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-2012040428
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
04/12/2012

**4. Time of Incident (use 24-hour time):**
04:20

**5. Enter National Response Center Report Number (if applicable):**
1008477

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

**7. Location of Incident:**
City: INDEPENDENCE
County: INYO
State: CA
Zip Code: (if known): 93526
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-395, MM 83

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: REDDAWAY
Street: 16277 SE 130TH AVE.
City: Clackamas
State: OR
Zip Code: 97015
Federal DOT Id Number: 62227
Hazmat Registration Number: 052909 550 094

**11. Shipper/Offeror:**
Name: E.L. DUPONT DE NEMOURS
Street: 11535 PRODUCTION DR.
City: RENO
State: NV
Zip Code: 89506
Waybill/Shipping Paper: 5253948148
Hazmat Registration Number:

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

**13. Destination:**
Street: 11072 PHILADELPHIA AVE.
City: MIRA LOMA
State: CA
Zip Code: 91752

**14. Proper Shipping Name of Hazardous Material:** PAINT RELATED MATERIAL INCLUDING PAINT THINNING, DRYING, REMOVING, OR REDUCING COMPOUND

**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) 16 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: - 128-Inner Packaging
How Failed: - 303-Burst or Ruptured
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: | Box | Packaging Type: | Can |
| Material of Construction: | Fiberboard | Material of Construction: | Metal (any type) |
| 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: | 4 Liquid - Gallon | Package Capacity: | 1 Liquid - Gallon |
| Amount in Package: | 4 Liquid - Gallon | Amount in Package: | 1 Liquid - Gallon |
| Number in Shipment: | 4 | Number in Shipment: | 16 |
| Number Failed: | 4 | Number Failed: | 16 |

**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:
Activity:
Critical Safety Index:
Transport 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 BA-BDU-004042
Police Report #: True 2012040011
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: | $ 0.00 |
| Property Damage: | $ 0.00 |
| Response Cost: | $ 0.00 |
| Remediation/Cleanup Cost: | $ 300.00 |

*(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): | 55 |
| Weather conditions: | CLEAR |
| 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:**

WHILE EN ROUTE THE DRIVER WAS INVOLVED IN A COLLISION, RESULTING IN A FIRE. THE TRACTOR, TRAILER AND CONTENTS OF THE TRAILER WERE CONSUMED BY THE FIRE. A CERTIFIED EMERGENCY RESPONSE CONTRACTOR WAS DISPATCHED TO THE SCENE.

## 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:**

TRAIN DRIVERS ON ACCIDENT AVOIDANCE.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | STEVE SHINNERS |
| Contact's Title: | SR MGR - INDUSTRIAL SAFETY AND ENV |
| Business Name and Address: | REDDAWAY<br>16277 SE 130TH AVE. Clackamas OR 97015 |
| E-mail Address: | Steve.Shinners@yrcw.com |
| Telephone Number: | 9133443615 |
| Fax Number: | 9133443614 |
| Hazmat Registration Number: | 052909 550 094 |
| Date: | 04/16/2012 |
| Preparer is: | Carrier |

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-2012040428
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
04/12/2012

**4. Time of Incident (use 24-hour time):**
04:20

**5. Enter National Response Center Report Number (if applicable):**
1008477

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

**7. Location of Incident:**
City: INDEPENDENCE
County: INYO
State: CA
Zip Code: (if known): 93526
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-395, MM 83

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: REDDAWAY
Street: 16277 SE 130TH AVE.
City: Clackamas
State: OR
Zip Code: 97015
Federal DOT Id Number: 62227
Hazmat Registration Number: 052909 550 094

**11. Shipper/Offeror:**
Name: E.L. DUPONT DE NEMOURS
Street: 11535 PRODUCTION DR.
City: RENO
State: NV
Zip Code: 89506
Waybill/Shipping Paper: 5253948148
Hazmat Registration Number:

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

**13. Destination:**
Street: 11072 Philadelphia ave.
City: Mira Loma
State: CA
Zip Code: 91752

**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) 18 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: - 129-Inner Receptacle
How Failed: - 303-Burst or Ruptured
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: | Box | Packaging Type: | Can |
| Material of Construction: | Fiberboard | Material of Construction: | Metal (any type) |
| 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: | 2 Liquid - Gallon | Package Capacity: | 1 Liquid - Gallon |
| Amount in Package: | 2 Liquid - Gallon | Amount in Package: | 1 Liquid - Gallon |
| Number in Shipment: | 9 | Number in Shipment: | 18 |
| Number Failed: | 9 | Number Failed: | 18 |

