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-2005120296
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/01/2005

4. Time of Incident (use 24-hour time):
08:00

5. Enter National Response Center Report Number (if applicable):
781131

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

7. Location of Incident:
City: BRANDENBURG
County: MEADE
State: KY
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
119 STATE ROUTE 228 WEST

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: AUSTIN POWDER COMPANY
Street: 25800 SCIENCE PARK DRIVE
City: CLEVELAND
State: OH
Zip Code: 44122
Federal DOT Id Number: 103999
Hazmat Registration Number: 051605550016N

11. Shipper/Offeror:
Name: AUSTIN POWDER COMPANY
Street: 25800 SCIENCE PARK DRIVE
City: CLEVELAND
State: OH
Zip Code: 44122
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 355 HARRY BERRY ROAD
City: HOPKINSVILLE
State: KY
Zip Code: 42241

13. Destination:
Street: STATE ROUTE 228
City: BATTLETOWN
State: KY
Zip Code: 40104

14. Proper Shipping Name of Hazardous Material: AMMONIUM NITRATE, WITH NOT MORE THAN 0.2% OF COMBUSTIBLE MATERIALS, INCLUDING ANY ORGANIC SUBSTANCE CALCULATED AS CARBON TO THE EXCLUSION OF ANY OTHER ADDED SUBSTANCE

15. Technical/Trade Name: AMMONIUM NITRATE

16. Hazardous Class/Division: Oxidizer

17. Identification Number: (E.g. UN2764, NA 2020) UN1942

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 2000 Solid - Pound

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? True
If yes, provide the Exemption, Approval, or CA number: DOT-E 12677

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: - 109-Closure (e.g., Cap, Top, or Plug)
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: NON SPEC
(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:	6000 Solid - Pound	Package Capacity:	
Amount in Package:	6000 Solid - Pound	Amount in Package:	
Number in Shipment:	2	Number in Shipment:	
Number Failed:	2	Number Failed:	

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

Manufacturer:	TREAD CORP	Manufacture Date:	06/01/1998
Serial Number:	12166	Last Test Date:	08/01/2002
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.12 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.12 INCH (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	KY FIRE MARSHALL
Police Report #:	True	KY4116-301178
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:	$ 445.00
Carrier Damage:	$ 23,550.00
Property Damage:	$ 0.00
Response Cost:	$ 3,100.00
Remediation/Cleanup Cost:	$ 4,300.00

(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? True

If yes, provide the following information:

Total number of general public evacuated:	12
Total number of employees evacuated:	0
Total evacuated:	12
Duration of the evacuation:	8

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

If yes, how many? 8

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

If yes, provide the following information:

Estimated speed (mph):	50
Weather conditions:	DRY,OVERCAST
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:

VEHICLE WAS TRAVELING WEST ON STATE ROUTE 228 IN KY WHEN VEHICLE WENT OFF RIGHT SHOULDER. DRIVER TRIED TO CORRECT BY STEERING LEFT. DRIVER OVER CORRECTED AND VEHIVLE OVERTURNED ON DRIVER SIDE CAUSING AMMONIUM NITRATE, OXIDIZING LIQUID, DIESEL FUEL, AND HYDRAULIC OIL TO SPILL. IMPACT FROM OVERTURNED VEHICLE CAUSING TWO DOORS TO AMMONIUM NITRATE COPARTMENTS TO BE SPRUNG OPEN, DOOR TO MC TANK TO PARTIALLY OPEN SPILLING OXIDIZING LIQUID, AND HOSE TO LEAK FROM DIESEL FUEL TANK. HYDRAULIC OIL DRIPPED FROM CAP. ALL LEAKS WERE STOPPED (LEAKING OF LIQUIDS APPROX. 2 HOURS) AND ALL MATERIAL WAS CLEANED UP BY ENVIRONMENTAL CLEAN UP CONTRACTOR. VEHICLE TOWED AWAY FROM SCENE. ROAD CLOSED FOR APPROX. 8 HOURS IN BOTH DIRECTIONS OF 228 ROUTE.

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:

APPEARS ROAD CONSTRUCTION WAS TAKING PLACE IN THE AREA. OUR EMPLOYEE (NOT DRIVER) DESCRIBED ROAD PAVEMENT TO BE NARROW AND LITTLE. APPEARS ON VEHICLE DROPPED OFF PAVEMENT DUE TO SOFT BASE OF ROADWAY AND NARROW PAVEMENT. CALL INTO NATIONAL RESPONSE CENTER REPORTED ACETIC ACID, 1 GALLON AND SODIUM NITRITE 1 GALLON TO BE SPILLED. THERE WERE NO QUANTITY OF THESE PRODUCTS SPILLED.

