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-2010050100
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/08/2009

4. Time of Incident (use 24-hour time):
05:30

5. Enter National Response Center Report Number (if applicable):
917152

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

7. Location of Incident:
City: JASPER
County: HAMILTON
State: FL
Zip Code: (if known): 32052
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-75 MILE MARKER 449

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Federal DOT Id Number: 357819
Hazmat Registration Number: 051309009017R

11. Shipper/Offeror:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Waybill/Shipping Paper: 343878-00
Hazmat Registration Number:

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

13. Destination:
Street: 1622 JAMES RODGERS DRIVE
City: VALDOSTA
State: GA
Zip Code: 31601

14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID, SOLUTION

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1789

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 4120 Liquid - Pound

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: - 103-Basic Material
How Failed: - 303-Burst or Ruptured
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: 1H1/Y1.8/200 POLY DRUM(HYDROCHLORIC ACID
(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:	515 Liquid - Pound	Package Capacity:
Amount in Package:	515 Liquid - Pound	Amount in Package:
Number in Shipment:	8	Number in Shipment:
Number Failed:	8	Number Failed:

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

Manufacturer:	MAUSER	Manufacture Date:
Serial Number:		Last Test Date:
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:

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

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

Fire/EMS Report #: True
Police Report #: True FHPO9off02563
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:	$ 24,718.00
Carrier Damage:	$ 35,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
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:	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? 12

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

If yes, provide the following information:

Estimated speed (mph):	65
Weather conditions:	CLEAR AND DRY
Vehicle overturned?	False
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:

BRENNTAG MID-SOUTH'S TRACTOR TRAILER WAS TRAVELING NORTH ON I-75, WHEN THE VEHICLE LEFT THE PAVEMENT, WHICH DEVELOPED INTO A SINGLE VEHICLE ACCIDENT. THE ACCIDENT OCCURRED APPROXIMATELY AT 0530 HRS WHICH WAS REPORTED BY A BYSTANDER UTILIZING THE 911 EMERGENCY SYSTEM. LOCAL FIRE UNITS RESPONDED AND ADMINISTERED FIRST AID TO THE BRENNTAGE DRIVER. ONCE THE DRIVER HAD BEEN STABILIZED THE FIRE UNIT REVIEWED THE SHIPPING DOCUMENTS AND CONTACTED BRENNTAG SECURITY UTILIZING THE EMERGENCY NUMBER ON THE SHIPPING DOCUMENTS. THIS COMMUNICATION OCCURRED AT APPROXIMATELY 0750 HRS, WHICH WAS THEN REPORTED ON BEHALF OF BRENNTAG MID-SOUTH INC. TO THE REQUIRED GOVERNMENTAL AGENCIES AT APPROXIMATELY 0805 HRS BY BRENNTAG CONTRACTOR LANCE GANT OF CURA EMERGENCY SERVICES.

AS A RESULT OF THE ACCIDENT, FIRE CONSUMED THE VEHICLE AND THE MAJORITY OF THE CONTENTS. ALL MATERIALS INCLUDING THE REMAINS OF THE VEHICLE WERE REMOVED THE SAME DAY UNDER THE OVERSIGHT OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION. THE AREA DIRECTLY IMPACTED BY THE ACCIDENT AND FIREFIGHTING MEASURES WAS CONSOLIDATED AND COVERED WITH POLYPROPYLANE. THE SITE WAS REMEDIATED AND CLOSED ON 10/29/09 UNDER FDEP GUIDANCE.

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:	JOE FUNKHOUSER
Contact's Title:	DISTRICT OPERATIONS MANAGER
Business Name and Address:	BRENNTAG MID-SOUTH, INC., 250 CENTRAL FLORIDA PARKWAY ORLANDO FL 32824
E-mail Address:	JFUNKHOUSER@BRENNTAG.COM
Telephone Number:	407-857-9310
Fax Number:	
Hazmat Registration Number:	
Date:	04/26/2010
Preparer is:	Carrier

U.S Department of Transportation
Research and Special Programs Administration

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PART I - REPORT TYPE

1. Incident Id: I-2010050100
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/08/2009

4. Time of Incident (use 24-hour time):
05:30

5. Enter National Response Center Report Number (if applicable):
917152

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

7. Location of Incident:
City: JASPER
County: HAMILTON
State: FL
Zip Code: (if known): 32052
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-75 MILE MARKER 449

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Federal DOT Id Number: 357819
Hazmat Registration Number: 051309009017R

