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-2011060161
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/09/2011

4. Time of Incident (use 24-hour time):
14:40

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

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

7. Location of Incident:
City: JACKSON TOWNSHIP
County: FRANKLIN
State: OH
Zip Code: (if known): 43123
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
ENTRANCE RAMP 1-71N TO I-270 W

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: HOC TRANSPORT
Street: 1569 INDUSTRIAL PARKWAY
City: AKRON
State: OH
Zip Code: 44310
Federal DOT Id Number: 302199
Hazmat Registration Number: 051809009019RT

11. Shipper/Offeror:
Name: VALERO MARKETING AND SUPPLY COMPANY
Street: 3979 STATE RT 238 NE
City: BLOOMINGBURG
State: OH
Zip Code: 43106
Waybill/Shipping Paper: 1017022397
Hazmat Registration Number: 040810001Q03S

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

13. Destination:
Street: 2201 WEST 3RD STREET
City: CLEVELAND
State: OH
Zip Code: 44113

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 20 Liquid - Gallon

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

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

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

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Cargo Tank Motor Vehicle (CTMV)

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: - 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 313-Vented
Causes of Failure: - Human Error; Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: MC306
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**	
Package Capacity:	9400 Liquid - Gallon	Package Capacity:	
Amount in Package:	8000 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	CUSTOM	Manufacture Date:	11/15/1990
Serial Number:	1C9A1B2B8M500102	Last Test Date:	02/12/2011
Material of Construction:	ALUMINU (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 PSI (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	2545511
Police Report #:	True	693
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:	$ 80.00
Carrier Damage:	$ 51,000.00
Property Damage:	$ 1,000.00
Response Cost:	$ 44,000.00
Remediation/Cleanup Cost:	$ 10,000.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	0
Responders:	0
General Public:	0

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal Injury? False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	0
Responders:	0
General Public:	0

35. Did the hazardous material cause or contribute to an evacuation? False

If yes, provide the following information:

Total number of general public evacuated:	
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? 7

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

If yes, provide the following information:

Estimated speed (mph):	45
Weather conditions:	CLEAR
Vehicle overturned?	True
Vehicle left roadway/track?	True

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- Shipment had not been transported
- Transported by air (first flight)
- Transport by air (subsequent flights)
- Initial transport by highway to cargo facility
- Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

LOADED TANKER WAS ON ENTRACE RAMP TO I-270 WEST AND DRIVER FAILE DTO CONTROL VEHICLE. THE VEHICLE DEPARTED THE ROADWAY TO THE LEFT AND ROLLED OVER. UPON NOTIFICATION, , HOC TRANSPORT DISPATCHED THE OPERATIONS MANAGER TO THE SCENE WITH A TRUCK TO AFFECT AN OFF LOAD. ALL DRIVDR RECORDS WERE SECURED BY THE SAFETY DIRECTOR. THE OPERATIONS MANAGER SPOKE WITH THE REMEDIATION COMPANY WHO WAS ON SCENE (CALLED BY TOWING COMPANY)AND TOLD THEM NOT TO DO ANYTHING UNTIL HE ARRIVED. WHILE ONITS SIDE THE TANKER DISCHARGED A SMALL AMOUNT OF PRODUCT (3-5 GALLONS) THROUGH THE EMERGENCY VENTING SYSTEM. THE REMEDIATION COMPANY PLACED CONTAINMENT DEVICES TO GATHER THE SPILLAGE. BEFORE THE OPERATIONS MANAGER COULD ARRIVE THE REMEDIATION COMPANY EMPLOYED VACCUUM TRUCHKS AND BEGAN PUMPING OUT COMPARTMENTS 1 &4 WIHTOUT CREATING AN AIR PRESSURE EQUALIZATION VENT/OPENING. THE PUMPING ACTION DAMAGED O-RINGS IN COMPARTMENTS 1&4 AND INCREASED THE RATE OF DISCHARGE AND CAUSED ANOTHER ESTIMATED 15 GALLONS OF ETHANOL TO HIT THE GROUND. THE SPILL WAS CLEANED IN ACCORDANCE WITH REGULATIONS AND WAS WITNESSED BY AN ON-SITE EPA REPRESENTATIVE. THE TRAILER WAS EVENTUALLY RIGHTED AND ALL PRODUCT PUMPED OFF . THE VEHICLE WAS THEN TOWED FROM THE SCENE. THE TOTAL ESTIMATED TIME FROM ROLLOVER TO RE-OPENING THE ENTRANCE RAMP WAS 7 HOURS. CLARIFICATION: ITEMS 19 AND 31, QUANTITY RELEASED - 5 GALLONS BY ROLLOVER, 15 GALLONS BY HUMAN ERROR ON PART OF REMEDIATION COMPANY. CLARIFICATION: ITEM 36, MAJOR ARTERY CLOSED - I-70 & I-270 WERE NEVER CLOSED. ONLY THE ENTRANCE RAMP TO I-270 WEST.

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:

HOC TRANSPORT AFTER INCIDENT ACTIONS: PUCO CONDUCTED AN ON-SITE FOCUSED INTERVENTION. NO RECORD KEEPING OR MANAGEMENT CONTROL VIOLATIONS. REVIEWER INDICATED DURING CLOSING CONFERENCE THAT THERE WERE NO COMPANY POLICY OR PROCEDURE FACTORS THAT CONTRIBUTED TO THIS ACCIDENT. THERE WERE NO VIOLATIONS OR CITATIONS ISSUED AS A RESULT OF THIS INTERVIENTION. COMPANY ACCIDENT INVESTIGATION PROCDEEDED IN ACCORDANCE WITH COMPANY POLICY. INCIDENT IS UNDER REVIEW BY OUR ACCIDENT COMMITTEE. CONSEQUENCES FOR THE DRIVER ARE PENDING MANAGEMENT AN DINSURANCE COMPANY DECISIONS. SAFETY DIRECTOR HAS AMENDED THE JUNE 21 & 22 QUARTERLY SAFETY MEETING AGENDA TO INCLUDE DRIVER AWARENESS REFRESHER TRAINING ON SPEED MANAGEMENT AND ROLLOVER HAZARDS. THE FACTS OF THIS INCIDENT WILL BE DISCUSSED DURING THESE SAFETY MEETINGS AS A "CASE STUDY" FOR OUR DRIVER FLEET SICUSSIONS WILL INCLUDE CAUSES, CONTRIBUTING FACTORS, DRIVING PRACTICES & HABITS AND PREVENTION OF FURTHER INCIDENTS.

PART VIII – CONTACT INFORMATION

Contact's Name:	STEVE FRISCH
Contact's Title:	SAFETY DIRECTOR
Business Name and Address:	HOC TRANSPORT 1569 INDUSTRIAL PARKWAY AKRON OH 44310
E-mail Address:	sfrisch_hoc@yahoo.com
Telephone Number:	3306300100
Fax Number:	3306300108
Hazmat Registration Number:	06//2011
Date:	06/07/2011
Preparer is:	Carrier

11/15/1990