 07/06/2020                                                                   |
| Preparer is:                | Carrier                                                                      |

01/01/2002



U.S Department of Transportation  
Research and Special Programs Administration

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Form Approval OMB No. 3137-0039

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## 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-2020070071  
2. This is to report: A

## PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 06/11/2020  
4. Time of Incident (use 24-hour time): 10:35  
5. Enter National Response Center Report Number (if applicable): 1279360  
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:  
7. Location of Incident:  
City: CHARLOTTE  
County: MECKLENBURG  
State: NC  
Zip Code: (if known): 28208  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
I-77 SB @ Wilkinson Bl  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: AUSTIN POWDER COMPANY  
Street: 25800 SCIENCE PARK DR # 300  
City: CLEVELAND  
State: OH  
Zip Code: 44122-7386  
Federal DOT Id Number: 103999  
Hazmat Registration Number: 050718550043AC  
11. Shipper/Officer:  
Name: AUSTIN POWDER CO  
Street: 399 THREE SISTERS RD  
City: KNIGHTDALE  
State: NC  
Zip Code: 27545-8276  
Waybill/Shipping Paper:  
Hazmat Registration Number:  
12. Origin (if different from shipper address)  
Street:  
City:  
State:  
Zip Code:  
13. Destination:  
Street: 11325 Texland Blvd.  
City: Charlotte  
State: NC  
Zip Code: 28273  
14. Proper Shipping Name of Hazardous Material: AMMONIUM NITRATE, WITH NOT MORE THAN 0.2% OF COMBUSTIBLE MATERIALS, INCLUDING ANY ORGANIC SUBSTANCE CALCULATED AS CARBON TO THE EXCLUSION OF ANY OTHER ADDED SUBSTANCE  
15. Technical/Trade Name: Ammonium nitrate  
16. Hazardous Class/Division: Oxidizer  
17. Identification Number: (E.g. UN2764, NA 2020) UN1942

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

**19. Quantity Released:** (Include Measurement Units) 7000 Solid - 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?** True

If yes, provide the Exemption, Approval, or CA number: IME SLP-23

**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: - 110-Cover

How Failed: - 312-Torn Off or Damaged

Causes of Failure: - Rollover Accident

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

Identification Markings: non spec

(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: 10000 Solid - Pound  
Amount in Package: 10000 Solid - Pound  
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: Tread Corp.  
Serial Number:  
Material of Construction: Steel (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: 01/01/2009  
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  
Police Report #: True 200611047HA  
In-house cleanup: True  
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: \$ 4,000.00  
Carrier Damage: \$ 100,000.00  
Property Damage: \$ 0.00  
Response Cost: \$ 10,000.00  
Remediation/Cleanup Cost: \$ 20,000.00  
(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?

True

If yes, how many? 10

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

True

If yes, provide the following information:

Estimated speed (mph): 55  
Weather conditions: cloudy 79 degree  
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)              |
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| - 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.

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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:

We are looking at our preventative maintenance program, and specifically developing service intervals for suspension parts, body mounts, etc (some items that may cause a sudden loss of control accident). This truck had a PM done on May 28, 2020-at which time the suspension parts, including u bolts were checked and verified to be present, free of cracks etc. Changes to our program may include a required replacement interval for changing out suspension parts, enhanced inspection process during PM service. Directly after the accident, we tasked all of our locations with inspecting CMVs (particularly those with similar style suspension) for missing or damaged u-bolts. Furthermore, we are sending a small number of u-bolts for analysis at a metallurgy lab, in hopes of finding trends related to vehicle type, use, age etc... as it relates to cracking, metal fatigue, and failure.

