



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-2024040209
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/21/2024
4. Time of Incident (use 24-hour time):
15:00
5. Enter National Response Center Report Number (if applicable):
1394440
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: AVINGER
County: CASS
State: TX
Zip Code: (if known): 75630
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
HWY 729 Johnson Creek
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CREEDENCE, INC.
Street: 1804 Industrial Blvd
City: Kilgore
State: TX
Zip Code: 75662
Federal DOT Id Number: 2479521
Hazmat Registration Number: 061322550214EG
11. Shipper/Officer:
Name: CREEDENCE, INC.
Street: 1804 Industrial Blvd
City: Kilgore
State: TX
Zip Code: 75662
Waybill/Shipping Paper: 03212024-TRK-35531-1
Hazmat Registration Number: 061322550214EG
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: METHANOL
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1230

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 400 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? True
If yes, provide the Hazard Zone: A

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: 31HA1/M5372/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:

Packaging Type: IBC
Material of Construction: Plastic
Head Type (Drums only): Removable

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: 330 Liquid - Gallon
Amount in Package: 330 Liquid - Gallon
Number in Shipment: 2
Number Failed: 2

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: Schuetz
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:

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: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

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

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

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

Fire/EMS Report #: ☐
Police Report #: True 2024146368
In-house cleanup: True
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:	\$ 2,249.00
Carrier Damage:	\$ 66,697.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 74,836.00

(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? 2

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

If yes, provide the following information:

Estimated speed (mph): 60
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:

The driver of the vehicle was driving at approximately 60 mph when he felt a drop on the backend of the vehicle. At that time, the driver lost control of the vehicle and began to fishtail and then the vehicle rolled onto its top. A witness to the incident informed the driver that he had lost his back passenger wheels off the truck in transit and this caused the loss of control. It was determined that the wheel studs had completely broken off causing this to happen. The wreck and rollover are what caused the damage to the packaging of the chemicals. The duration of the release was approximately 45 minutes. Creedence immediately contacted an emergency response hazmat clean up crew and got them to the location of the incident. They immediately began containing the spill from spreading and cleaning what had been spilt. Creedence notified the National Response Center of the spill and TCEQ was on site directing the clean up the following day.

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:

An internal review of the vehicle's maintenance history was completed. The vehicle had recalls on wheel studs that were inspected and approved by a dodge dealership maintenance shop 5 days before the incident took place.

A second shop, located a broken wheel stud while performing other maintenance the day following the studs being inspected and approved by the first shop. The broken stud was on the driver side wheel, opposite side of the studs that sheered off causing the incident. This stud was replaced. This oversight indicates the inspection that approved all wheel studs was negligent. Following the incident, Creedence shut down all vehicles with the same recall and grounded them until the wheel studs were replaced, and not simply inspected.

PART VIII – CONTACT INFORMATION

Contact's Name:	Ryan Lester
Contact's Title:	HSE Manager Southern Division
Business Name and Address:	CREEDENCE, INC. 1804 Industrial Blvd Kilgore TX 75662
E-mail Address:	ryan.lester@creedence-energy.com
Telephone Number:	(580)229-0522
Fax Number:	(580)229-0520
Hazmat Registration Number:	061322550214EG
Date:	04/09/2024
Preparer is:	Carrier



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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

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4. Time of Incident (use 24-hour time): 15:00
5. Enter National Response Center Report Number (if applicable): 1394440
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: AVINGER
County: CASS
State: TX
Zip Code: (if known): 75630
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
HWY 729 Johnson Creek
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CREEDENCE, INC.
Street: 1804 Industrial Blvd
City: Kilgore
State: TX
Zip Code: 75662
Federal DOT Id Number: 2479521
Hazmat Registration Number: 061322550214EG
11. Shipper/Officer:
Name: CREEDENCE, INC.
Street: 1804 Industrial Blvd
City: Kilgore
State: TX
Zip Code: 75662
Waybill/Shipping Paper: 03212024-TRK-35531-1
Hazmat Registration Number: 061322550214EG
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: FLAMMABLE LIQUIDS, N.O.S.
15. Technical/Trade Name: Petroleum Distillates
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1993

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 285 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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: 31HA1/Y/_/23/USA/M6688/3855/2058/1249L

(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):
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Packaging Type: IBC Material of Construction: Plastic Head Type (Drums only): Removable	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):
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Package Capacity: 330 Liquid - Gallon Amount in Package: Number in Shipment: 2 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
--	--