11. Shipper/Offeror:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Waybill/Shipping Paper: 343017
Hazmat Registration Number:

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

13. Destination:
Street: 1622 JAMES RODGERS DRIVE
City: VALDOSTA
State: GA
Zip Code: 31601

14. Proper Shipping Name of Hazardous Material: SODIUM NITRATE

15. Technical/Trade Name:

16. Hazardous Class/Division: Oxidizer

17. Identification Number: (E.g. UN2764, NA 2020) UN1498

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 100 Solid - Pound

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: - 103-Basic Material
How Failed: - 310-Ripped or Torn
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: BAG MATERIAL (SODIUM NITRATE)
(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:	50 Solid - Pound	Package Capacity:
Amount in Package:	50 Solid - Pound	Amount in Package:
Number in Shipment:	2	Number in Shipment:
Number Failed:	2	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:	True
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	True
- No Release:	False		

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

Fire/EMS Report #: True
Police Report #: True FHPO9off02563
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: $ 24,718.00
Carrier Damage: $ 35,000.00
Property Damage: $ 0.00
Response Cost: $ 0.00
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: 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? 12

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

If yes, provide the following information:

Estimated speed (mph): 65
Weather conditions: CLEAR AND DRY
Vehicle overturned? False
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:

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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:	JOE FUNKHOUSER
Contact's Title:	DISTRICT OPERATIONS MANAGER
Business Name and Address:	BRENNTAG MID-SOUTH, INC., 250 CENTRAL FLORIDA PARKWAY ORLANDO FL 32824
E-mail Address:	JFUNKHOUSER@BRENNTAG.COM
Telephone Number:	407-857-9310
Fax Number:	
Hazmat Registration Number:	
Date:	04/26/2010
Preparer is:	Carrier

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PART I - REPORT TYPE

1. Incident Id: I-2010050100
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/08/2009

4. Time of Incident (use 24-hour time):
05:30

5. Enter National Response Center Report Number (if applicable):
917152

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

7. Location of Incident:
City: JASPER
County: HAMILTON
State: FL
Zip Code: (if known): 32052
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-75 MILE MARKER 449

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Federal DOT Id Number: 357819
Hazmat Registration Number: 051309009017R

11. Shipper/Offeror:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Waybill/Shipping Paper: 343017
Hazmat Registration Number:

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

13. Destination:
Street: 1622 JAMES RODGERS DRIVE
City: VALDOSTA
State: GA
Zip Code: 31601

14. Proper Shipping Name of Hazardous Material: CALCIUM HYPOCHLORITE, HYDRATED OR CALCIUM HYPOCHLORITE, HYDRATED MIXTURES, WITH NOT LESS THAN 5.5 PERCENT BUT NOT MORE THAN 16 PERCENT WATER

15. Technical/Trade Name:

16. Hazardous Class/Division: Oxidizer

17. Identification Number: (E.g. UN2764, NA 2020) UN2880

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 1210 Solid - Pound

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: - 103-Basic Material
How Failed: - 311-Structural
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: 1H2/Y/30 PLASTIC PAIL (CALCIUM HYPOCHLOR
(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:	55 Solid - Pound	Package Capacity:
Amount in Package:	55 Solid - Pound	Amount in Package:
Number in Shipment:	22	Number in Shipment:
Number Failed:	22	Number Failed:

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

Manufacturer:	M&M INDUSTRIES	Manufacture Date:
Serial Number:		Last Test Date:
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:

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

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

Fire/EMS Report #: True
Police Report #: True FHPO9off02563
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:	$ 24,718.00
Carrier Damage:	$ 35,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
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:	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? 12

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

If yes, provide the following information:

Estimated speed (mph):	65
Weather conditions:	CLEAR AND DRY
Vehicle overturned?	False
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:

BRENNTAG MID-SOUTH'S TRACTOR TRAILER WAS TRAVELING NORTH ON I-75, WHEN THE VEHICLE LEFT THE PAVEMENT, WHICH DEVELOPED INTO A SINGLE VEHICLE ACCIDENT. THE ACCIDENT OCCURRED APPROXIMATELY AT 0530 HRS WHICH WAS REPORTED BY A BYSTANDER UTILIZING THE 911 EMERGENCY SYSTEM. LOCAL FIRE UNITS RESPONDED AND ADMINISTERED FIRST AID TO THE BRENNTAGE DRIVER. ONCE THE DRIVER HAD BEEN STABILIZED THE FIRE UNIT REVIEWED THE SHIPPING DOCUMENTS AND CONTACTED BRENNTAG SECURITY UTILIZING THE EMERGENCY NUMBER ON THE SHIPPING DOCUMENTS. THIS COMMUNICATION OCCURRED AT APPROXIMATELY 0750 HRS, WHICH WAS THEN REPORTED ON BEHALF OF BRENNTAG MID-SOUTH INC. TO THE REQUIRED GOVERNMENTAL AGENCIES AT APPROXIMATELY 0805 HRS BY BRENNTAG CONTRACTOR LANCE GANT OF CURA EMERGENCY SERVICES.