## PART VIII – CONTACT INFORMATION

|                             |                                                                              |
|-----------------------------|------------------------------------------------------------------------------|
| Contact's Name:             | dmart1833                                                                    |
| Contact's Title:            | Transportation Regulatory Manager                                            |
| Business Name and Address:  | AUSTIN POWDER COMPANY<br>25800 SCIENCE PARK DR # 300 CLEVELAND OH 44122-7386 |
| E-mail Address:             | darrell.martin@austinpowder.com                                              |
| Telephone Number:           | 2164083144                                                                   |
| Fax Number:                 | 2168966098                                                                   |
| Hazmat Registration Number: |                                                                              |
| Date:                       | 07/06/2020                                                                   |
| Preparer is:                | Carrier                                                                      |

01/01/2009



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

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2. This is to report: A

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6. If you submitted a report to another Federal DOT agency, enter the agency and report number:  
7. Location of Incident:  
City: CHARLOTTE  
County: MECKLENBURG  
State: NC  
Zip Code: (if known): 28208  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
I-77 SB @ Wilkinson Bl  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: AUSTIN POWDER COMPANY  
Street: 25800 SCIENCE PARK DR # 300  
City: CLEVELAND  
State: OH  
Zip Code: 44122-7386  
Federal DOT Id Number: 103999  
Hazmat Registration Number: 050718550043AC  
11. Shipper/Officer:  
Name: AUSTIN POWDER CO  
Street: 399 THREE SISTERS RD  
City: KNIGHTDALE  
State: NC  
Zip Code: 27545-8276  
Waybill/Shipping Paper:  
Hazmat Registration Number:  
12. Origin (if different from shipper address)  
Street:  
City:  
State:  
Zip Code:  
13. Destination:  
Street: 11325 Texland Blvd.  
City: CHARLOTTE  
State: NC  
Zip Code: 28250  
14. Proper Shipping Name of Hazardous Material: ACETIC ACID SOLUTION, NOT LESS THAN 50 PERCENT BUT NOT MORE THAN 80 PERCENT ACID, BY MASS  
15. Technical/Trade Name: Acetic Acid  
16. Hazardous Class/Division: Corrosive Material  
17. Identification Number: (E.g. UN2764, NA 2020) UN2790

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

**19. Quantity Released:** (Include Measurement Units) 2 Liquid - 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: IME SLP-23

**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: - 110-Cover  
How Failed: - 308-Leaked  
Causes of Failure: - Rollover Accident

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

Identification Markings: non spec

(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: 75 Liquid - Gallon  
Amount in Package: 75 Liquid - 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:              | Tread Corp.                                                     | Manufacture Date: | 01/01/2009 |
| Serial Number:             | non-Spec tank                                                   | Last Test Date:   |            |
| Material of Construction:  | Stainless Steel (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:               | 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  
Police Report #: True 200611047HA  
In-house cleanup: True  
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: \$ 4,000.00  
Carrier Damage: \$ 100,000.00  
Property Damage: \$ 0.00  
Response Cost: \$ 10,000.00  
Remediation/Cleanup Cost: \$ 20,000.00  
(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?

True

If yes, how many? 10

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

True

If yes, provide the following information:

Estimated speed (mph): 55  
Weather conditions: cloudy 79 degree  
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:

An Austin Powder Company driver was driving multipurpose bulk truck (MBT) Southbound on Interstate 77 in Charlotte, NC on the morning of 6/11/2020, around 10:30 AM. His truck, a 2009 Mack GU813, (registered weight of 69,000 lbs), was fully loaded with several hazardous materials in both bulk and non-bulk quantities. Namely, ammonium nitrate emulsion (in a DOT 412 tank), ammonium nitrate "prill", in 2 non-pressure capable bins, a bulk quantity of diesel fuel (for manufacturing products), and a non-bulk quantity of acetic acid solution. The truck was traveling around 55 mph in heavy traffic. The roadway is a 6-lane divided road at this point. The truck, which was traveling in the right hand lane, swerved suddenly to the left, and then back to the right, crossing the lane and going onto the shoulder, and overturning onto the guardrail. In doing so, multiple hazardous materials were released from the vehicle. 125 gallons of combustible liquid, n.o.s. (diesel fuel) was released from the non-spec tank. This material is on the truck for manufacturing. The release was due to a puncture in the shell of the tank. 2 gallons of acetic acid solution was released, simply leaking from the lid as the truck lay on its side. 7,000 lbs of ammonium nitrate were released from bins (the bin door was torn off by the force of the accident), and 16,000 lbs. of ammonium nitrate emulsion was released from a DOT specification 412 tank, due to the manway lid being ripped off. In The driver reported later that he felt the rear of the vehicle "getting loose". Examinations done at the scene found 2 u-bolts broken off on the drivers side. These bolts hold the spring assembly to the trunion. Evidence shows that one may have broken a short time before, and the other at the time of the accident. The driver was transported to a local hospital and received treatment for non-life threatening injuries. The truck was towed away, and the cleanup effort lasted several hours, keeping the road closed. All hazardous materials were confined to the roadway.

