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: E-2015120306
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/16/2015

4. Time of Incident (use 24-hour time):
15:20

5. Enter National Response Center Report Number (if applicable):
1133563

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

7. Location of Incident:
City: KEARNY
County: HUDSON
State: NJ
Zip Code: (if known): 07032
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NJ Turpike 15W Ramp

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Horwith Trucks
Street: 1449 Nor Bath Blvd
City: Northampton
State: PA
Zip Code: 18067
Federal DOT Id Number: 205701
Hazmat Registration Number:

11. Shipper/Offeror:
Name: NYCDDC
Street: 30-30 Thomson Ave
City: Long Island City
State: NY
Zip Code: 11101
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street: 105 Jacobus Ave
City: Kearny
State: NJ
Zip Code: 07032

14. Proper Shipping Name of Hazardous Material: HAZARDOUS WASTE, SOLID, N.O.S.

15. Technical/Trade Name: (lead)

16. Hazardous Class/Division: Miscellaneous Hazardous Material

17. Identification Number: (E.g. UN2764, NA 2020) NA3077

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 10 Solid - Ton

20. Was the material shipped as a hazardous waste? True
If yes, provide the EPA Manifest Number: 014737614

21. Is this a Toxic by Inhalation (TIH) material? False
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? False
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Other, Dump Truck

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: -

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

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

Fire/EMS Report #: True unknown
Police Report #: True d030-2015-03917a
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:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 76,127.00
Response Cost:	$ 8,138.00
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:	0
Total number of employees evacuated:	0
Total evacuated:	0
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed? False

If yes, how many? 0

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

If yes, provide the following information:

Estimated speed (mph):	30
Weather conditions:	CLEAR
Vehicle overturned?	True
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:

At approximately 03:20 PM Monday, November 16th company driver Joseph Heyer was involved in a single vehicle rollover accident. Driver was transporting Hazardous Waste solid NOS (Lead) from NYCDDC Brooklyn, NY to Clean Earth, Kearny NJ. He was transporting approx. 22 tons of cargo being shipped on a Hazardous Waste Manifest. The accident occurred as driver was exiting 95N and entering 15W near the toll plaza.

Mr. Heyer reported he was traveling at approx. 35MPH when he started to sneeze. He believes he jerked the wheel during the sneezing episode and only recalls becoming alert when the truck came to rest on the passenger side. Two Horwith drivers were traveling behind the unit at the time of the accident. Louis Vasquez was traveling directly behind unit 245 and driver Christian Smith was following Vasquez. Both drivers stopped and assisted with the accident. 911 was immediately notified. Christian Smith assisted to control the scene while Louis Vasquez assisted extracting driver, Joseph Heyer from the overturned unit. The fuel tank was not ruptured and no other fluid was released. Approximately 10 ton of the contaminated cargo was released onto the roadway.

Upon hearing of the accident Horwith Implemented our Contingency plan. Clean Earth was immediately notified of the situation. NJDEP was also notified (report #151116152120) along with the US National Response Center (report #1133563). NJ State Police arrived and took command of the scene. Horwith was instructed not to send an Emergency Response Cleanup Team as the state police would handle. The NJTA responded and initiated all cleanup efforts. Horwith was asked to have another unit brought to the scene so the product could be remediated and shipped for disposal. At approximately 5:00 PM the NJTA reloaded the material into unit #243 and Driver John Dubiel transported it to the Cleanearth disposal facility.

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:

Under review at this present time.

PART VIII – CONTACT INFORMATION

Contact's Name:	Kellie Heffley
Contact's Title:	Kellie Heffley
Business Name and Address:	Horwith Trucks 1449 Nor Bath Blvd PO Box 7 Northampton PA 18067
E-mail Address:	kheffley@horwithtrucks.com
Telephone Number:	610-261-2220
Fax Number:	
Hazmat Registration Number:	
Date:	11/14/2016
Preparer is:	Carrier