**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 BA-BDU-004042
Police Report #: True 2012040011
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: | $ 0.00 |
| Property Damage: | $ 0.00 |
| Response Cost: | $ 0.00 |
| Remediation/Cleanup Cost: | $ 300.00 |

*(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): | 55 |
| Weather conditions: | CLEAR |
| 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:**

WHILE EN ROUTE THE DRIVER WAS INVOLVED IN A COLLISION, RESULTING IN A FIRE. THE TRACTOR, TRAILER AND CONTENTS OF THE TRAILER WERE CONSUMED BY THE FIRE. A CERTIFIED EMERGENCY RESPONSE CONTRACTOR WAS DISPATCHED TO THE SCENE.

## 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:**

TRAIN DRIVERS ON ACCIDENT AVOIDANCE.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | STEVE SHINNERS |
| Contact's Title: | SR MGR - INDUSTRIAL SAFETY AND ENV |
| Business Name and Address: | REDDAWAY<br>16277 SE 130TH AVE. Clackamas OR 97015 |
| E-mail Address: | Steve.Shinners@yrcw.com |
| Telephone Number: | 9133443615 |
| Fax Number: | 9133443614 |
| Hazmat Registration Number: | 052909 550 094 |
| Date: | 04/16/2012 |
| Preparer is: | Carrier |

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-2012040428
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
04/12/2012

**4. Time of Incident (use 24-hour time):**
04:20

**5. Enter National Response Center Report Number (if applicable):**
1008477

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

**7. Location of Incident:**
City: INDEPENDENCE
County: INYO
State: CA
Zip Code: (if known): 93526
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-395, MM 83

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: REDDAWAY
Street: 16277 SE 130TH AVE.
City: Clackamas
State: OR
Zip Code: 97015
Federal DOT Id Number: 62227
Hazmat Registration Number: 052909 550 094

**11. Shipper/Offeror:**
Name: E.L. DUPONT DE NEMOURS
Street: 11535 PRODUCTION DR.
City: RENO
State: NV
Zip Code: 89506
Waybill/Shipping Paper: 5253948148
Hazmat Registration Number:

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

**13. Destination:**
Street: 11072 Philadelphia ave.
City: Mira Loma
State: CA
Zip Code: 91752

**14. Proper Shipping Name of Hazardous Material:** AEROSOLS, FLAMMABLE, (EACH NOT EXCEEDING 1 L CAPACITY)

**15. Technical/Trade Name:**

**16. Hazardous Class/Division:** Flammable Gas

**17. Identification Number:** (E.g. UN2764, NA 2020) UN1950

**18. Packing Group:** (if applicable)

**19. Quantity Released:** (Include Measurement Units) 384 Liquid - Ounce

**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: - 128-Inner Packaging
How Failed: - 303-Burst or Ruptured
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: | Box | Packaging Type: | Can |
| Material of Construction: | Fiberboard | Material of Construction: | Metal (any type) |
| 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: | 192 Liquid - Ounce | Package Capacity: | 16 Liquid - Ounce |
| Amount in Package: | 192 Liquid - Ounce | Amount in Package: | 16 Liquid - Ounce |
| Number in Shipment: | 2 | Number in Shipment: | 24 |
| Number Failed: | 2 | Number Failed: | 24 |

**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 BA-BDU-004042
Police Report #: True 2012040011
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: | $ 0.00 |
| Property Damage: | $ 0.00 |
| Response Cost: | $ 0.00 |
| Remediation/Cleanup Cost: | $ 300.00 |

*(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): | 55 |
| Weather conditions: | CLEAR |
| 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:**

WHILE EN ROUTE THE DRIVER WAS INVOLVED IN A COLLISION, RESULTING IN A FIRE. THE TRACTOR, TRAILER AND CONTENTS OF THE TRAILER WERE CONSUMED BY THE FIRE. A CERTIFIED EMERGENCY RESPONSE CONTRACTOR WAS DISPATCHED TO THE SCENE.

