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-2018030144
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/08/2018

4. Time of Incident (use 24-hour time):
15:55

5. Enter National Response Center Report Number (if applicable):
1201357

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

7. Location of Incident:
City: JASPER
County: NEWTON
State: AR
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: OFS, INC.
Street: 4901 N.E. 23RD STREET
City: OKLAHOMA CITY
State: OK
Zip Code: 73121
Federal DOT Id Number: 1022027
Hazmat Registration Number: 071017550030Z

11. Shipper/Offeror:
Name: EMA
Street: 10627 MIDWEST INDUSTRIAL BLVD
City: SAINT LOUIS
State: MO
Zip Code: 63132
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: GRACE MANUFACTURING 614 STATE RD 247
City: RUSSELLVILLE
State: AR
Zip Code: 72802

13. Destination:
Street: 3020 S. LONE PINE AVENUE
City: SPRINGFIELD
State: MO
Zip Code: 65804

14. Proper Shipping Name of Hazardous Material: FERRIC CHLORIDE, SOLUTION

15. Technical/Trade Name: FERRIC CHLORIDE

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN2582

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 1000 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: - 137-Manway or Dome Cover; 150-Tank Shell
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Rollover Accident; Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN
(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:	3600 Liquid - Gallon	Package Capacity:	
Amount in Package:	3600 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:	ACRO TRAILERS	Manufacture Date:	05/01/1978
Serial Number:	5507	Last Test Date:	02/01/2017
Material of Construction:	STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	30 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	8 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	8 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 #:	False
Police Report #:	False
In-house cleanup:	False
Other Cleanup:	False

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:	$ 796.00
Carrier Damage:	$ 4,073.00
Property Damage:	$ 0.00
Response Cost:	$ 3,078.00
Remediation/Cleanup Cost:	$ 28,667.00

(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? 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):	25
Weather conditions:	CLOUDY
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:

DRIVER WAS GOING NORTH ON HIGHWAY 7, AT THE TIME THE SPEED LIMIT WAS 35 MPH, GOING UPHILL, DRIVER WAS DOING 20 MPH. WHEN HE GOT TO THE TOP OF THE HILL, HE SAW THE SIGNS THAT SAID 7% STEEP GRADE NEXT 3 ½ MILES. HE PROCEEDED TO DROP GEARS AS HE WAS GOING DOWNHILL, THE TRUCK STARTED TO GAIN SPEED. DRIVER HIT THE BRAKE AND THE SURGE OF THE PRODUCT IN THE TRAILER WAS PUSHING THE TRUCK FORWARD. AS DRIVER TRIED TO FORCE THE TRUCK INTO 6TH GEAR, HE COULD NOT CONTROL HIS SPEED AND SOON LOST THE AIR BRAKES. HE PULLED TRAILER PARKING BRAKE AND TRUCK PARKING BRAKE. TRUCK WAS STILL RUNNING 25 MPH AS HE CAME TO A SHARP CURVE, SO DRIVER PULLED TO THE LEFT SIDE SHOULDER TO AVOID REAR ENDING A CAR. AS THE TRUCK HIT THE DITCH, IT AND THE TRAILER ROLLED OVER ONCE AND RAN INTO A TREE WHICH CAUSED THE BARREL OF THE TANKER TO BEND AND LET PRODUCT OUT OF THE MAN WAY WHICH CAME OPEN DURING THE ROLLOVER.

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:

THE DRIVER WAS INFORMED THAT HE NEEDED TO DRIVE ON CERTAIN HIGHWAYS AND NEVER TAKE ANY BACK ROADS. CONTINUE HIS PRE AND POST INSPECTIONS OF HIS EQUIPMENT.

PART VIII – CONTACT INFORMATION

Contact's Name:	CHRIS PORTWOOD
Contact's Title:	OPERATIONS MANAGER
Business Name and Address:	OFS, INC.
	4901 N.E. 23RD STREET OKLAHOMA CITY OK 73121
E-mail Address:	CPORTWOOD@OFS-INC.NET
Telephone Number:	405 424 1101
Fax Number:	405 526 6300
Hazmat Registration Number:	
Date:	03/14/2018
Preparer is:	Carrier

05/01/1978