AS A RESULT OF THE ACCIDENT, FIRE CONSUMED THE VEHICLE AND THE MAJORITY OF THE CONTENTS. ALL MATERIALS INCLUDING THE REMAINS OF THE VEHICLE WERE REMOVED THE SAME DAY UNDER THE OVERSIGHT OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION. THE AREA DIRECTLY IMPACTED BY THE ACCIDENT AND FIREFIGHTING MEASURES WAS CONSOLIDATED AND COVERED WITH POLYPROPYLANE. THE SITE WAS REMEDIATED AND CLOSED ON 10/29/09 UNDER FDEP GUIDANCE.

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:	JOE FUNKHOUSER
Contact's Title:	DISTRICT OPERATIONS MANAGER
Business Name and Address:	BRENNTAG MID-SOUTH, INC., 250 CENTRAL FLORIDA PARKWAY ORLANDO FL 32824
E-mail Address:	JFUNKHOUSER@BRENNTAG.COM
Telephone Number:	407-857-9310
Fax Number:	
Hazmat Registration Number:	
Date:	04/26/2010
Preparer is:	Carrier

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-2010050100
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/08/2009

4. Time of Incident (use 24-hour time):
05:30

5. Enter National Response Center Report Number (if applicable):
917152

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

7. Location of Incident:
City: JASPER
County: HAMILTON
State: FL
Zip Code: (if known): 32052
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-75 MILE MARKER 449

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Federal DOT Id Number: 357819
Hazmat Registration Number: 051309009017R

11. Shipper/Offeror:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Waybill/Shipping Paper: 343017
Hazmat Registration Number:

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

13. Destination:
Street: 1622 JAMES RODGERS DRIVE
City: VALDOSTA
State: GA
Zip Code: 31601

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

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1814

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 3600 Liquid - Pound

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: - 140-Outer Frame
How Failed: - 311-Structural
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: 31H1/Y/01/10/USA IBC POLY (POTASSIUM HYD
(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	Packaging Type:	
Material of Construction:	Plastic	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:	3600 Liquid - Pound	Package Capacity:	
Amount in Package:	3600 Liquid - Pound	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: SNIDER
Manufacture Date: 03/01/2008
Serial Number: 189860
Last Test Date:
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:

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

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

Fire/EMS Report #: True
Police Report #: True FHPO9off02563
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:	$ 24,718.00
Carrier Damage:	$ 35,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
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:	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? 12

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

If yes, provide the following information:

Estimated speed (mph):	65
Weather conditions:	CLEAR AND DRY
Vehicle overturned?	False
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:

BRENNTAG MID-SOUTH'S TRACTOR TRAILER WAS TRAVELING NORTH ON I-75, WHEN THE VEHICLE LEFT THE PAVEMENT, WHICH DEVELOPED INTO A SINGLE VEHICLE ACCIDENT. THE ACCIDENT OCCURRED APPROXIMATELY AT 0530 HRS WHICH WAS REPORTED BY A BYSTANDER UTILIZING THE 911 EMERGENCY SYSTEM. LOCAL FIRE UNITS RESPONDED AND ADMINISTERED FIRST AID TO THE BRENNTAGE DRIVER. ONCE THE DRIVER HAD BEEN STABILIZED THE FIRE UNIT REVIEWED THE SHIPPING DOCUMENTS AND CONTACTED BRENNTAG SECURITY UTILIZING THE EMERGENCY NUMBER ON THE SHIPPING DOCUMENTS. THIS COMMUNICATION OCCURRED AT APPROXIMATELY 0750 HRS, WHICH WAS THEN REPORTED ON BEHALF OF BRENNTAG MID-SOUTH INC. TO THE REQUIRED GOVERNMENTAL AGENCIES AT APPROXIMATELY 0805 HRS BY BRENNTAG CONTRACTOR LANCE GANT OF CURA EMERGENCY SERVICES.