## 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:**

TRAIN DRIVERS ON ACCIDENT AVOIDANCE.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | STEVE SHINNERS |
| Contact's Title: | SR MGR - INDUSTRIAL SAFETY AND ENV |
| Business Name and Address: | REDDAWAY<br>16277 SE 130TH AVE. Clackamas OR 97015 |
| E-mail Address: | Steve.Shinners@yrcw.com |
| Telephone Number: | 9133443615 |
| Fax Number: | 9133443614 |
| Hazmat Registration Number: | 052909 550 094 |
| Date: | 04/16/2012 |
| Preparer is: | Carrier |

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-2012040428
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
04/12/2012

**4. Time of Incident (use 24-hour time):**
04:20

**5. Enter National Response Center Report Number (if applicable):**
1008477

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

**7. Location of Incident:**
City: INDEPENDENCE
County: INYO
State: CA
Zip Code: (if known): 93526
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-395, MM 83

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: REDDAWAY
Street: 16277 SE 130TH AVE.
City: Clackamas
State: OR
Zip Code: 97015
Federal DOT Id Number: 62227
Hazmat Registration Number: 052909 550 094

**11. Shipper/Offeror:**
Name: E.L. DUPONT DE NEMOURS
Street: 11535 PRODUCTION DR.
City: RENO
State: NV
Zip Code: 89506
Waybill/Shipping Paper: 5253948148
Hazmat Registration Number:

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

**13. Destination:**
Street: 11072 Philadelphia ave.
City: Mira Loma
State: CA
Zip Code: 91752

**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) 24 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: - 129-Inner Receptacle
How Failed: - 303-Burst or Ruptured
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: | Box | Packaging Type: | Can |
| Material of Construction: | Fiberboard | Material of Construction: | Metal (any type) |
| 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: | 4 Liquid - Gallon | Package Capacity: | 1 Liquid - Gallon |
| Amount in Package: | 4 Liquid - Gallon | Amount in Package: | 1 Liquid - Gallon |
| Number in Shipment: | 6 | Number in Shipment: | 24 |
| Number Failed: | 6 | Number Failed: | 24 |

**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 BA-BDU-004042
Police Report #: True 2012040011
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: | $ 0.00 |
| Property Damage: | $ 0.00 |
| Response Cost: | $ 0.00 |
| Remediation/Cleanup Cost: | $ 300.00 |

*(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): | 55 |
| Weather conditions: | CLEAR |
| 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:**

WHILE EN ROUTE THE DRIVER WAS INVOLVED IN A COLLISION, RESULTING IN A FIRE. THE TRACTOR, TRAILER AND CONTENTS OF THE TRAILER WERE CONSUMED BY THE FIRE. A CERTIFIED EMERGENCY RESPONSE CONTRACTOR WAS DISPATCHED TO THE SCENE.

## 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:**

TRAIN DRIVERS ON ACCIDENT AVOIDANCE.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | STEVE SHINNERS |
| Contact's Title: | SR MGR - INDUSTRIAL SAFETY AND ENV |
| Business Name and Address: | REDDAWAY<br>16277 SE 130TH AVE. Clackamas OR 97015 |
| E-mail Address: | Steve.Shinners@yrcw.com |
| Telephone Number: | 9133443615 |
| Fax Number: | 9133443614 |
| Hazmat Registration Number: | 052909 550 094 |
| Date: | 04/16/2012 |
| Preparer is: | Carrier |

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-2012040428
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
04/12/2012

**4. Time of Incident (use 24-hour time):**
04:20

**5. Enter National Response Center Report Number (if applicable):**
1008477

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

**7. Location of Incident:**
City: INDEPENDENCE
County: INYO
State: CA
Zip Code: (if known): 93526
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-395, MM 83

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: REDDAWAY
Street: 16277 SE 130TH AVE.
City: Clackamas
State: OR
Zip Code: 97015
Federal DOT Id Number: 62227
Hazmat Registration Number: 052909 550 094

**11. Shipper/Offeror:**
Name: E.L. DUPONT DE NEMOURS
Street: 11535 Production Dr.
City: Reno
State: NV
Zip Code: 89506
Waybill/Shipping Paper: 5253948143
Hazmat Registration Number:

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

**13. Destination:**
Street: 4265 E Airport Drive
City: Ontario
State: CA
Zip Code: 91761

**14. Proper Shipping Name of Hazardous Material:** POLYESTER RESIN KITS

**15. Technical/Trade Name:**

**16. Hazardous Class/Division:** Flammable - Combustible Liquid

**17. Identification Number:** (E.g. UN2764, NA 2020) UN3269

**18. Packing Group:** (if applicable) II

**19. Quantity Released:** (Include Measurement Units) 12 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: - 128-Inner Packaging
How Failed: - 303-Burst or Ruptured
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: | Box | Packaging Type: | Can |
| Material of Construction: | Fiberboard | Material of Construction: | Metal (any type) |
| 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: | 4 Liquid - Gallon | Package Capacity: | 1 Liquid - Gallon |
| Amount in Package: | 4 Liquid - Gallon | Amount in Package: | 1 Liquid - Gallon |
| Number in Shipment: | 3 | Number in Shipment: | 12 |
| Number Failed: | 3 | Number Failed: | 12 |

