



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-2010070181
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/25/2010
4. Time of Incident (use 24-hour time):
17:15
5. Enter National Response Center Report Number (if applicable):
945525
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WALDRON
County: SHELBY
State: IN
Zip Code: (if known): 46182
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
ENTRANCE RAMP, 1-74, W EXIT 11
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: YRC, INC.
Street: 10990 ROE AVE.
City: OVERLAND PARK
State: KS
Zip Code: 66211
Federal DOT Id Number: 71821
Hazmat Registration Number: 050109550022RT
11. Shipper/Officer:
Name: HUBBARD HALL
Street: 1101 COMPTON BRIDGE
City: INMAN
State: SC
Zip Code: 29349
Waybill/Shipping Paper: 6826500982
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 3001 HOLEMAN AVE.
City: STEGER
State: IL
Zip Code: 60475
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.
15. Technical/Trade Name: SODIUM HYDROXIDE, SODIUM NITRITE
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)	1400 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: - 103-Basic Material

How Failed: - 312-Torn Off or Damaged

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:	IBC	Packaging Type:	IBC
Material of Construction:	Metal	Material of Construction:	Plastic
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:	350 Liquid - Gallon	Package Capacity:	350 Liquid - Gallon
Amount in Package:	350 Liquid - Gallon	Amount in Package:	350 Liquid - Gallon
Number in Shipment:	4	Number in Shipment:	4
Number Failed:	4	Number Failed:	4

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: | 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 201007999
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: \$ 10,000.00
Carrier Damage: \$ 6,000.00
Property Damage: \$ 5,000.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 10,300.00
(See damage definitions in the instructions)

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

If yes, enter the number of fatalities resulting from the hazardous material:
Employees: 0
Responders: 0
General Public: 0

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal injury? False

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

Hospitalized (Admitted Only):

Employees: 0
Responders: 0
General Public: 0

Non-Hospitalized:

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

Employees: 0
Responders: 0
General Public: 0

35. Did the hazardous material cause or contribute to an evacuation? False

If yes, provide the following information:

Total number of general public evacuated:
Total number of employees evacuated:
Total evacuated:
Duration of the evacuation:

36. Was a major transportation artery or facility closed? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph): 5
Weather conditions: CLEAR AND DRY
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:

WHILE ENROUTE, DRIVER WAS TURNING LEFT ONTO ENTRANCE RAMP ABOUT 5 - 10 MPH, PER DRIVER'S DESCRIPTION OF EVENTS, WHEN HE FELT THE LOAD SHIFTING. HE TRIED TO CORRECT BUT REAR PUP FLIPPED OVER ON ONE SIDE. THE DRIVER WAS NOT INJURED. THE LOAD SHIFTED RESULTED IN FOUR TOTES RELEASING APPROXIMATELY 1400 GALLONS OF LIQUID. THE TOTES WERE REMOVED BY A LICENSED EMERGENCY RESPONSE CONTRACTOR. LINED SALVAGE DRUMS OF CLEAN-UP AND AFFECTED MATERIALS WERE PROPERLY MARKED, LABELED AND HANDLED BY THE

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:

BETTER BLOCKING AND BRACING OF TOTES WHEN LOADING. DRIVER CHECKING LOAD BY OPENING DOOR WHEN FOUR HEAVY TOTES ARE LOADED. WATCH SPEED WHEN TURNING CORNER ONTO RAMP. TOTES AND OTHER VARIOUS KINDS OF PACKAGINGS, CONTAINING CHEMICALS AND HAZARDOUS MATERIALS MUST BE THOROUGHLY INSPECTED BEFORE THEY LEAVE ORIGIN! ALL TOTES MUST BE BLOCKED AND BRACED TO PREVENT MOVEMENT AND FALLING OVER WHILE UNIT IS MOVING. USE LOAD LOCK BARS, STRAPS AND MTY PALLETS TO ENSURE LOAD IS SAFE AND SECURE BEFORE MOVING. PAILS, BAGS AND DRUMS OF CHEMICALS MUST BE COMPLETELY SHROUDED USING MTY PALLETS, PLYWOOD AND/OR DUNNAGE. RETRAINING IN WORK METHODS ON PROPER AND SAFE LOADING OF CHEMICALS. RETRAIN IN HAZARDOUS MATERIALS. WHEN LOADING, SIGNAGE STATING, PAILS OR DRUMS OF LIQUIDS AHEAD. HEAVY FREIGHT LOADED ON THE BOTTOM, LIGHT FREIGHT ON TOP! USE PLENTY OF CUSHIONING BETWEEN LAYERS OF FREIGHT.

PART VIII - CONTACT INFORMATION

Contact's Name:	STEVE SHINNERS
Contact's Title:	SR MGR - INDUSTRIAL SAFETY AND ENV
Business Name and Address:	YRC, INC. 10990 ROE AVE. Overland Park KS 66211
E-mail Address:	STEV.SHINNERS@YRCW.COM
Telephone Number:	9133443615
Fax Number:	9133443614
Hazmat Registration Number:	
Date:	07/08/2010
Preparer is:	Carrier