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-2012030291
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/06/2012

4. Time of Incident (use 24-hour time):
14:10

5. Enter National Response Center Report Number (if applicable):
1004973

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

7. Location of Incident:
City: BEAUMONT
County: JEFFERSON
State: TX
Zip Code: (if known): 77701
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1100 IH-10 Eash

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Best Transportation Services Inc.
Street: 13225 Bay Park Rd.
City: Pasadena
State: TX
Zip Code: 77507
Federal DOT Id Number: 343870
Hazmat Registration Number: 051303006046LN

11. Shipper/Offeror:
Name: PPG Industries
Street: 1300 PPG Drive
City: Lake Charles
State: LA
Zip Code: 70601
Waybill/Shipping Paper: C0083268
Hazmat Registration Number:

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

13. Destination:
Street: 1819 E. Barbours Cut
City: La Porte
State: TX
Zip Code: 77571

14. Proper Shipping Name of Hazardous Material: TETRACHLOROETHYLENE

15. Technical/Trade Name:

16. Hazardous Class/Division: Poisonous Materials

17. Identification Number: (E.g. UN2764, NA 2020) UN1897

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 20 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: - 109-Closure (e.g., Cap, Top, or Plug)
How Failed: - 305-Crushed
Causes of Failure: - Vehicular Crash or Accident Damage

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:	Drum	Packaging Type:	
Material of Construction:	Steel	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:	55 Liquid - Gallon	Package Capacity:	
Amount in Package:	55 Liquid - Gallon	Amount in Package:	
Number in Shipment:	60	Number in Shipment:	
Number Failed:	3	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 #: False
Police Report #: True 2012005585
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:	$ 500.00
Carrier Damage:	$ 19,000.00
Property Damage:	$ 0.00
Response Cost:	$ 30,000.00
Remediation/Cleanup Cost:	$ 33,000.00

(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:	0
Total number of employees evacuated:	0
Total evacuated:	0
Duration of the evacuation:	0

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

If yes, how many? 6

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

If yes, provide the following information:

Estimated speed (mph):	50
Weather conditions:	Cloudy, Daylight
Vehicle overturned?	True
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:

Tractor and trailer were traveling West in the center lane of IH-10 in Beaumont, TX. Tractor and trailer had just come out of a curve in the interstate and wre driving on a slight grade when driver felt vehicle lean to right, as if a tire had low pressure. Vehicle continued to lean right until both tractor and trailer rolled onto the right side of the vehicle. vehicle slid on right side until coming to a stop blocking all 3 westbound lanes. Driver stated he wass going maybe, 50 to 55 mph. Speed limit on road is 65. This was 1410 CST. All West bound lanes were closed and East bound IH-10 lanes were closed until 2330 CST when IH-10 East bound lanes were opened. There was a small discharge of about 20 gallons of liquid. Police, fire, and EMS response was within a few minutes. Traffic both directions ware rerouted and area secure. Absolute Transportation Environmental Co. cleaned up and contained spill area. Tow units uprighted tractor and trailer. Load was checked for any further leakeage by environmental crew, none found. East bound lanes of freeway reopened at this time, 2330 CST. Load was quantity of 6o, 55 gallon drums. Entire load shifted in container. All barrels were offloaded using fork lift. Barrels were inspected for damage. 3 barrels were damaged and placed in overpack drums. Entire load was transferred to new tractor trailer. Damaged Equipment was removed from scene and area cleaned up. All west bound lanes opened 1000 CST.

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:

Emphasize to all drivers through ongoing training the risk of rollover accidents. Witness to accident stated stron winds appeared to blow trailer over. Emphasize the power of cross winds in driver safety meeetings. Officer on scene stated a lot of accidents in this area, they are about to begin rebuilding IH-10 bridge just East of this accident. This should make this entire area of IH-10 safer. There is a grade coming off bridge and into area where driver accident occured. Warning signs for high crosswinds could be placed in hazardous areas such as this portion of IH-10.

PART VIII – CONTACT INFORMATION

Contact's Name:	Pete Rozdilsky
Contact's Title:	Safety Director
Business Name and Address:	Best Transportation 13225 Bay Park Rd. Pasadena TX 77507
E-mail Address:	prozdilsky@bestds.com
Telephone Number:	713-749-8600
Fax Number:	713-749-8626
Hazmat Registration Number:	
Date:	03/27/2012
Preparer is:	Carrier