## 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:

We are looking at our preventative maintenance program, and specifically developing service intervals for suspension parts, body mounts, etc (some items that may cause a sudden loss of control accident). This truck had a PM done on May 28, 2020-at which time the suspension parts, including u bolts were checked and verified to be present, free of cracks etc. Changes to our program may include a required replacement interval for changing out suspension parts, enhanced inspection process during PM service. Directly after the accident, we tasked all of our locations with inspecting CMVs (particularly those with similar style suspension) for missing or damaged u-bolts. Furthermore, we are sending a small number of u-bolts for analysis at a metallurgy lab, in hopes of finding trends related to vehicle type, use, age etc... as it relates to cracking, metal fatigue, and failure.

## PART VIII – CONTACT INFORMATION

|                             |                                                                              |
|-----------------------------|------------------------------------------------------------------------------|
| Contact's Name:             | dmart1833                                                                    |
| Contact's Title:            | Transportation Regulatory Manager                                            |
| Business Name and Address:  | AUSTIN POWDER COMPANY<br>25800 SCIENCE PARK DR # 300 CLEVELAND OH 44122-7386 |
| E-mail Address:             | darrell.martin@austinpowder.com                                              |
| Telephone Number:           | 2164083144                                                                   |
| Fax Number:                 | 2168966098                                                                   |
| Hazmat Registration Number: |                                                                              |
| Date:                       | 07/06/2020                                                                   |
| Preparer is:                | Carrier                                                                      |

01/01/2009



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-2020070071  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 06/11/2020  
4. Time of Incident (use 24-hour time): 10:35  
5. Enter National Response Center Report Number (if applicable): 1279360  
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:  
7. Location of Incident:  
City: CHARLOTTE  
County: MECKLENBURG  
State: NC  
Zip Code: (if known): 28208  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
I-77 SB @ Wilkinson Bl  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: AUSTIN POWDER COMPANY  
Street: 25800 SCIENCE PARK DR # 300  
City: CLEVELAND  
State: OH  
Zip Code: 44122-7386  
Federal DOT Id Number: 103999  
Hazmat Registration Number: 050718550043AC  
11. Shipper/Officer:  
Name: AUSTIN POWDER CO  
Street: 399 THREE SISTERS RD  
City: KNIGHTDALE  
State: NC  
Zip Code: 27545-8276  
Waybill/Shipping Paper:  
Hazmat Registration Number:  
12. Origin (if different from shipper address)  
Street:  
City:  
State:  
Zip Code:  
13. Destination:  
Street: 11325Texland Blvd.  
City: CHARLOTTE  
State: NC  
Zip Code: 28203  
14. Proper Shipping Name of Hazardous Material: COMBUSTIBLE LIQUID, N.O.S.  
15. Technical/Trade Name: Diesel Fuel  
16. Hazardous Class/Division: Combustible Liquid  
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

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

**19. Quantity Released:** (Include Measurement Units) 125 Liquid - 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: IME SLP-23

**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: - 309-Punctured  
Causes of Failure: - Rollover Accident

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

Identification Markings: non spec

(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: 150 Liquid - Gallon  
Amount in Package: 150 Liquid - 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: Tread Corp.      Manufacture Date: 01/01/2002  
Serial Number:      Last Test Date:  
Material of Construction: Stainless steel (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:               | 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  
Police Report #: True 200611047HA  
In-house cleanup: True  
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: \$ 4,000.00  
Carrier Damage: \$ 100,000.00  
Property Damage: \$ 0.00  
Response Cost: \$ 10,000.00  
Remediation/Cleanup Cost: \$ 20,000.00  
(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?

