



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-2005050850
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 05/11/2005
4. Time of Incident (use 24-hour time): 06:30
5. Enter National Response Center Report Number (if applicable): 758350
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: BERKS
County: BERKS
State: PA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
INTERSTATE 78 EAST MM41
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050503550030LN
11. Shipper/Officer:
Name: ICI PAINTS
Street: 300 SPRAWL ROAD
City: HURON
State: OH
Zip Code: 44839
Waybill/Shipping Paper: 924014569505
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 225 RT 46 WEST
City: SADDLE BROOK
State: NJ
Zip Code: 07662
14. Proper Shipping Name of Hazardous Material: PAINT INCLUDING PAINT, LACQUER, ENAMEL, STAIN, SHELLAC SOLUTIONS, VARNISH, POLISH, LIQUID FILLER AND LIQUID LACQUER BASE
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1263

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 480 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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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: Jerrican Material of Construction: Steel Head Type (Drums only): Removable	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 5 Liquid - Gallon Amount in Package: 5 Liquid - Gallon Number in Shipment: 96 Number Failed: 96	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: (if Tank Car, CTMV, Portable Tank) Shell Thickness: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV) Service Pressure: (if Cylinder) If valve or device failed: Type: Model: Manufacturer:	
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: | 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 L04-0880718
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: \$ 100,000.00
Carrier Damage: \$ 85,000.00
Property Damage: \$ 200,000.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 50,000.00
(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? 18

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

If yes, provide the following information:

Estimated speed (mph): 3
Weather conditions: CLEAR 50'S
Vehicle overturned? False
Vehicle left roadway/track? False

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:

AT APPROXIMATELY 0630 ON MAY 11, 2005, PITT OHIO EXPRESS, LLC (OUR UNIT NUMBER D980 AND TRAILER 1728 WAS STOPPED IN TRAFFIC THAT WAS SLOWED FOR ENTRY INTO A CONSTRUCTION ZONE ON INTERSTATE 78 AT MILE MARKER 41. ANOTHER CARRIER, OPERATING A TRACTOR-TRAILER, FAILED TO SEE US STOPPED AND REAR-ENDED THE LEFT REAR CORNER OF OUR TRAILER. THE OTHER CARRIER PROCEEDED DOWN THE PASSING LANE RIPPING OPEN BOTH TRAILERS. DURING THE COLLISION, THE OTHER UNIT, CARRYING NON-HAZARDOUS POWDER MATERIAL FORMED AN APPARENT DUST CLOUD AND AN EXPLOSION OF THAT DUST OCCURRED. THIS DUST EXPLOSION IGNITED BOTH UNITS. THIS IS THE ONLY THOUGHT TO WHY THE FIRE OCCURRED. NO HAZARDOUS MATERIAL CONTAINERS WERE TORN OPEN DURING THE COLLISION AND THE FUEL TANKS WERE IN TACT ON BOTH UNITS. DUE TO THE MATERIALS INVOLVED, THE DECISION WAS MADE TO LEAVE THE UNITS BURN THEMSELVES OUT TO AVOID ANY ENVIRONMENTAL CONTAMINATION. THE FIRE WITH THE EXCEPTION OF FOUR CARTONS OF ORGANIC PEROXIDE, CONSUMED ALL OF THE FREIGHT IN THE PITT OHIO UNIT. THE FOUR CARTONS OF ORGANIC PEROXIDE WERE THROWN OUT OF THE REAR OF THE UNIT DURING IMPACT. THESE UNITS DID NOT LEAK AND ONLY HAD THE OUTSIDE CARTON DAMPENED BY WATER. THESE FOUR CARTONS WERE PLACED IN A SALVAGE DRUM FOR RETURN BACK TO SHIPPER. AT THE TIME OF THE INITIAL CALL TO MYSELF, I CONTACTED CHEMTREC FOR MSDS. A CLEAN UP CONTRACTOR WAS DISPATCHED TO THE SCENE, HMHTTC, AND PERSONNEL FROM OUR LOCAL TERMINAL RESPONDED TO THE SCENE. ADDITIONAL CALLS WERE PLACED TO PA DEP AND LATER THE NATIONAL RESPONSE CENTER. THE EPA AND DOT BOTH CONTACTED US LATER THAT MORNING FOR FOLLOW UP ON SITUATION BUT WERE SATISFIED WITH DECISIONS BEING MADE. ALL MATERIAL FROM INCIDENT WAS CLEANED UP BY HMHTTC AND IS CURRENTLY AWAITING PROFILING FOR DISPOSAL. ALTHOUGH ALL THE MATERIALS IN THE UNIT WAS DAMAGED BY THE FIRE, THE LIQUID IN METAL DRUMS FROM ASHLAND AND ICI PAINTS APPEARED TO BE FOR THE MOST PART INTACT. AT THIS TIME, DEP AND EPA ARE NOT REQUIRING ANY FURTHER DOCUMENTATION ON THE INCIDENT AND ONCE DISPOSAL IS COMPLETE, I SEE NO FURTHER ACTION BEING TAKEN.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:	TIMOTHY L STIPCAK
Contact's Title:	MANAGER, H/M COMPLIANCE
Business Name and Address:	15-27TH STREET PITTSBURGH PA 15222
E-mail Address:	
Telephone Number:	(412)232-3015
Fax Number:	(412)232-1303
Hazmat Registration Number:	
Date:	05/18/2005
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-2005050850
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 05/11/2005
4. Time of Incident (use 24-hour time): 06:30
5. Enter National Response Center Report Number (if applicable): 758350
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: BERKS
County: BERKS
State: PA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
INTERSTATE 78 EAST MM41
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050503550030LN
11. Shipper/Officer:
Name: DEGUSSA INITIATORS LLC
Street: 555 GARDEN ST
City: ELYRIA
State: OH
Zip Code: 44035
Waybill/Shipping Paper: 2289013
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: ORGANIC PEROXIDE TYPE F, LIQUID
15. Technical/Trade Name: PEROXY ACETIC
16. Hazardous Class/Division: Organic Peroxide
17. Identification Number: (E.g. UN2764, NA 2020) UN3109

