



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-2018020075
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/15/2017
4. Time of Incident (use 24-hour time): 16:10
5. Enter National Response Center Report Number (if applicable): 1199857
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: HAMPSHIRE
County: KANE
State: IL
Zip Code: (if known): 60140
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
19N430 US HIGHWAY 20
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: METRO TRANSPORT SERVICES LLC
Street: 37-21ST STREET
City: NEWPORT
State: MN
Zip Code: 55055
Federal DOT Id Number: 1894996
Hazmat Registration Number: 050416550015YA
11. Shipper/Offendor:
Name: DELAVAL MANUFACTURING
Street: 1855 S. MOUNT PROSPECT ROAD
City: DES PLAINES
State: IL
Zip Code: 60018
Waybill/Shipping Paper: 820051611
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 58 INTERSTATE DRIVE WEST
City: MELROSE
State: MN
Zip Code: 56352
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
15. Technical/Trade Name: PRIME D
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3264

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 450 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: - 104-Body

How Failed: - 305-Crushed

Causes of Failure: - Improper Preparation for Transportation

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
Material of Construction: Plastic
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: 275 Liquid - Gallon
Amount in Package: 275 Liquid - Gallon
Number in Shipment: 2
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:

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: | 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 17-06647
In-house cleanup: False
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: \$ 0.00
Carrier Damage: \$ 35,000.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 77,000.00
(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: 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?

False

If yes, provide the following information:

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

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:

TRUCK WAS TRAVELING ON HIGHWAY WHEN A CAR PULLED IN FRONT OF HIM CUTTING HIM OFF. BRAKES WERE APPLIED QUICKLY TO AVOID COLLISION CAUSING THE CARGO TO SHIFT FORWARD IN TRAILER. DRIVER PROCEEDED TO A SAFE LOCATION TO INSPECT THE CARGO IN THE TRAILER. WHEN THE DRIVER OPENED THE BACK DOOR OF THE TRAILER HE SAW THAT THERE WAS PRODUCT EVIDENT ON THE FLOOR. DRIVER CLOSED DOORS AND CALLED DISPATCH. UPON FURTHER INSPECTION OF THE VEHICLE IT WAS DETERMINED THAT THERE WAS PRODUCT SLOWLY LEAKING OUT OF THE FRONT OF THE TRAILER. POLICE AND FIRE WERE CALLED AT THIS TIME AND THE COMPANY EMERGENCY RESPONSE PLAN WAS STARTED. ONCE POLICE AND FIRE ARRIVED AND GAVE US A BETTER UNDERSTANDING OF WHAT WAS GOING ON IT WAS DETERMINED THAT WE NEEDED TO CONTACT OUR CONTRACTED CLEAN UP COMPANY TO HANDLE THE MANAGEMENT AND CLEAN UP OF THE SCENE. THEY WERE CALLED AT 5:15PM. CLEAN HARBORS (CONTRACTOR) ARRIVED ON SCEN AT 8:00PM AND GET INTO THE TRAILER IT WAS DETERMINED THAT A TOTE WAS LEAKING IN THE TRAILER. IT WAS ALSO DETERMINED THAT THERE WERE OTHER TOTES AND DRUMS DAMAGED AND THE INTEGRITY WAS COMPROMISED BUT NOT LEAKING. THEY CONTAINED THE LEAKING TOTE AND PRECEDED TO PUMP ALL DAMAGED TOTE AND DRUM PRODUCT TO NEW TOTES AND DRUMS. ONCE THE PRODUCT HAD BEEN TRANSFERRED INTO NEW TOTES AND DRUMS THE TRAILER WAS CLEANED AND DECONTAMINATED. THE AREA ON THE GROUND WAS CLEANED AND DECONTAMINATED AS WELL. THE DURATION OF THE LEAK IS ESTIMATED TO BE 13 HOURS. ONCE FOUND THE LEAKING TOTE WAS CONTAINED AND IT WAS ESTIMATED THAT ABOUT 25 GALLONS HAD RELEASED OUT OF THE TRAILER AND THE TOTAL SPILLED PRODUCT WAS APPROXIMATELY 75 GALLONS WHICH WAS MOSTLY CONTAINED IN THE TRAILER. INCLUDED IS THE INCIDENT REPORT FROM CLEAN HARBORS.