**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 BA-BDU-004042
Police Report #: True 2012040011
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: | $ 0.00 |
| Property Damage: | $ 0.00 |
| Response Cost: | $ 0.00 |
| Remediation/Cleanup Cost: | $ 300.00 |

*(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): | 55 |
| Weather conditions: | CLEAR |
| 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:**

WHILE EN ROUTE THE DRIVER WAS INVOLVED IN A COLLISION, RESULTING IN A FIRE. THE TRACTOR, TRAILER AND CONTENTS OF THE TRAILER WERE CONSUMED BY THE FIRE. A CERTIFIED EMERGENCY RESPONSE CONTRACTOR WAS DISPATCHED TO THE SCENE.

## 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:**

TRAIN DRIVERS ON ACCIDENT AVOIDANCE.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | STEVE SHINNERS |
| Contact's Title: | SR MGR - INDUSTRIAL SAFETY AND ENV |
| Business Name and Address: | REDDAWAY |
| | 16277 SE 130TH AVE. Clackamas OR 97015 |
| E-mail Address: | Steve.Shinners@yrcw.com |
| Telephone Number: | 9133443615 |
| Fax Number: | 9133443614 |
| Hazmat Registration Number: | 052909 550 094 |
| Date: | 04/16/2012 |
| Preparer is: | Carrier |

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-2012040428
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
04/12/2012

**4. Time of Incident (use 24-hour time):**
04:20

**5. Enter National Response Center Report Number (if applicable):**
1008477

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

**7. Location of Incident:**
City: INDEPENDENCE
County: INYO
State: CA
Zip Code: (if known): 93526
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-395, MM 83

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: REDDAWAY
Street: 16277 SE 130TH AVE.
City: Clackamas
State: OR
Zip Code: 97015
Federal DOT Id Number: 62227
Hazmat Registration Number: 052909 550 094

**11. Shipper/Offeror:**
Name: E.L. DUPONT DE NEMOURS
Street: 11535 Production Dr.
City: Reno
State: NV
Zip Code: 89506
Waybill/Shipping Paper: 5253948143
Hazmat Registration Number:

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

**13. Destination:**
Street: 4265 E Airport Dr
City: Ontario
State: CA
Zip Code: 91761

**14. Proper Shipping Name of Hazardous Material:** AEROSOLS, FLAMMABLE, (EACH NOT EXCEEDING 1 L CAPACITY)

**15. Technical/Trade Name:**

**16. Hazardous Class/Division:** Flammable Gas

**17. Identification Number:** (E.g. UN2764, NA 2020) UN1950

**18. Packing Group:** (if applicable)

**19. Quantity Released:** (Include Measurement Units) 432 Liquid - Ounce

**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: - 128-Inner Packaging
How Failed: - 303-Burst or Ruptured
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: | Box | Packaging Type: | Cylinder |
| Material of Construction: | Fiberboard | Material of Construction: | Metal (any type) |
| 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: | 144 Liquid - Ounce | Package Capacity: | |
| Amount in Package: | 144 Liquid - Ounce | Amount in Package: | |
| Number in Shipment: | 3 | 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 #: True BA-BDU-004042
Police Report #: True 2012040011
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: | $ 0.00 |
| Property Damage: | $ 0.00 |
| Response Cost: | $ 0.00 |
| Remediation/Cleanup Cost: | $ 300.00 |

*(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): | 55 |
| Weather conditions: | CLEAR |
| 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:**

WHILE EN ROUTE THE DRIVER WAS INVOLVED IN A COLLISION, RESULTING IN A FIRE. THE TRACTOR, TRAILER AND CONTENTS OF THE TRAILER WERE CONSUMED BY THE FIRE. A CERTIFIED EMERGENCY RESPONSE CONTRACTOR WAS DISPATCHED TO THE SCENE.