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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:	JOE FUNKHOUSER
Contact's Title:	DISTRICT OPERATIONS MANAGER
Business Name and Address:	BRENNTAG MID-SOUTH, INC., 250 CENTRAL FLORIDA PARKWAY ORLANDO FL 32824
E-mail Address:	JFUNKHOUSER@BRENNTAG.COM
Telephone Number:	407-857-9310
Fax Number:	
Hazmat Registration Number:	
Date:	04/26/2010
Preparer is:	Carrier

03/01/2008

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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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-2010050100
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/08/2009

4. Time of Incident (use 24-hour time):
05:30

5. Enter National Response Center Report Number (if applicable):
917152

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

7. Location of Incident:
City: JASPER
County: HAMILTON
State: FL
Zip Code: (if known): 32052
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-75 MILE MARKER 449

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Federal DOT Id Number: 357819
Hazmat Registration Number: 051309009017R

11. Shipper/Offeror:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Waybill/Shipping Paper: 343017
Hazmat Registration Number:

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

13. Destination:
Street: 1622 JAMES RODGERS DRIVE
City: VALDOSTA
State: GA
Zip Code: 31601

14. Proper Shipping Name of Hazardous Material: CHLORINE

15. Technical/Trade Name: MARINE POLLUTANT

16. Hazardous Class/Division: Poisonous Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1017

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 4000 Gas - Pound

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: B

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:
Cylinder

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: - 120-Fusible Pressure Relief Device or Element
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT106A500X(CHLORINE TON CONTAINER)
(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:	2000 Gas - Pound	Package Capacity:
Amount in Package:	2000 Gas - Pound	Amount in Package:
Number in Shipment:	2	Number in Shipment:
Number Failed:	2	Number Failed:

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

Manufacturer:	COLUMBIA BOILER	Manufacture Date:
Serial Number:		Last Test Date:
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:

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

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

Fire/EMS Report #: True
Police Report #: True FHPO9off02563
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:	$ 24,718.00
Carrier Damage:	$ 35,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
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:	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? 12

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

If yes, provide the following information:

Estimated speed (mph):	65
Weather conditions:	CLEAR AND DRY
Vehicle overturned?	False
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
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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:

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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:	JOE FUNKHOUSER
Contact's Title:	DISTRICT OPERATIONS MANAGER
Business Name and Address:	BRENNTAG MID-SOUTH, INC., 250 CENTRAL FLORIDA PARKWAY ORLANDO FL 32824
E-mail Address:	JFUNKHOUSER@BRENNTAG.COM
Telephone Number:	407-857-9310
Fax Number:	
Hazmat Registration Number:	
Date:	04/26/2010
Preparer is:	Carrier

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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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-2010050100
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/08/2009

4. Time of Incident (use 24-hour time):
05:30

5. Enter National Response Center Report Number (if applicable):
917152

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

7. Location of Incident:
City: JASPER
County: HAMILTON
State: FL
Zip Code: (if known): 32052
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-75 MILE MARKER 449

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Federal DOT Id Number: 357819
Hazmat Registration Number: 051309009017R

11. Shipper/Offeror:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Waybill/Shipping Paper: 343017
Hazmat Registration Number:

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

13. Destination:
Street: 1622 JAMES RODGERS DRIVE
City: VALDOSTA
State: GA
Zip Code: 31601

14. Proper Shipping Name of Hazardous Material: CHLORINE

15. Technical/Trade Name: MARINE POLLUTANT

16. Hazardous Class/Division: Poisonous Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1017

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 4500 Gas - Pound

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: B

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:
Cylinder

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: - 120-Fusible Pressure Relief Device or Element
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 3A480 (150LB CHLORINE CYLINDER)
(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:	150 Gas - Pound	Package Capacity:
Amount in Package:	150 Gas - Pound	Amount in Package:
Number in Shipment:	30	Number in Shipment:
Number Failed:	30	Number Failed:

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

Manufacturer:	COLUMBIA BOILER	Manufacture Date:
Serial Number:		Last Test Date:
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:

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

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

Fire/EMS Report #: True
Police Report #: True FHPO9off02563
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: $ 24,718.00
Carrier Damage: $ 35,000.00
Property Damage: $ 0.00
Response Cost: $ 0.00
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: 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? 12

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

If yes, provide the following information:

Estimated speed (mph): 65
Weather conditions: CLEAR AND DRY
Vehicle overturned? False
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:

BRENNTAG MID-SOUTH'S TRACTOR TRAILER WAS TRAVELING NORTH ON I-75, WHEN THE VEHICLE LEFT THE PAVEMENT, WHICH DEVELOPED INTO A SINGLE VEHICLE ACCIDENT. THE ACCIDENT OCCURRED APPROXIMATELY AT 0530 HRS WHICH WAS REPORTED BY A BYSTANDER UTILIZING THE 911 EMERGENCY SYSTEM. LOCAL FIRE UNITS RESPONDED AND ADMINISTERED FIRST AID TO THE BRENNTAGE DRIVER. ONCE THE DRIVER HAD BEEN STABILIZED THE FIRE UNIT REVIEWED THE SHIPPING DOCUMENTS AND CONTACTED BRENNTAG SECURITY UTILIZING THE EMERGENCY NUMBER ON THE SHIPPING DOCUMENTS. THIS COMMUNICATION OCCURRED AT APPROXIMATELY 0750 HRS, WHICH WAS THEN REPORTED ON BEHALF OF BRENNTAG MID-SOUTH INC. TO THE REQUIRED GOVERNMENTAL AGENCIES AT APPROXIMATELY 0805 HRS BY BRENNTAG CONTRACTOR LANCE GANT OF CURA EMERGENCY SERVICES.

AS A RESULT OF THE ACCIDENT, FIRE CONSUMED THE VEHICLE AND THE MAJORITY OF THE CONTENTS. ALL MATERIALS INCLUDING THE REMAINS OF THE VEHICLE WERE REMOVED THE SAME DAY UNDER THE OVERSIGHT OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION. THE AREA DIRECTLY IMPACTED BY THE ACCIDENT AND FIREFIGHTING MEASURES WAS CONSOLIDATED AND COVERED WITH POLYPROPYLANE. THE SITE WAS REMEDIATED AND CLOSED ON 10/29/09 UNDER FDEP GUIDANCE.

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:	JOE FUNKHOUSER
Contact's Title:	DISTRICT OPERATIONS MANAGER
Business Name and Address:	BRENNTAG MID-SOUTH, INC., 250 CENTRAL FLORIDA PARKWAY ORLANDO FL 32824
E-mail Address:	JFUNKHOUSER@BRENNTAG.COM
Telephone Number:	407-857-9310
Fax Number:	
Hazmat Registration Number:	
Date:	04/26/2010
Preparer is:	Carrier

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-2010050100
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/08/2009

4. Time of Incident (use 24-hour time):
05:30

5. Enter National Response Center Report Number (if applicable):
917152

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

7. Location of Incident:
City: JASPER
County: HAMILTON
State: FL
Zip Code: (if known): 32052
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-75 MILE MARKER 449

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Federal DOT Id Number: 357819
Hazmat Registration Number: 051309009017R

11. Shipper/Offeror:
Name: BRENNTAG MID SOUTH
Street: 250 CENTRAL FLORIDA PARKWAY
City: ORLANDO
State: FL
Zip Code: 32824
Waybill/Shipping Paper: 343870-00
Hazmat Registration Number:

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

13. Destination:
Street: 1622 JAMES RODGERS DRIVE
City: VALDOSTA
State: GA
Zip Code: 31601

14. Proper Shipping Name of Hazardous Material: XYLENES

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1307

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 0 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: - 103-Basic Material
How Failed: - 310-Ripped or Torn
Causes of Failure: - Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 1A1/Y.2/250-XYLENE
(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:	55 Liquid - Gallon	Package Capacity:
Amount in Package:	395 Liquid - Pound	Amount in Package:
Number in Shipment:	4	Number in Shipment:
Number Failed:	0	Number Failed:

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

Manufacturer: Manufacture Date:
Serial Number: Last Test Date:
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:

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:	True
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	True
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Fire/EMS Report #: True
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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:	$ 24,718.00
Carrier Damage:	$ 35,000.00
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Response Cost:	$ 0.00
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(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
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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? 12

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

If yes, provide the following information:

Estimated speed (mph):	65
Weather conditions:	CLEAR AND DRY
Vehicle overturned?	False
Vehicle left roadway/track?	True

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Describe:

NO COMMENTS PROVIDED.

PART VIII – CONTACT INFORMATION

Contact's Name:	JOE FUNKHOUSER
Contact's Title:	DISTRICT OPERATIONS MANAGER
Business Name and Address:	BRENNTAG MID-SOUTH, INC., 250 CENTRAL FLORIDA PARKWAY ORLANDO FL 32824
E-mail Address:	JFUNKHOUSER@BRENNTAG.COM
Telephone Number:	407-857-9310
Fax Number:	
Hazmat Registration Number:	
Date:	04/26/2010
Preparer is:	Carrier