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:

AFTER AN INTERNAL INVESTIGATION IT WAS DETERMINED THAT THE DRIVER DID NOT PROPERLY INSPECT AND ASSURE THAT THE PRODUCT WAS SECURED AND LOADED CORRECTLY IN TRAILER BEFORE LEAVING THE SHIPPERS LOCATION. THIS DRIVER AS WELL AS ALL OUR DRIVER WERE BROUGHT INTO THE OFFICE BETWEEN JANUARY 12TH AND 18TH FOR OUR REFRESHER TRAINING ON LOADING AND SECURING ALL SHIPMENTS LOADED INTO TRAILERS INCLUDING HAZ-MAT SHIPMENTS.

PART VIII – CONTACT INFORMATION

Contact's Name:	KIRK WYTTEBACH
Contact's Title:	GENERAL MANAGER
Business Name and Address:	METRO TRANSPORT SERVICES LLC 37-21ST STREET NEWPORT MN 55055
E-mail Address:	KIRK.WYTTEBACH@METROCOMPANIESMN.COM
Telephone Number:	651 459 2511
Fax Number:	651 458 0705
Hazmat Registration Number:	
Date:	02/14/2018
Preparer is:	Carrier



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1. Incident Id: I-2018020075
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/15/2017
4. Time of Incident (use 24-hour time): 16:10
5. Enter National Response Center Report Number (if applicable): 1199857
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: HAMPSHIRE
County: KANE
State: IL
Zip Code: (if known): 60140
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
19N430 US HIGHWAY 20
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: METRO TRANSPORT SERVICES LLC
Street: 37-21ST STREET
City: NEWPORT
State: MN
Zip Code: 55055
Federal DOT Id Number: 1894996
Hazmat Registration Number: 050416550015YA
11. Shipper/Officer:
Name: DELAVAL MANUFACTURING
Street: 1855 S. MOUNT PROSPECT ROAD
City: DES PLAINES
State: IL
Zip Code: 60018
Waybill/Shipping Paper: 820051611
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 58 INTERSTATE DRIVE WEST
City: MELROSE
State: MN
Zip Code: 56352
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
15. Technical/Trade Name: UDDERDYNE
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3264

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 15 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:
Non-Bulk

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: - 104-Body
How Failed: - 305-Crushed
Causes of Failure: - Improper Preparation for Transportation

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: Drum
Material of Construction: Plastic
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:
Amount in Package:
Number in Shipment:
Number Failed:

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:

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: | 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 17-06647
In-house cleanup: False
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: \$ 0.00
Carrier Damage: \$ 35,000.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 77,000.00
(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: 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?

False

If yes, provide the following information:

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

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:

