



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-2012070259  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
07/11/2012
4. Time of Incident (use 24-hour time):  
04:00
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: Newark  
County: Essex  
State: NJ  
Zip Code: (if known): 07114
- Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
New Jersey Turnpike at exit 12
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit Storage
10. Carrier/Reporter:
- Name: Con-way Freight  
Street: 2211 Old Earhart Road  
City: Ann Arbor  
State: MI  
Zip Code: 48105  
Federal DOT Id Number: 241829
- Hazmat Registration Number: 051203551036LN
11. Shipper/Officer:
- Name: Pride Solvents & Chemical Co  
Street: 211 Randolph Ave  
City: Avenel  
State: NJ  
Zip Code: 07001  
Waybill/Shipping Paper: 485-224854
- Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:  
City:  
State:  
Zip Code:
13. Destination:
- Street: 1981 County Line Rd  
City: Warrington  
State: PA  
Zip Code: 18976
14. Proper Shipping Name of Hazardous Material: METHANOL
15. Technical/Trade Name: n/a
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1230

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 250 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:**

Portable Tank

**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: - 106-Bottom Outlet Valve; 109-Closure (e.g., Cap, Top, or Plug)

How Failed: - 306-Failed to Operate; 308-Leaked

Causes of Failure: - Missing Component or Device; Missing Component or Device

**26a. Provide the packaging identification markings, if available.**

Identification Markings: NO 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:  
Material of Construction:  
Head Type (Drums only):

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: 375 Liquid - Gallon  
Amount in Package: 375 Liquid - Gallon  
Number in Shipment: 7  
Number Failed: 2

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:

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: Transport Index:  
Activity:  
Critical Safety Index:

## PART IV – CONSEQUENCES

**30. Result of Incident (check all that apply):**

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

**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?**

True

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

|                           |           |
|---------------------------|-----------|
| Material Loss:            | \$ 501.00 |
| Carrier Damage:           | \$ 0.00   |
| Property Damage:          | \$ 0.00   |
| Response Cost:            | \$ 501.00 |
| Remediation/Cleanup Cost: | \$ 501.00 |

(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:                          |  |
| 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:

Driver noticed the methanol leaking from the center floor of his trailer while he was traveling southbound on the New Jersey turnpike. He pulled over on the side of the road just north of exit 12. The nose of the trailer was loaded with a load rack on its side to keep the first 4 feet of the trailer without a tote in the nose, then there was 1 tote loaded in the middle behind the load rack, then the next 6 totes were loaded side by side on the trailer. there was no evidence that lack of blocking caused any impact to the spouts to cause them to leak. There were 2 leaking stainless steel totes, with approximately 375 gallons in each. The two totes lost approximately 1/3 of the liquid contained within for an approximate total of 250 gallons. All of the spouts were facing the nose of the trailer.

Fire department on scene during cleanup procedures completed by outside vendor. NJ report #12-07-11-05074-46

Field activity (vendor) report available upon request.

## 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:

Follow up with shipper.

## PART VIII – CONTACT INFORMATION

|                             |                                                                        |
|-----------------------------|------------------------------------------------------------------------|
| Contact's Name:             | Mike Gardner                                                           |
| Contact's Title:            | Manager Safety Compliance                                              |
| Business Name and Address:  | Con-way Freight<br>2211 Old Earhart Road, Suite 100 Ann Arbor MI 48105 |
| E-mail Address:             | gardner.michael@con-way.com                                            |
| Telephone Number:           | 734-757-1684                                                           |
| Fax Number:                 | 866-922-6267                                                           |
| Hazmat Registration Number: |                                                                        |
| Date:                       | 07/27/2012                                                             |
| Preparer is:                | Carrier                                                                |