PART VIII – CONTACT INFORMATION

Contact's Name:	KRIS BIBEY
Contact's Title:	SAFETY AUDITOR
Business Name and Address:	
	25800 SCIENCE PARK DRIVE CLEVELAND OH 44122
E-mail Address:	
Telephone Number:	(216) 839-5431
Fax Number:	(216) 464-4418
Hazmat Registration Number:	
Date:	12/07/2005
Preparer is:	Carrier

06/01/1998

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

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INSTRUCTIONS

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PART I - REPORT TYPE

1. Incident Id: I-2005120296
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/01/2005

4. Time of Incident (use 24-hour time):
08:00

5. Enter National Response Center Report Number (if applicable):
781131

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

7. Location of Incident:
City: BRANDENBURG
County: MEADE
State: KY
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
119 STATE ROUTE 228 WEST

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: AUSTIN POWDER COMPANY
Street: 25800 SCIENCE PARK DRIVE
City: CLEVELAND
State: OH
Zip Code: 44122
Federal DOT Id Number: 103999
Hazmat Registration Number: 051605550016N

11. Shipper/Offeror:
Name: AUSTIN POWDER COMPANY
Street: 25800 SCIENCE PARK DRIVE
City: CLEVELAND
State: OH
Zip Code: 44122
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 355 HARRY BERRY ROAD
City: HOPKINSVILLE
State: KY
Zip Code: 42241

13. Destination:
Street: STATE ROUTE 228
City: BATTLETOWN
State: KY
Zip Code: 40104

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

15. Technical/Trade Name: HYDROX AQUEOUS EMULS

16. Hazardous Class/Division: Oxidizer

17. Identification Number: (E.g. UN2764, NA 2020) UN3139

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 600 Liquid - Pound

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? True
If yes, provide the Exemption, Approval, or CA number: DOT-E 12677

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: - 109-Closure (e.g., Cap, Top, or Plug)
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: MC-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:	TREAD CORP	Manufacture Date:	06/01/1998
Serial Number:	12166	Last Test Date:	08/01/2002
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.12 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.12 INCH (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	KY FIRE MARSHALL
Police Report #:	True	KY4116-301178
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:	$ 445.00
Carrier Damage:	$ 23,550.00
Property Damage:	$ 0.00
Response Cost:	$ 3,100.00
Remediation/Cleanup Cost:	$ 4,300.00

(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? True

If yes, provide the following information:

Total number of general public evacuated:	12
Total number of employees evacuated:	0
Total evacuated:	12
Duration of the evacuation:	8

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

If yes, how many? 8

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

If yes, provide the following information:

Estimated speed (mph):	50
Weather conditions:	DRY,OVERCAST
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:

VEHICLE WAS TRAVELING WEST ON STATE ROUTE 228 IN KY WHEN VEHICLE WENT OFF RIGHT SHOULDER. DRIVER TRIED TO CORRECT BY STEERING LEFT. DRIVER OVER CORRECTED AND VEHIVLE OVERTURNED ON DRIVER SIDE CAUSING AMMONIUM NITRATE, OXIDIZING LIQUID, DIESEL FUEL, AND HYDRAULIC OIL TO SPILL. IMPACT FROM OVERTURNED VEHICLE CAUSING TWO DOORS TO AMMONIUM NITRATE COPARTMENTS TO BE SPRUNG OPEN, DOOR TO MC TANK TO PARTIALLY OPEN SPILLING OXIDIZING LIQUID, AND HOSE TO LEAK FROM DIESEL FUEL TANK. HYDRAULIC OIL DRIPPED FROM CAP. ALL LEAKS WERE STOPPED (LEAKING OF LIQUIDS APPROX. 2 HOURS) AND ALL MATERIAL WAS CLEANED UP BY ENVIRONMENTAL CLEAN UP CONTRACTOR. VEHICLE TOWED AWAY FROM SCENE. ROAD CLOSED FOR APPROX. 8 HOURS IN BOTH DIRECTIONS OF 228 ROUTE.

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:

APPEARS ROAD CONSTRUCTION WAS TAKING PLACE IN THE AREA. OUR EMPLOYEE (NOT DRIVER) DESCRIBED ROAD PAVEMENT TO BE NARROW AND LITTLE. APPEARS ON VEHICLE DROPPED OFF PAVEMENT DUE TO SOFT BASE OF ROADWAY AND NARROW PAVEMENT. CALL INTO NATIONAL RESPONSE CENTER REPORTED ACETIC ACID, 1 GALLON AND SODIUM NITRITE 1 GALLON TO BE SPILLED. THERE WERE NO QUANTITY OF THESE PRODUCTS SPILLED.