- 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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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: Box Material of Construction: Fiberboard Head Type (Drums only):	Packaging Type: Bottle Material of Construction: Plastic
27. Describe the package capacity and the quantity:	
Package Capacity: 1 Liquid - Gallon Amount in Package: 1 Liquid - Gallon Number in Shipment: 4 Number Failed: 0	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: (if Tank Car, CTMV, Portable Tank) Shell Thickness: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV) Service Pressure: (if Cylinder) If valve or device failed: Type: Model: Manufacturer:	
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: | 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 L04-0880718
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: \$ 100,000.00
Carrier Damage: \$ 85,000.00
Property Damage: \$ 200,000.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 50,000.00
(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? 18

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

If yes, provide the following information:

Estimated speed (mph): 3
Weather conditions: CLEAR 50'S
Vehicle overturned? False
Vehicle left roadway/track? False

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:

PART VIII – CONTACT INFORMATION

Contact's Name:	TIMOTHY L STIPCAK
Contact's Title:	MANAGER, H/M COMPLIANCE
Business Name and Address:	15-27TH STREET PITTSBURGH PA 15222
E-mail Address:	
Telephone Number:	(412)232-3015
Fax Number:	(412)232-1303
Hazmat Registration Number:	
Date:	05/18/2005
Preparer is:	Carrier



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Research and Special Programs Administration

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3. Date of Incident: 05/11/2005
4. Time of Incident (use 24-hour time): 06:30
5. Enter National Response Center Report Number (if applicable): 758350
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: BERKS
County: BERKS
State: PA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
INTERSTATE 78 EAST MM41
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050503550030LN
11. Shipper/Officer:
Name: ASHLAND CHEMICAL
Street: 2191 W 110TH STREET
City: CLEVELAND
State: OH
Zip Code: 44102
Waybill/Shipping Paper: 0046032
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, N.O.S.
15. Technical/Trade Name: AROMATIC PETROLEUM D
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1993

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 1100 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:
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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.
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How Failed: -
Causes of Failure: - Fire, Temperature, or Heat

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Identification Markings:

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Packaging Type: Drum Material of Construction: Steel Head Type (Drums only): Non - Removable	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: 55 Liquid - Gallon Amount in Package: 55 Liquid - Gallon Number in Shipment: 20 Number Failed: 20	Package Capacity: Amount in Package: Number in Shipment: 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: | 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 L04-0880718
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: \$ 100,000.00
Carrier Damage: \$ 85,000.00
Property Damage: \$ 200,000.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 50,000.00
(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? 18

