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-2017070017
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/27/2017

4. Time of Incident (use 24-hour time):
13:00

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: LAUREL
County: PRINCE GEORGE'S
State: MD
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
HIGHWAY 197 AND 295

8. Mode of Transportation: Highway

9. Transportation Phase: Loading

10. Carrier/Reporter:
Name: COAL CITY COB COMPANY
Street: 4300 NORTH I 35 EAST
City: WAXAHACHIE
State: TX
Zip Code: 75165
Federal DOT Id Number: 307244
Hazmat Registration Number: 061615600028XZ

11. Shipper/Offeror:
Name: KEMIRA WATER SOLUTIONS
Street: 3925 ARMISTEAD ROAD
City: BALTIMORE
State: MD
Zip Code: 21226
Waybill/Shipping Paper: 82790768
Hazmat Registration Number:

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

13. Destination:
Street: WESTERN VA WATER AUTHORITY
City: ROANOKE
State: VA
Zip Code: 24014

14. Proper Shipping Name of Hazardous Material: FERRIC CHLORIDE, SOLUTION

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN2582

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 3500 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: - 308-Leaked
Causes of Failure: - Human Error

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 407
(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:	0	Package Capacity:	
Amount in Package:	0	Amount in Package:	
Number in Shipment:	0	Number in Shipment:	
Number Failed:	0	Number Failed:	

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

Manufacturer:	BRENNER	Manufacture Date:	12/09/1983
Serial Number:	10BFU5211EF00680	Last Test Date:	05/02/2017
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:	(if Tank Car, CTMV, Portable Tank)		
Head Thickness:	(if Tank Car, CTMV)		
Service Pressure:	PSI (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 16-28290
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:	$ 20,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 10,000.00

(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? True

If yes, how many? 2

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:

OUR DRIVER WAS DISPATCHED TO PICKUP HIS NEXT LOAD AND THE OUR DISPATCHER DID NOT UPDATE THE PROPER EQUIPMENT NEEDED TO TRANSPORT FERRIC CHLORIDE IN THE TRAILER. THE FERRIC CHLORIDE CAUSED A FAILURE IN THE STAINLESS STEEL LINER AND THIS ALLOWED THE PRODUCT TO LEAK OUTSIDE THE PACKAGING LINER. THE FERRIC CHLORIDE SHOULD HAVE BEEN DISPATCHED WITH A FRP (FIBERGLASS REINFORCED PLASTIC) TRAILER. WE ARE UNABLE TO ESTABLISH HOW LONG THE TRAILER WAS LEAKING, HOWEVER IT APPEARS TO HAVE STARTED WHERE THE VEHICLE WAS PARKED, THERE WAS NOT A TRAIL OF PRODUCT STAINING. WE CONTACTED OUR INSURANCE CARRIER AND THEY DISPATCHED MILLER ENVIRONMENTAL TO HANDLE THE RELEASE AND CONTAIN ANY OTHER PRODUCT.

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:

WE HAVE MADE A CHANGE IN OUR DISPATCH SOFTWARE THAT WHEN THIS PRODUCT IS ENTERED, IT REQUIRES THE FRP TRAILER TO BE SELECTED FOR THIS PRODUCT.

PART VIII – CONTACT INFORMATION

Contact's Name:	OWEN OLSON
Contact's Title:	VICE PRESIDENT HSE
Business Name and Address:	COAL CITY COB COMPANY INC
	4300 NORTH I 35 EAST WAXAHACHIE TX 75165
E-mail Address:	O.OLSON@CCCOB.COM
Telephone Number:	214 882 0307
Fax Number:	872 923 7555
Hazmat Registration Number:	
Date:	
Preparer is:	Carrier

12/09/1983