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: X-2026081767
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/24/2026

4. Time of Incident (use 24-hour time):
12:05

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: ENID
County: Garfield
State: OK
Zip Code: (if known): 73701
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1200 N 54Th St

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:

Name: ABF FREIGHT SYSTEM, INC.
Street: 3801 OLD GREENWOOD RD
City: FORT SMITH
State: AR
Zip Code: 72903-5937
Federal DOT Id Number: 82866
Hazmat Registration Number: 051903001006LN

11. Shipper/Offeror:

Name: SYENSQO USA LLC
Street: 1000 STATE ST
City: CALUMET CITY
State: IL
Zip Code: 60409
Waybill/Shipping Paper: 034842810
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 1200 N 54TH ST
City: ENID
State: OK
Zip Code: 73701

14. Proper Shipping Name of Hazardous Material: ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S.

15. Technical/Trade Name: COCAMIDOPROPYL HYDROXYSULTAINE

16. Hazardous Class/Division: Miscellaneous Hazardous Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3082

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 100 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: - 103-Basic Material
How Failed: - 307-Gouged or Cut
Causes of Failure: - Inadequate Blocking and Bracing

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	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:	275 Liquid - Gallon	Package Capacity:	
Amount in Package:	275 Liquid - Gallon	Amount in Package:	
Number in Shipment:	7	Number in Shipment:	
Number Failed:	1	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
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire:
- Material Entered Waterway/Storm Sewer:
- Environmental Damage:

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

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

32. Damages Was the total damage cost more than $500? False

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

Material Loss:	$ 0.00
Carrier Damage:	$ 0.00
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:	
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? 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:

An ABF city driver reported a spill while unloading freight at a customer's dock. During delivery, the driver discovered that one of seven totes had been damaged by a securement strap, resulting in a release of product onto the trailer floor and the customer's dock area. The customer ultimately refused the damaged tote. Safety coordinated with a cleanup contractor to respond to the scene and instructed the driver to remain at the dock while response activities were arranged. The contractor dispatched a crew to address the spill, clean the trailer, and facilitate a tote transfer if necessary. Upon arrival, the environmental response crew conducted a site assessment and determined that one damaged 275-gallon tote of UN3082 had released approximately 100 gallons of product onto the trailer floor, trailer exterior, loading dock, and surrounding concrete. Because the product hardened upon exposure to air, pressure washing and vacuum recovery were required. The consignee declined acceptance of the damaged product due to concerns regarding product quality after exposure. Using a forklift provided by the customer, the response crew completed a gravity transfer of approximately 180 gallons of product into a new 330-gallon tote. Residual product was removed from the trailer exterior using absorbent materials. At the request of an ABF representative, pressure washing of the trailer was postponed and scheduled to be completed later at the Oklahoma City service center. Later that evening, the response crew utilized a pressure washer and vacuum truck to remediate the loading dock and surrounding concrete. Approximately 130 gallons of impacted rinsate were collected and transferred into a new 330-gallon tote. Contaminated absorbents, PPE, and other impacted debris were consolidated into the same waste tote for disposal. Following approval from the customer representative, the site was deemed clean and no further remediation was required. The damaged tote, transferred product tote, and generated waste were transported back to the Oklahoma City service center. The following day, the response contractor delivered the generated waste tote to the Oklahoma City service center and scheduled a return visit to complete pressure washing of the trailer. After unloading the waste tote and receiving approval from the onsite ABF representative, the crew demobilized. ID markings were not visible in provided documentation.~~

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:

Training on proper blocking and bracing of a plastic tote in trailer.

PART VIII – CONTACT INFORMATION

Contact's Name:	Jennifer Lester
Contact's Title:	Mgr, Sfty and Compl-Haz Mat
Business Name and Address:	ABF Freight
	3801 Old Greenwood Road FORT SMITH AR 72903
E-mail Address:	jlester@abf.com
Telephone Number:	479-785-8951
Fax Number:	479-785-8951
Hazmat Registration Number:	051903001006LN
Date:	08/26/2026
Preparer is:	Carrier