PART VIII – CONTACT INFORMATION

Contact's Name:	KRIS BIBEY
Contact's Title:	SAFETY AUDITOR
Business Name and Address:	
	25800 SCIENCE PARK DRIVE CLEVELAND OH 44122
E-mail Address:	
Telephone Number:	(216) 839-5431
Fax Number:	(216) 464-4418
Hazmat Registration Number:	
Date:	12/07/2005
Preparer is:	Carrier

06/01/1998

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PART I - REPORT TYPE

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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/01/2005

4. Time of Incident (use 24-hour time):
08:00

5. Enter National Response Center Report Number (if applicable):
781131

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

7. Location of Incident:
City: BRANDENBURG
County: MEADE
State: KY
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
119 STATE ROUTE 228 WEST

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: AUSTIN POWDER COMPANY
Street: 25800 SCIENCE PARK DRIVE
City: CLEVELAND
State: OH
Zip Code: 44122
Federal DOT Id Number: 103999
Hazmat Registration Number: 051605550016N

11. Shipper/Offeror:
Name: AUSTIN POWDER COMPANY
Street: 25800 SCIENCE PARK DRIVE
City: CLEVELAND
State: OH
Zip Code: 44122
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 355 HARRY BERRY ROAD
City: HOPKINSVILLE
State: KY
Zip Code: 42241

13. Destination:
Street: STATE ROUTE 228
City: BATTLETOWN
State: KY
Zip Code: 40104

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

15. Technical/Trade Name: DIESEL FUEL OIL NO 2

16. Hazardous Class/Division: Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 15 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? True
If yes, provide the Exemption, Approval, or CA number: DOT-E 12677

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: - 125-Hose
How Failed: - 308-Leaked
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: NON - SPECIFICATION
(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:	210 Liquid - Gallon	Package Capacity:	
Amount in Package:	200 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:	TREAD CORP	Manufacture Date:	06/01/1998
Serial Number:	12166	Last Test Date:	08/01/2002
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	KY FIRE MARSHALL
Police Report #:	True	KY4116-301178
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:	$ 445.00
Carrier Damage:	$ 23,550.00
Property Damage:	$ 0.00
Response Cost:	$ 3,100.00
Remediation/Cleanup Cost:	$ 4,300.00

(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? True

If yes, provide the following information:

Total number of general public evacuated:	12
Total number of employees evacuated:	0
Total evacuated:	12
Duration of the evacuation:	8

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

If yes, how many? 8

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

If yes, provide the following information:

Estimated speed (mph):	50
Weather conditions:	DRY,OVERCAST
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:

VEHICLE WAS TRAVELING WEST ON STATE ROUTE 228 IN KY WHEN VEHICLE WENT OFF RIGHT SHOULDER. DRIVER TRIED TO CORRECT BY STEERING LEFT. DRIVER OVER CORRECTED AND VEHIVLE OVERTURNED ON DRIVER SIDE CAUSING AMMONIUM NITRATE, OXIDIZING LIQUID, DIESEL FUEL, AND HYDRAULIC OIL TO SPILL. IMPACT FROM OVERTURNED VEHICLE CAUSING TWO DOORS TO AMMONIUM NITRATE COPARTMENTS TO BE SPRUNG OPEN, DOOR TO MC TANK TO PARTIALLY OPEN SPILLING OXIDIZING LIQUID, AND HOSE TO LEAK FROM DIESEL FUEL TANK. HYDRAULIC OIL DRIPPED FROM CAP. ALL LEAKS WERE STOPPED (LEAKING OF LIQUIDS APPROX. 2 HOURS) AND ALL MATERIAL WAS CLEANED UP BY ENVIRONMENTAL CLEAN UP CONTRACTOR. VEHICLE TOWED AWAY FROM SCENE. ROAD CLOSED FOR APPROX. 8 HOURS IN BOTH DIRECTIONS OF 228 ROUTE.

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:

APPEARS ROAD CONSTRUCTION WAS TAKING PLACE IN THE AREA. OUR EMPLOYEE (NOT DRIVER) DESCRIBED ROAD PAVEMENT TO BE NARROW AND LITTLE. APPEARS ON VEHICLE DROPPED OFF PAVEMENT DUE TO SOFT BASE OF ROADWAY AND NARROW PAVEMENT. CALL INTO NATIONAL RESPONSE CENTER REPORTED ACETIC ACID, 1 GALLON AND SODIUM NITRITE 1 GALLON TO BE SPILLED. THERE WERE NO QUANTITY OF THESE PRODUCTS SPILLED.

PART VIII – CONTACT INFORMATION

Contact's Name:	KRIS BIBEY
Contact's Title:	SAFETY AUDITOR
Business Name and Address:	
	25800 SCIENCE PARK DRIVE CLEVELAND OH 44122
E-mail Address:	
Telephone Number:	(216) 839-5431
Fax Number:	(216) 464-4418
Hazmat Registration Number:	
Date:	12/07/2005
Preparer is:	Carrier

06/01/1998