## 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:**

TRAIN DRIVERS ON ACCIDENT AVOIDANCE.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | STEVE SHINNERS |
| Contact's Title: | SR MGR - INDUSTRIAL SAFETY AND ENV |
| Business Name and Address: | REDDAWAY<br>16277 SE 130TH AVE. Clackamas OR 97015 |
| E-mail Address: | Steve.Shinners@yrcw.com |
| Telephone Number: | 9133443615 |
| Fax Number: | 9133443614 |
| Hazmat Registration Number: | 052909 550 094 |
| Date: | 04/16/2012 |
| Preparer is: | Carrier |

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-2012040428
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
04/12/2012

**4. Time of Incident (use 24-hour time):**
04:20

**5. Enter National Response Center Report Number (if applicable):**
1008477

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

**7. Location of Incident:**
City: INDEPENDENCE
County: INYO
State: CA
Zip Code: (if known): 93526
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-395, MM 83

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: REDDAWAY
Street: 16277 SE 130TH AVE.
City: Clackamas
State: OR
Zip Code: 97015
Federal DOT Id Number: 62227
Hazmat Registration Number: 052909 550 094

**11. Shipper/Offeror:**
Name: E.L. DUPONT DE NEMOURS
Street: 11535 Production Dr.
City: Reno
State: NV
Zip Code: 89506
Waybill/Shipping Paper: 5253948143
Hazmat Registration Number:

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

**13. Destination:**
Street: 4265 East Airport Dr
City: Ontario
State: CA
Zip Code: 91761

**14. Proper Shipping Name of Hazardous Material:** ACETONE

**15. Technical/Trade Name:**

**16. Hazardous Class/Division:** Flammable - Combustible Liquid

**17. Identification Number:** (E.g. UN2764, NA 2020) UN1090

**18. Packing Group:** (if applicable) II

**19. Quantity Released:** (Include Measurement Units) 28 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: - 128-Inner Packaging
How Failed: - 303-Burst or Ruptured
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: | Box | Packaging Type: | Can |
| Material of Construction: | Fiberboard | Material of Construction: | Metal (any type) |
| 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: | 4 Liquid - Gallon | Package Capacity: | 1 Liquid - Gallon |
| Amount in Package: | 4 Liquid - Gallon | Amount in Package: | 1 Liquid - Gallon |
| Number in Shipment: | 7 | Number in Shipment: | 28 |
| Number Failed: | 7 | Number Failed: | 28 |

**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 BA-BDU-004042
Police Report #: True 2012040011
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: | $ 0.00 |
| Property Damage: | $ 0.00 |
| Response Cost: | $ 0.00 |
| Remediation/Cleanup Cost: | $ 300.00 |

*(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): | 55 |
| Weather conditions: | CLEAR |
| 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:**

WHILE EN ROUTE THE DRIVER WAS INVOLVED IN A COLLISION, RESULTING IN A FIRE. THE TRACTOR, TRAILER AND CONTENTS OF THE TRAILER WERE CONSUMED BY THE FIRE. A CERTIFIED EMERGENCY RESPONSE CONTRACTOR WAS DISPATCHED TO THE SCENE.

## 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:**

TRAIN DRIVERS ON ACCIDENT AVOIDANCE.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | STEVE SHINNERS |
| Contact's Title: | SR MGR - INDUSTRIAL SAFETY AND ENV |
| Business Name and Address: | REDDAWAY<br>16277 SE 130TH AVE. Clackamas OR 97015 |
| E-mail Address: | Steve.Shinners@yrcw.com |
| Telephone Number: | 9133443615 |
| Fax Number: | 9133443614 |
| Hazmat Registration Number: | 052909 550 094 |
| Date: | 04/16/2012 |
| Preparer is: | Carrier |

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-2012040428
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
04/12/2012

**4. Time of Incident (use 24-hour time):**
04:20

**5. Enter National Response Center Report Number (if applicable):**
1008477

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

**7. Location of Incident:**
City: INDEPENDENCE
County: INYO
State: CA
Zip Code: (if known): 93526
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-395, MM 83

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: REDDAWAY
Street: 16277 SE 130TH AVE.
City: Clackamas
State: OR
Zip Code: 97015
Federal DOT Id Number: 62227
Hazmat Registration Number: 052909 550 094

**11. Shipper/Offeror:**
Name: E.L. DUPONT DE NEMOURS
Street: 11535 Production Dr.
City: Reno
State: NV
Zip Code: 89506
Waybill/Shipping Paper: 5253948143
Hazmat Registration Number:

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

**13. Destination:**
Street: 4265 E Airport Dr.
City: Ontario
State: CA
Zip Code: 91761

**14. Proper Shipping Name of Hazardous Material:** PAINT RELATED MATERIAL INCLUDING PAINT THINNING, DRYING, REMOVING, OR REDUCING COMPOUND

