



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

Hazardous Materials Incident Report

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: I-2014030476
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 03/19/2014
4. Time of Incident (use 24-hour time): 06:14
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: VERNON HILLS
County: LAKE
State: IL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
IL RT 60 EAST BATTERFIELD RD
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CON-WAY INC.
Street: 2211 OLD EARHART RD # 100
City: ANN ARBOR
State: MI
Zip Code: 48105-2963
Federal DOT Id Number: 241829
Hazmat Registration Number: 050112550068UW
11. Shipper/Officer:
Name: CORAL CHEMICAL COMPANY
Street: 135 LE BARON ST
City: WAUKEGAN
State: IL
Zip Code: 60085-3027
Waybill/Shipping Paper: 287632-3
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: ROUTE 31 SOUTH WEST DOCK B DOCK 34
City: AURORA
State: IL
Zip Code: 60507
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.
15. Technical/Trade Name:
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) 150 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?** 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:
IBC

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: - 109-Closure (e.g., Cap, Top, or Plug)
How Failed: - 304-Cracked
Causes of Failure: - Vehicular Crash or Accident Damage

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

Identification Markings: 31H2/Y/04/13/USA

(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: IBC Material of Construction: Plastic Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 330 Liquid - Gallon Amount in Package: 300 Liquid - Gallon Number in Shipment: 4 Number Failed: 2	Package Capacity: Amount in Package: Number in Shipment: 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:	
29. If the packaging is for Radioactive Materials, complete the following: Packaging Category: Packaging Certification: Certification Number: Nuclide(s) Present: Transport Index: Activity: Critical Safety Index:	

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | False |
| - No Release: | False | | |

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

Fire/EMS Report #: False
Police Report #: True IL5156004620
In-house cleanup: False
Other Cleanup: True

32. Damages Was the total damage cost more than \$500?

True

If yes, enter the following information: (If no, go to question 33.)

Material Loss: \$ 0.00
Carrier Damage: \$ 25,000.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 0.00
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality?

False

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

Employees: 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?

True

If yes, provide the following information:

Total number of general public evacuated:
Total number of employees evacuated: 1
Total evacuated: 1
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): 10
Weather conditions: RAIN
Vehicle overturned? True
Vehicle left roadway/track? False

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:

UNIT WAS SOUTH BOUND ON BUTTERFIELD ROAD AT STOP LIGHT TO TOWN LINE ROAD. WHEN GREEN TURN ARROW ILLUMINATED THE DRIVER PROCEEDED TO MAKE HIS LEFT TURN (E/B) ON TOWN LINE ROAD. DRIVER STATED WHILE HE WAS TURNING HE FELT AND COULD SEE THE SECOND TRAILER, 311-8279, WAS ROLLING OVER ON HIS RIGHT SIDE. DRIVER CAME TO AN IMMEDIATE STOP. THE VERNON HILLS POLICE DEPT. CLOSED DOWN THE INTERSECTION IN ALL FOUR DIRECTIONS. AT APPROX. 940AM, BUTTERFIELD ROAD NORTH AND SOUTH LANES WERE OEPNED AND TOWN LINE ROAD EAST OF BUTTERFIELD ROAD REMAINED CLOSED FOR A BLOCK E/B/.

THE VERNON HILLS FIRE DEPT LOOKED INTO OVERTURNED TRAILER AND ADVISED ME THAT 2 OF THE FOUR TOTES INISDE APPEARED TO BE LEAKING. HAZCHEM ENVIRONMENTAL CORP OUT OF ADDISON, IL WAS CALLED AND ARRIVED ON THE SCENE AT APPROX 930AM

ESTIMATED LOSS OF CORROSIVE MATERIAL WAS APPROX. 300 GALLONS OF UN1760 AND 150 GALLONS OF UN3266

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:

THIS DOES NOT APPEAR TO BE FAULTY TANKS. DAMAGE IS CAUSE OF CRASH.

PART VIII – CONTACT INFORMATION

Contact's Name:	SIDNEY R LANENIER
Contact's Title:	STATE TROOPER
Business Name and Address:	ILLINOIS STATE POLICE 777 S STATE ST ELGIN IL 60123
E-mail Address:	
Telephone Number:	217-785-0614
Fax Number:	
Hazmat Registration Number:	
Date:	03/19/2014
Preparer is:	Other - STATE TROOPER



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9. Transportation Phase: In Transit
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Street: 135 LE BARON ST
City: WAUKEGAN
State: IL
Zip Code: 60085-3027
Waybill/Shipping Paper: 287632-3
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUIDS, N.O.S.
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1760

- 18. Packing Group:** (if applicable) II
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Hazmat Registration Number:	
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Preparer is:	Other - STATE TROOPER