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-2019060246
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/09/2019

4. Time of Incident (use 24-hour time):
06:50

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: CAMPBELLSVILLE
County: TAYLOR
State: KY
Zip Code: (if known): 42718
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
74 Red Fern Rd

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: XPO LOGISTICS, LLC
Street: 2211 OLD EARHART RD
City: ANN ARBOR
State: MI
Zip Code: 48105-2963
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: Peroxychem
Street: 3569 Tulane Rd
City: Memphis
State: TN
Zip Code: 38116-3927
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street: 705 Glen Garry Rd
City: GLASGOW
State: KY
Zip Code: 42141

14. Proper Shipping Name of Hazardous Material: ORGANIC PEROXIDE TYPE F, LIQUID

15. Technical/Trade Name: Organic Peroxide Type F

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) 130 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: - 104-Body
How Failed: - 309-Punctured
Causes of Failure: - Impact with Sharp or Protruding Object (e.g., nails)

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):	Non - Removable		

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

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

Fire/EMS Report #: True
Police Report #: True unknown
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:	$ 0.00
Response Cost:	$ 60,000.00
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? True

If yes, provide the following information:

Total number of general public evacuated:	100
Total number of employees evacuated:	
Total evacuated:	100
Duration of the evacuation:	2

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:

On May 9, 2019 at 06:50 EST, XPO Logistics (XAK) about a cargo release. It was reported that due to unknown circumstances, approximately 50 gallons of Organic Peroxide Type F (Hazardous - UN3109) was released from 1-275 gallon poly tote. The caller stated that the released product was contained to the trailer floor, asphalt floor and possibly at the cross section of 289 & Campbellsville bypass (3350 & 289 intersection). The caller is requesting a contractor due to the hazardous state and size of the spill.
The terminal advised local Fire Department are onsite and have blocked off area of terminal due to strong odor. Contractor arrived onsite and advised per the Fire Dept, there was gas emitting through the top of the trailer and corrosive material has eaten thru the bottom of the trailer. ERTS communicated with all state regulatory divisions. Contractor stated that near by houses were evacuated at the time of the spill. A intersection of road way was used as a command area., at this time the road way has been re-opened and the civilians have been aloud to return to the homes. Air monitoring equipment has been set up. The clean team is in level B and is working on keeping the product contained. The contractor is closely monitoring O2 levels inside the trailer. The floor of the trailer is wood and there is concern that the product could react and ignite. Contractor removed the undamaged totes from the trailer. Approximately 130 gallons of product released to the gravel lot, drainage ditch and grass. Contractor gravity transferred the rest of the product into a new 275-gallon tote. The original tote was punctured by a hook in the trailer. The contractor utilized absorbents to clean up the release in the trailer. The contractor has boomed off the trailer, ditch, and impacted grass.The contractor returned to the site follow day to complete cleanup and remediate the impacted soil. Contractor arrived follow day and excavated impacted soil, grass and gravel loaded to transport for disposal. Five drums of impacted absorbents were generated and staged in OS&D for the terminal to manage proper disposal.

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:	Stacey Healy
Contact's Title:	Project Manager
Business Name and Address:	EMERGENCY RESPONSE AND TRAININGSOLUTIONS 6001 COCHRAN RD STE 300 SOLON OH 44139-3302
E-mail Address:	shealy@ertsonline.com
Telephone Number:	(440)201-9263
Fax Number:	
Hazmat Registration Number:	
Date:	06/10/2019
Preparer is:	Other - as agent for carrier