**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) 30 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: - 104-Body
How Failed: - 303-Burst or Ruptured
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: | Jerrican | Packaging Type: |
| Material of Construction: | Steel | 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: | 5 Liquid - Gallon | Package Capacity: |
| Amount in Package: | 5 Liquid - Gallon | Amount in Package: |
| Number in Shipment: | 6 | Number in Shipment: |
| Number Failed: | 6 | 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 BA-BDU-004042
Police Report #: True 2012040011
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: | $ 0.00 |
| Property Damage: | $ 0.00 |
| Response Cost: | $ 0.00 |
| Remediation/Cleanup Cost: | $ 300.00 |

*(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): | 55 |
| Weather conditions: | CLEAR |
| 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:**

WHILE EN ROUTE THE DRIVER WAS INVOLVED IN A COLLISION, RESULTING IN A FIRE. THE TRACTOR, TRAILER AND CONTENTS OF THE TRAILER WERE CONSUMED BY THE FIRE. A CERTIFIED EMERGENCY RESPONSE CONTRACTOR WAS DISPATCHED TO THE SCENE.

## 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:**

TRAIN DRIVERS ON ACCIDENT AVOIDANCE.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | STEVE SHINNERS |
| Contact's Title: | SR MGR - INDUSTRIAL SAFETY AND ENV |
| Business Name and Address: | REDDAWAY<br>16277 SE 130TH AVE. Clackamas OR 97015 |
| E-mail Address: | Steve.Shinners@yrcw.com |
| Telephone Number: | 9133443615 |
| Fax Number: | 9133443614 |
| Hazmat Registration Number: | 052909 550 094 |
| Date: | 04/16/2012 |
| Preparer is: | Carrier |

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-2012040428
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
04/12/2012

**4. Time of Incident (use 24-hour time):**
04:20

**5. Enter National Response Center Report Number (if applicable):**
1008477

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

**7. Location of Incident:**
City: INDEPENDENCE
County: INYO
State: CA
Zip Code: (if known): 93526
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-395, MM 83

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: REDDAWAY
Street: 16277 SE 130TH AVE.
City: Clackamas
State: OR
Zip Code: 97015
Federal DOT Id Number: 62227
Hazmat Registration Number: 052909 550 094

**11. Shipper/Offeror:**
Name: E.L. DUPONT DE NEMOURS
Street: 11535 Production Dr.
City: Reno
State: NV
Zip Code: 89506
Waybill/Shipping Paper: 5253948143
Hazmat Registration Number:

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

**13. Destination:**
Street: 4265 e Airport Dr.
City: Ontario
State: CA
Zip Code: 91761

**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) 8 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: - 128-Inner Packaging
How Failed: - 303-Burst or Ruptured
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: | Box | Packaging Type: | Can |
| Material of Construction: | Fiberboard | Material of Construction: | Metal (any type) |
| 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: | 4 Liquid - Gallon | Package Capacity: | 1 Liquid - Gallon |
| Amount in Package: | 4 Liquid - Gallon | Amount in Package: | 1 Liquid - Gallon |
| Number in Shipment: | 2 | Number in Shipment: | 8 |
| Number Failed: | 2 | Number Failed: | 8 |

**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 BA-BDU-004042
Police Report #: True 2012040011
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: | $ 0.00 |
| Property Damage: | $ 0.00 |
| Response Cost: | $ 0.00 |
| Remediation/Cleanup Cost: | $ 300.00 |

*(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): | 55 |
| Weather conditions: | CLEAR |
| 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:**

WHILE EN ROUTE THE DRIVER WAS INVOLVED IN A COLLISION, RESULTING IN A FIRE. THE TRACTOR, TRAILER AND CONTENTS OF THE TRAILER WERE CONSUMED BY THE FIRE. A CERTIFIED EMERGENCY RESPONSE CONTRACTOR WAS DISPATCHED TO THE SCENE.

## 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:**

TRAIN DRIVERS ON ACCIDENT AVOIDANCE.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | STEVE SHINNERS |
| Contact's Title: | SR MGR - INDUSTRIAL SAFETY AND ENV |
| Business Name and Address: | REDDAWAY |
| | 16277 SE 130TH AVE. Clackamas OR 97015 |
| E-mail Address: | Steve.Shinners@yrcw.com |
| Telephone Number: | 9133443615 |
| Fax Number: | 9133443614 |
| Hazmat Registration Number: | 052909 550 094 |
| Date: | 04/16/2012 |
| Preparer is: | Carrier |