TRUCK WAS TRAVELING ON HIGHWAY WHEN A CAR PULLED IN FRONT OF HIM CUTTING HIM OFF. BRAKES WERE APPLIED QUICKLY TO AVOID COLLISION CAUSING THE CARGO TO SHIFT FORWARD IN TRAILER. DRIVER PROCEEDED TO A SAFE LOCATION TO INSPECT THE CARGO IN THE TRAILER. WHEN THE DRIVER OPENED THE BACK DOOR OF THE TRAILER HE SAW THAT THERE WAS PRODUCT EVIDENT ON THE FLOOR. DRIVER CLOSED DOORS AND CALLED DISPATCH. UPON FURTHER INSPECTION OF THE VEHICLE IT WAS DETERMINED THAT THERE WAS PRODUCT SLOWLY LEAKING OUT OF THE FRONT OF THE TRAILER. POLICE AND FIRE WERE CALLED AT THIS TIME AND THE COMPANY EMERGENCY RESPONSE PLAN WAS STARTED. ONCE POLICE AND FIRE ARRIVED AND GAVE US A BETTER UNDERSTANDING OF WHAT WAS GOING ON IT WAS DETERMINED THAT WE NEEDED TO CONTACT OUR CONTRACTED CLEAN UP COMPANY TO HANDLE THE MANAGEMENT AND CLEAN UP OF THE SCENE. THEY WERE CALLED AT 5:15PM. CLEAN HARBORS (CONTRACTOR) ARRIVED ON SCEN AT 8:00PM AND GET INTO THE TRAILER IT WAS DETERMINED THAT A TOTE WAS LEAKING IN THE TRAILER. IT WAS ALSO DETERMINED THAT THERE WERE OTHER TOTES AND DRUMS DAMAGED AND THE INTEGRITY WAS COMPROMISED BUT NOT LEAKING. THEY CONTAINED THE LEAKING TOTE AND PRECEDED TO PUMP ALL DAMAGED TOTE AND DRUM PRODUCT TO NEW TOTES AND DRUMS. ONCE THE PRODUCT HAD BEEN TRANSFERRED INTO NEW TOTES AND DRUMS THE TRAILER WAS CLEANED AND DECONTAMINATED. THE AREA ON THE GROUND WAS CLEANED AND DECONTAMINATED AS WELL. THE DURATION OF THE LEAK IS ESTIMATED TO BE 13 HOURS. ONCE FOUND THE LEAKING TOTE WAS CONTAINED AND IT WAS ESTIMATED THAT ABOUT 25 GALLONS HAD RELEASED OUT OF THE TRAILER AND THE TOTAL SPILLED PRODUCT WAS APPROXIMATELY 75 GALLONS WHICH WAS MOSTLY CONTAINED IN THE TRAILER. INCLUDED IS THE INCIDENT REPORT FROM CLEAN HARBORS.

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PART VIII – CONTACT INFORMATION

Contact's Name:	KIRK WYTTEBACH
Contact's Title:	GENERAL MANAGER
Business Name and Address:	METRO TRANSPORT SERVICES LLC 37-21ST STREET NEWPORT MN 55055
E-mail Address:	KIRK.WYTTEBACH@METROCOMPANIESMN.COM
Telephone Number:	651 459 2511
Fax Number:	651 458 0705
Hazmat Registration Number:	
Date:	02/14/2018
Preparer is:	Carrier



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

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County: KANE
State: IL
Zip Code: (if known): 60140
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
19N430 US HIGHWAY 20
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: METRO TRANSPORT SERVICES LLC
Street: 37-21ST STREET
City: NEWPORT
State: MN
Zip Code: 55055
Federal DOT Id Number: 1894996
Hazmat Registration Number: 050416550015YA
11. Shipper/Officer:
Name: DELAVAL MANUFACTURING
Street: 1855 S. MOUNT PROSPECT ROAD
City: DES PLAINES
State: IL
Zip Code: 60018
Waybill/Shipping Paper: 820051611
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 58 INTERSTATE DRIVE WEST
City: MELROSE
State: MN
Zip Code: 56352
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.
15. Technical/Trade Name: HURRICANE PART A
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3266

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 55 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:

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Non-Bulk

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What Failed: - 104-Body

How Failed: - 305-Crushed

Causes of Failure: - Improper Preparation for Transportation

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: Drum
Material of Construction: Plastic
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:
Amount in Package:
Number in Shipment:
Number Failed:

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:

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: | 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 17-06647
In-house cleanup: False
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: \$ 0.00
Carrier Damage: \$ 35,000.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 77,000.00
(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: 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?