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

True

If yes, provide the following information:

Estimated speed (mph): 3
Weather conditions: CLEAR 50'S
Vehicle overturned? False
Vehicle left roadway/track? False

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:

AT APPROXIMATELY 0630 ON MAY 11, 2005, PITT OHIO EXPRESS, LLC (OUR UNIT NUMBER D980 AND TRAILER 1728 WAS STOPPED IN TRAFFIC THAT WAS SLOWED FOR ENTRY INTO A CONSTRUCTION ZONE ON INTERSTATE 78 AT MILE MARKER 41. ANOTHER CARRIER, OPERATING A TRACTOR-TRAILER, FAILED TO SEE US STOPPED AND REAR-ENDED THE LEFT REAR CORNER OF OUR TRAILER. THE OTHER CARRIER PROCEEDED DOWN THE PASSING LANE RIPPING OPEN BOTH TRAILERS. DURING THE COLLISION, THE OTHER UNIT, CARRYING NON-HAZARDOUS POWDER MATERIAL FORMED AN APPARENT DUST CLOUD AND AN EXPLOSION OF THAT DUST OCCURRED. THIS DUST EXPLOSION IGNITED BOTH UNITS. THIS IS THE ONLY THOUGHT TO WHY THE FIRE OCCURRED. NO HAZARDOUS MATERIAL CONTAINERS WERE TORN OPEN DURING THE COLLISION AND THE FUEL TANKS WERE IN TACT ON BOTH UNITS. DUE TO THE MATERIALS INVOLVED, THE DECISION WAS MADE TO LEAVE THE UNITS BURN THEMSELVES OUT TO AVOID ANY ENVIRONMENTAL CONTAMINATION. THE FIRE WITH THE EXCEPTION OF FOUR CARTONS OF ORGANIC PEROXIDE, CONSUMED ALL OF THE FREIGHT IN THE PITT OHIO UNIT. THE FOUR CARTONS OF ORGANIC PEROXIDE WERE THROWN OUT OF THE REAR OF THE UNIT DURING IMPACT. THESE UNITS DID NOT LEAK AND ONLY HAD THE OUTSIDE CARTON DAMPENED BY WATER. THESE FOUR CARTONS WERE PLACED IN A SALVAGE DRUM FOR RETURN BACK TO SHIPPER. AT THE TIME OF THE INITIAL CALL TO MYSELF, I CONTACTED CHEMTREC FOR MSDS. A CLEAN UP CONTRACTOR WAS DISPATCHED TO THE SCENE, HMHTTC, AND PERSONNEL FROM OUR LOCAL TERMINAL RESPONDED TO THE SCENE. ADDITIONAL CALLS WERE PLACED TO PA DEP AND LATER THE NATIONAL RESPONSE CENTER. THE EPA AND DOT BOTH CONTACTED US LATER THAT MORNING FOR FOLLOW UP ON SITUATION BUT WERE SATISFIED WITH DECISIONS BEING MADE. ALL MATERIAL FROM INCIDENT WAS CLEANED UP BY HMHTTC AND IS CURRENTLY AWAITING PROFILING FOR DISPOSAL. ALTHOUGH ALL THE MATERIALS IN THE UNIT WAS DAMAGED BY THE FIRE, THE LIQUID IN METAL DRUMS FROM ASHLAND AND ICI PAINTS APPEARED TO BE FOR THE MOST PART INTACT. AT THIS TIME, DEP AND EPA ARE NOT REQUIRING ANY FURTHER DOCUMENTATION ON THE INCIDENT AND ONCE DISPOSAL IS COMPLETE, I SEE NO FURTHER ACTION BEING TAKEN.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:	TIMOTHY L STIPCAK
Contact's Title:	MANAGER, H/M COMPLIANCE
Business Name and Address:	15-27TH STREET PITTSBURGH PA 15222
E-mail Address:	
Telephone Number:	(412)232-3015
Fax Number:	(412)232-1303
Hazmat Registration Number:	
Date:	05/18/2005
Preparer is:	Carrier