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-2022020314
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
04/01/2021

4. Time of Incident (use 24-hour time):
20:00

5. Enter National Response Center Report Number (if applicable):
1301805

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: WILLOW BEECH
County: MOHAVE
State: AZ
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
US HIGHWAY 93 MILE MARKER 27

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PIONEER TRANSPORTATION
Street: 8000 LAKE MEAD PARKWAY
City: HENDERSON
State: NV
Zip Code: 89009
Federal DOT Id Number: 1505603
Hazmat Registration Number: 060619550245BD

11. Shipper/Offeror:
Name: OLIN CORPORATION
Street: 350 FOURTH STREET
City: HENDERSON
State: NV
Zip Code: 89015
Waybill/Shipping Paper: 23406677
Hazmat Registration Number: 061520550033CE

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

13. Destination:
Street: 3737 OLD PRICE ROAD
City: CHANDLER
State: AZ
Zip Code: 85248

14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION

15. Technical/Trade Name: CAUSTIC SODA 50% MEMBRANE GRADE

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1824

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 139 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:
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: MC 312
(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:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**	
Package Capacity:	5000 Liquid - Gallon	Package Capacity:	
Amount in Package:	3907 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	WESTMARK	Manufacture Date:	01/01/1985
Serial Number:	16WTC223XFC11501	Last Test Date:	03/01/2021
Material of Construction:	STAINLESS STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	35 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.164 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.188 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
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire:
- Material Entered Waterway/Storm Sewer:
- Environmental Damage:

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

Fire/EMS Report #:
Police Report #:
In-house cleanup: True
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:	$ 1,000.00
Carrier Damage:	$ 80,000.00
Property Damage:	$ 0.00
Response Cost:	$ 38,000.00
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:	
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? 6.5

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

If yes, provide the following information:

Estimated speed (mph):	66
Weather conditions:	CLEAR
Vehicle overturned?	True
Vehicle left roadway/track?	True

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

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

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- Shipment had not been transported
- Transported by air (first flight)
- Transport by air (subsequent flights)
- Initial transport by highway to cargo facility
- Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

A Pioneer Transportation cargo tank motor vehicle (CTMV) carrying sodium hydroxide solution was involved in a vehicle accident on US Highway 93 after departing from Pioneer's Henderson, NV facility. The Pioneer Transportation CTMV struck another vehicle that was in the roadway from a previous accident. The Pioneer Transportation CTMV then traveled into the median and rolled onto its side colliding with a concrete abutment. Upon colliding with the concrete abutment, the cargo tank was damaged and experienced a release of an estimated 80 gallons of sodium hydroxide solution. There were no injuries as a result of the release.
The sodium hydroxide solution remaining in the damaged CTMV was trans-loaded into another CTMV.
All released material was collected in the concrete spillway. Remedial efforts are being conducted by Clean Harbors on Pioneer's behalf, under the supervision of ADOT.

Update to Initial Report: After further review, it was determined that the initial release estimate of 80 gallons did not account for all material released from the CTMV during the event. Based on a material balance (material shipped vs. material returned), the updated release estimate is 139 gallons. Affected area has been remediated by Clean Harbors on Pioneer's behalf.

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:

NO COMMENTS PROVIDED.

PART VIII – CONTACT INFORMATION

Contact's Name:	CHRIS BAXTER
Contact's Title:	DISTRIBUTION & TRANSPORTATION LEADER, ORC
Business Name and Address:	PIONEER TRANSPORTATION
	8000 LAKE MEAD PARKWAY HENDERSON NV 89009
E-mail Address:	CMBAXTER@OLIN.COM
Telephone Number:	251-222-9103
Fax Number:	
Hazmat Registration Number:	060619550245BD
Date:	07/13/2021
Preparer is:	Carrier

01/01/1985