False

If yes, provide the following information:

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

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:

TRUCK WAS TRAVELING ON HIGHWAY WHEN A CAR PULLED IN FRONT OF HIM CUTTING HIM OFF. BRAKES WERE APPLIED QUICKLY TO AVOID COLLISION CAUSING THE CARGO TO SHIFT FORWARD IN TRAILER. DRIVER PROCEEDED TO A SAFE LOCATION TO INSPECT THE CARGO IN THE TRAILER. WHEN THE DRIVER OPENED THE BACK DOOR OF THE TRAILER HE SAW THAT THERE WAS PRODUCT EVIDENT ON THE FLOOR. DRIVER CLOSED DOORS AND CALLED DISPATCH. UPON FURTHER INSPECTION OF THE VEHICLE IT WAS DETERMINED THAT THERE WAS PRODUCT SLOWLY LEAKING OUT OF THE FRONT OF THE TRAILER. POLICE AND FIRE WERE CALLED AT THIS TIME AND THE COMPANY EMERGENCY RESPONSE PLAN WAS STARTED. ONCE POLICE AND FIRE ARRIVED AND GAVE US A BETTER UNDERSTANDING OF WHAT WAS GOING ON IT WAS DETERMINED THAT WE NEEDED TO CONTACT OUR CONTRACTED CLEAN UP COMPANY TO HANDLE THE MANAGEMENT AND CLEAN UP OF THE SCENE. THEY WERE CALLED AT 5:15PM. CLEAN HARBORS (CONTRACTOR) ARRIVED ON SCEN AT 8:00PM AND GET INTO THE TRAILER IT WAS DETERMINED THAT A TOTE WAS LEAKING IN THE TRAILER. IT WAS ALSO DETERMINED THAT THERE WERE OTHER TOTES AND DRUMS DAMAGED AND THE INTEGRITY WAS COMPROMISED BUT NOT LEAKING. THEY CONTAINED THE LEAKING TOTE AND PRECEDED TO PUMP ALL DAMAGED TOTE AND DRUM PRODUCT TO NEW TOTES AND DRUMS. ONCE THE PRODUCT HAD BEEN TRANSFERRED INTO NEW TOTES AND DRUMS THE TRAILER WAS CLEANED AND DECONTAMINATED. THE AREA ON THE GROUND WAS CLEANED AND DECONTAMINATED AS WELL. THE DURATION OF THE LEAK IS ESTIMATED TO BE 13 HOURS. ONCE FOUND THE LEAKING TOTE WAS CONTAINED AND IT WAS ESTIMATED THAT ABOUT 25 GALLONS HAD RELEASED OUT OF THE TRAILER AND THE TOTAL SPILLED PRODUCT WAS APPROXIMATELY 75 GALLONS WHICH WAS MOSTLY CONTAINED IN THE TRAILER. INCLUDED IS THE INCIDENT REPORT FROM CLEAN HARBORS.

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:

AFTER AN INTERNAL INVESTIGATION IT WAS DETERMINED THAT THE DRIVER DID NOT PROPERLY INSPECT AND ASSURE THAT THE PRODUCT WAS SECURED AND LOADED CORRECTLY IN TRAILER BEFORE LEAVING THE SHIPPERS LOCATION. THIS DRIVER AS WELL AS ALL OUR DRIVER WERE BROUGHT INTO THE OFFICE BETWEEN JANUARY 12TH AND 18TH FOR OUR REFRESHER TRAINING ON LOADING AND SECURING ALL SHIPMENTS LOADED INTO TRAILERS INCLUDING HAZ-MAT SHIPMENTS.

PART VIII – CONTACT INFORMATION

Contact's Name:	KIRK WYTTEBACH
Contact's Title:	GENERAL MANAGER
Business Name and Address:	METRO TRANSPORT SERVICES LLC 37-21ST STREET NEWPORT MN 55055
E-mail Address:	KIRK.WYTTEBACH@METROCOMPANIESMN.COM
Telephone Number:	651 459 2511
Fax Number:	651 458 0705
Hazmat Registration Number:	
Date:	02/14/2018
Preparer is:	Carrier