True

If yes, how many? 10

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

True

If yes, provide the following information:

Estimated speed (mph): 55  
Weather conditions: cloudy 79 degree  
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:

An Austin Powder Company driver was driving multipurpose bulk truck (MBT) Southbound on Interstate 77 in Charlotte, NC on the morning of 6/11/2020, around 10:30 AM. His truck, a 2009 Mack GU813, (registered weight of 69,000 lbs), was fully loaded with several hazardous materials in both bulk and non-bulk quantities. Namely, ammonium nitrate emulsion (in a DOT 412 tank), ammonium nitrate "prill", in 2 non-pressure capable bins, a bulk quantity of diesel fuel (for manufacturing products), and a non-bulk quantity of acetic acid solution. The truck was traveling around 55 mph in heavy traffic. The roadway is a 6-lane divided road at this point. The truck, which was traveling in the right hand lane, swerved suddenly to the left, and then back to the right, crossing the lane and going onto the shoulder, and overturning onto the guardrail. In doing so, multiple hazardous materials were released from the vehicle. 125 gallons of combustible liquid, n.o.s. (diesel fuel) was released from the non-spec tank. This material is on the truck for manufacturing. The release was due to a puncture in the shell of the tank. 2 gallons of acetic acid solution was released, simply leaking from the lid as the truck lay on its side. 7,000 lbs of ammonium nitrate were released from bins (the bin door was torn off by the force of the accident), and 16,000 lbs. of ammonium nitrate emulsion was released from a DOT specification 412 tank, due to the manway lid being ripped off. In The driver reported later that he felt the rear of the vehicle "getting loose". Examinations done at the scene found 2 u-bolts broken off on the drivers side. These bolts hold the spring assembly to the trunion. Evidence shows that one may have broken a short time before, and the other at the time of the accident. The driver was transported to a local hospital and received treatment for non-life threatening injuries. The truck was towed away, and the cleanup effort lasted several hours, keeping the road closed. All hazardous materials were confined to the roadway.

## 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:

We are looking at our preventative maintenance program, and specifically developing service intervals for suspension parts, body mounts, etc (some items that may cause a sudden loss of control accident). This truck had a PM done on May 28, 2020-at which time the suspension parts, including u bolts were checked and verified to be present, free of cracks etc. Changes to our program may include a required replacement interval for changing out suspension parts, enhanced inspection process during PM service. Directly after the accident, we tasked all of our locations with inspecting CMVs (particularly those with similar style suspension) for missing or damaged u-bolts. Furthermore, we are sending a small number of u-bolts for analysis at a metallurgy lab, in hopes of finding trends related to vehicle type, use, age etc... as it relates to cracking, metal fatigue, and failure.

## PART VIII – CONTACT INFORMATION

|                             |                                                                              |
|-----------------------------|------------------------------------------------------------------------------|
| Contact's Name:             | dmart1833                                                                    |
| Contact's Title:            | Transportation Regulatory Manager                                            |
| Business Name and Address:  | AUSTIN POWDER COMPANY<br>25800 SCIENCE PARK DR # 300 CLEVELAND OH 44122-7386 |
| E-mail Address:             | darrell.martin@austinpowder.com                                              |
| Telephone Number:           | 2164083144                                                                   |
| Fax Number:                 | 2168966098                                                                   |
| Hazmat Registration Number: |                                                                              |
| Date:                       | 07/06/2020                                                                   |
| Preparer is:                | Carrier                                                                      |

01/01/2002