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-2020010110
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/15/2019

4. Time of Incident (use 24-hour time):
19:28

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: CADIZ
County: HARRISON
State: OH
Zip Code: (if known): 43907
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
US22 AT CR13

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NLS PAVING INC
Street: 67925 BAYBERRY DRIVE SUITE B
City: SAINT CLAIRSVILLE
State: OH
Zip Code: 43950
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: NLS PAVING, INC.
Street: 67925 BAYBERRY DRIVE SUITE B
City: SAINT CLAIRSVILLE
State: OH
Zip Code: 43950
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 80870 UNIONVALE KENWOOD ROAD
City: CADIZ
State: OH
Zip Code: 43907

13. Destination:
Street: 80870 UNIONVALE KENWOOD ROAD
City: CADIZ
State: OH
Zip Code: 43907

14. Proper Shipping Name of Hazardous Material: ASPHALT, CUT BACK

15. Technical/Trade Name: PRIME MC-70

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1999

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 1800 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: - 110-Cover
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406
(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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	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	19-01176N
Police Report #:	True	41-0741-34
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:	$ 5,580.00
Carrier Damage:	$ 38,051.00
Property Damage:	$ 6,705.00
Response Cost:	$ 17,413.00
Remediation/Cleanup Cost:	$ 71,240.00

(See damage definitions in the instructions)

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

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

Employees:	
Responders:	
General Public:	

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

If yes, how many?

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

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

Hospitalized (Admitted Only):

Employees:	
Responders:	
General Public:	

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

Employees:	
Responders:	
General Public:	

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

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	0
Duration of the evacuation:	

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

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	30
Weather conditions:	DRY;CLEAR;NIGHT
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:

A PAVING STRAIGHT TRUCK DISTRIBUTOR (CAPACITY 2000 GALLONS) WAS WESTBOUND ON US22 IN HARRISON COUNTY, OHIO, WHEN THE DRIVER ATTEMPTED A LEFT TURN ONTO CR13 IN GREEN TOWNSHIP. DUE TO HIS SPEED, HE WAS UNABLE TO COMPLETE THE TURN AND OVERTURNED 270 DEGREES IN A BARREL ROLL. HE THEN CAME TO REST OFF OF THE ROADWAY ON THE DRIVER'S SIDE OF THE VEHICLE. THE UNDERCARRIAGE OF THE VEHICLE FACED THE CURVED GUARDRAIL THAT WAS PLACED ALONG THE SOUTHWEST CORNER OF THE INTERSECTION. THE TOP LID (APPROXIMATELY 10" IN DIAMETER) ON THE CARGO TANK UNLATCHED DUE TO AN UNKNOWN REASON, AND RELEASED APPROXIMATELY 1200 TO 1800 GALLONS OF MC-70 LIQUID PAVING MATERIAL ONTO THE ROADWAY OVER A PERIOD OF LESS THAN 2 HOURS. DUE TO THE SLOPE OF THE ROADWAY, THE MATERIAL DRAINED DOWN AN EMBANKMENT AND CAME TO REST IN A PRIVATE POND ON THE RESIDENCE AT 45871 UPPER CLEAR FORK ROAD; CADIZ, OHIO 43907.

CADIZ, HOPEDALE, AND TORONTO FIRE DEPARTMENTS ARRIVED AT THE SCENE; AS WELL AS HOPEDALE EMS; HARRISON COUNTY SHERIFF'S DEPARTMENT; THE OHIO STATE HIGHWAY PATROL; AND THE HARRISON COUNTY EMA.

ABSORBENT BOOMS WERE DEPLOYED ACROSS THE POND, AND ABSORBENT PADS AND BOOMS WERE USED ON THE ROADWAY AND BERM. VACUUM TRUCKS WERE USED TO REMOVED THE RESIDUE FROM THE WATER'S SURFACE, AND THE THE EMBANKMENT WAS REMOVED FOR TREATMENT AND/OR DISPOSAL. THE CARGO TANK ON THIS DISTRIBUTOR TRUCK IS A NON-SPECIFICATION TANK.

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:

SINCE THE TRUCK WAS SALVAGED PRIOR TO THIS FORM BEING COMPLETED, IT IS UNKNOWN IF THE RELEASE OF MATERIAL WAS DUE TO THE TANKER CAP LATCH NOT BEING SECURED; THERE WAS FAILURE TO THE LATCH ITSELF; OR DAMAGE TO THE LATCH OCCURRED DURING THE TRAFFIC CRASH.

IN THE FUTURE, ALL DISTRIBUTOR TRUCK OPERATORS WILL BE INSTRUCTED TO VISUALLY CONFIRM AT THE PLACE OF LOADING THAT THE TANK CAP IS PRESENT AND PROPERLY LATCHED. DRIVERS WILL ALSO BE INSTRUCTED TO VERIFY THESE DETAILS PRIOR TO EACH TIME THIS TYPE OF VEHICLE IS OPERATED.

SINCE THIS INCIDENT OCCURRED DUE TO THE DRIVER ERROR, SAFE VEHICLE OPERATION TOPICS (SPEED, FOLLOWING TOO CLOSELY, ETC.) WILL ALSO BE DISCUSSED IN THE SPRING WITH ALL DRIVERS PRIOR TO STARTING COMPANY PROJECTS FOR THE NEXT PAVING SEASON.

PART VIII – CONTACT INFORMATION

Contact's Name:	EDWARD A. STEVENSON
Contact's Title:	SAFETY COMPLIANCE OFFICER
Business Name and Address:	NLS PAVING, INC. 67925 BAYBERRY DR. SUITE B ST. CLAIRVILLE OH 43950
E-mail Address:	ESTEVENSON@NATLIME.COM
Telephone Number:	419-672-9894
Fax Number:	740-296-5311
Hazmat Registration Number:	
Date:	01/09/2020
Preparer is:	Carrier