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

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

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

Fire/EMS Report #: ☐
Police Report #: True 2024146368
In-house cleanup: True
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: \$ 2,249.00
Carrier Damage: \$ 66,697.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 74,836.00
(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? 2

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

If yes, provide the following information:

Estimated speed (mph): 60
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 |
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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:

The driver of the vehicle was driving at approximately 60 mph when he felt a drop on the backend of the vehicle. At that time, the driver lost control of the vehicle and began to fishtail and then the vehicle rolled onto its top. A witness to the incident informed the driver that he had lost his back passenger wheels off the truck in transit and this caused the loss of control. It was determined that the wheel studs had completely broken off causing this to happen. The wreck and rollover are what caused the damage to the packaging of the chemicals. The duration of the release was approximately 45 minutes. Creedence immediately contacted an emergency response hazmat clean up crew and got them to the location of the incident. They immediately began containing the spill from spreading and cleaning what had been spilt. Creedence notified the National Response Center of the spill and TCEQ was on site directing the clean up the following day.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

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Describe:

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A second shop, located a broken wheel stud while performing other maintenance the day following the studs being inspected and approved by the first shop. The broken stud was on the driver side wheel, opposite side of the studs that sheered off causing the incident. This stud was replaced. This oversight indicates the inspection that approved all wheel studs was negligent. Following the incident, Creedence shut down all vehicles with the same recall and grounded them until the wheel studs were replaced, and not simply inspected.

PART VIII – CONTACT INFORMATION

Contact's Name:	Ryan Lester
Contact's Title:	HSE Manager Southern Division
Business Name and Address:	CREEDENCE, INC. 1804 Industrial Blvd Kilgore TX 75662
E-mail Address:	ryan.lester@creedence-energy.com
Telephone Number:	(580)229-0522
Fax Number:	(580)229-0520
Hazmat Registration Number:	061322550214EG
Date:	04/09/2024
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7. Location of Incident:
City: AVINGER
County: CASS
State: TX
Zip Code: (if known): 75630
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
HWY 729 Johnson Creek
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CREEDENCE, INC.
Street: 1804 Industrial Blvd
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State: TX
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City: Kilgore
State: TX
Zip Code: 75662
Waybill/Shipping Paper: 03212024-TRK-35531-1
Hazmat Registration Number: 061322550214EG
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: FLAMMABLE LIQUIDS, CORROSIVE, N.O.S.
15. Technical/Trade Name: Isopropanol
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN2924

18. Packing Group: (if applicable)	III
19. Quantity Released: (Include Measurement Units)	10 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: -
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: 31HA1/Y/0522/USA/+AA5805/3855/2060/1249L
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN311H/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:

Packaging Type: IBC Material of Construction: Head Type (Drums only): Removable		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: 330 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: Schuetz Serial Number: 1018601832 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: | |
| - Explosion: | | - Material Entered Waterway/Storm Sewer: | True |
| - Vapor (Gas) Dispersion: | | - Environmental Damage: | True |
| - No Release: | False | | |

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

Fire/EMS Report #: ☐
Police Report #: True 2024146368
In-house cleanup: True
Other Cleanup: True

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

Material Loss:	\$ 2,249.00
Carrier Damage:	\$ 66,697.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 74,836.00

(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? 2

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

If yes, provide the following information:

Estimated speed (mph):	60
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:

The driver of the vehicle was driving at approximately 60 mph when he felt a drop on the backend of the vehicle. At that time, the driver lost control of the vehicle and began to fishtail and then the vehicle rolled onto its top. A witness to the incident informed the driver that he had lost his back passenger wheels off the truck in transit and this caused the loss of control. It was determined that the wheel studs had completely broken off causing this to happen. The wreck and rollover are what caused the damage to the packaging of the chemicals. The duration of the release was approximately 45 minutes. Creedence immediately contacted an emergency response hazmat clean up crew and got them to the location of the incident. They immediately began containing the spill from spreading and cleaning what had been spilt. Creedence notified the National Response Center of the spill and TCEQ was on site directing the clean up the following day.

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:

An internal review of the vehicle's maintenance history was completed. The vehicle had recalls on wheel studs that were inspected and approved by a dodge dealership maintenance shop 5 days before the incident took place.

A second shop, located a broken wheel stud while performing other maintenance the day following the studs being inspected and approved by the first shop. The broken stud was on the driver side wheel, opposite side of the studs that sheered off causing the incident. This stud was replaced. This oversight indicates the inspection that approved all wheel studs was negligent. Following the incident, Creedence shut down all vehicles with the same recall and grounded them until the wheel studs were replaced, and not simply inspected.

PART VIII – CONTACT INFORMATION

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