



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-2018100023
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/13/2018
4. Time of Incident (use 24-hour time):
13:30
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: STOVE PIPE WELLS
County: INYO
State: CA
Zip Code: (if known): 92328
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
UNKNOWN
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: RUST & SONS TRUCKING, INC.
Street: 15353 OLDE HIGHWAY 80
City: EL CAJON
State: CA
Zip Code: 92021-2408
Federal DOT Id Number: 479041
Hazmat Registration Number:
11. Shipper/Officer:
- Name: ELECTRONIC RECYCLERS INTERNATIONAL
Street: 3243 SOUTH EAST AVE SUITE 108
City: FRESNO
State: CA
Zip Code: 93725
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: US HWY 95
City: BEATTY
State: NV
Zip Code: 89003
14. Proper Shipping Name of Hazardous Material: HAZARDOUS WASTE, SOLID, N.O.S.
15. Technical/Trade Name: (PLASMA GLASS)
16. Hazardous Class/Division: Miscellaneous Hazardous Material
17. Identification Number: (E.g. UN2764, NA 2020) NA3077

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 49.36 Solid - Ton

20. Was the material shipped as a hazardous waste? True
If yes, provide the EPA Manifest Number: 018842869JJJ

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:

Other, CYB/DM

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: - 306-Failed to Operate

Causes of Failure: -

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

Identification Markings: NO MARKINGS GIVEN

(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:
Material of Construction:
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: 1016 Solid - Pound
Amount in Package: 1016 Solid - Pound
Number in Shipment: 20
Number Failed: 20

Package Capacity: 55 Solid - Gallon
Amount in Package: 55 Solid - Gallon
Number in Shipment: 10
Number Failed: 10

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: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

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

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | False | - Fire: | True |
| - 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 #: False
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: \$ 5,360.00
Carrier Damage: \$ 50,000.00
Property Damage: \$ 0.00
Response Cost: \$ 18,000.00
Remediation/Cleanup Cost: \$ 45,000.00
(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:
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? 7

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:

ON 8/13/2018 AT APPROXIMATELY 13:30 HOURS, THE RUST & SONS TRUCK WAS EAST BOUND ON CA HWY 192 GOING DOWN HILL GOING INTO DEATH VALLEY AND THE BRAKES CAUGHT ON FIRE. THE DRIVER PULLED OVER JUST WEST OF STOVEPIPE WELLS AND TRIED TO PUT THE FIRE OUT AND WAS UNSUCCESSFUL. HE THEN TRIED TO UN-HOOK THE TRACTOR FROM THE TRAILER AND AGAIN WAS UNSUCCESSFUL. THE CHP ARRIVED AND TOLD THE DRIVER TO GET AWAY FROM THE TRUCK AND STAY AWAY. THE TRUCK, TRAILER AND CONTENTS COMPLETELY BURNED.

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:

WHEN RUST & SONS DRIVERS ARE DISPATCHED, SAFETY IS FIRST AND FOREMOST. WHEN THE TRUCK IS FINISHED BEING LOADED AND THE DRIVER IS READY TO START THE HAUL THE DISPATCHER ASKS THE DRIVER A SERIES OF QUESTIONS. THE QUESTIONS INCLUDE "IS THE LOAD SECURE AND PROPERLY LOADED?", "IS THE PAPERWORK CORRECT AND COMPLETE?", "ARE THE PLACARDS THE CORRECT PLACARDS AND PROPERLY PLACED ON THE FRONT, REAR AND BOTH SIDES OF THE TRAILER?". THE DRIVER IS ALSO ASKED "DO YOU HAVE ENOUGH HOURS OF SERVICE TO LEGALLY COMPLETE THE TRIP? AND "DO YOU HAVE CONCERN ABOUT THE MECHANICAL CONDITION OF THE TRUCK AND TRAILER?", "THE ROUTE IS.....AND THE FUEL STOPS ARE..... THEN THE DRIVER IS INSTRUCTED TO PLACE ALL OF THE PAPERWORK RELATED TO THE LOAD INTO THE PERMIT BOOK ALONG WITH THE EMERGENCY RESPONSE GUIDE BOOK AND THEN PLACE IT IN THE DOOR POCKET IN THE DRIVERS DOOR. THIS CONVERSATION TAKES PLACE WITH EVERY DRIVER ON EVERY LOAD AND DURING TRANSIT OF EVERY LOAD. THE DISPATCHER AND DRIVER FOR THIS LOAD HAD A DISCUSSION ABOUT THE ROUTE AND THE DRIVER DECIDED NOT TO TELL DISPATCH THAT HE WAS GOING ON A ROUTE NOT AUTHORIZED BY THE COMPANY. THE DRIVER WAS SUSPENDED FOR A WEEK AND DURING THAT WEEK RETRAINED ON DRIVING DOWN STEEP GRADES AND COACHED ON "HOW TO FOLLOW DIRECTIONS FROM HIS SUPERVISORS" AND REFRESHED ON HOW THE RUST & SONS "PROGRESSIVE DISCIPLINARY PLAN" WORKS. ANY VIOLATIONS DURING THE NEXT 12 MONTHS WILL RESULT IN EMPLOYMENT TERMINATION.

PART VIII – CONTACT INFORMATION

Contact's Name:	TORY RUST
Contact's Title:	VP
Business Name and Address:	RUST & SONS TRUCKING INC 15353 OLDE HWY 80 EL CAJON CA 92021
E-mail Address:	TORY@RUSTANDSONS.COM
Telephone Number:	619-443-6193
Fax Number:	619-443-9364
Hazmat Registration Number:	
Date:	09/06/2018
Preparer is:	Carrier