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-2016100045
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/16/2016

4. Time of Incident (use 24-hour time):
19:39

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: CORDOVA
County: WALKER
State: AL
Zip Code: (if known): 35550
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1-22 MM 72

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: SKYLINE TRANSPORTATION, INC.
Street: 131 WEST QUINCY AVE
City: KNOXVILLE
State: TN
Zip Code: 37917-5232
Federal DOT Id Number: 041190
Hazmat Registration Number: 051115551028XY

11. Shipper/Offeror:

Name: COTT BEVERAGES INC
Street: 4801 CARGO DR
City: COLUMBUS
State: GA
Zip Code: 31907-1905
Waybill/Shipping Paper: 50901669
Hazmat Registration Number: 072903002012

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 2525 SHUETZ ROAD
City: MARYLAND HEIGHTS
State: MO
Zip Code: 63043

14. Proper Shipping Name of Hazardous Material: EXTRACTS, FLAVORING, LIQUID

15. Technical/Trade Name: EXTRACTS, FLAVORING, LIQUID

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1197

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 22.91 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:
Other, PAILS

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: - 308-Leaked
Causes of Failure: - Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: UN1197
(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:	8784 Liquid - Pound	Package Capacity:
Amount in Package:	8784 Liquid - Pound	Amount in Package:
Number in Shipment:	186	Number in Shipment:
Number Failed:	186	Number Failed:

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 #:	False
Police Report #:	True 6708193
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:	$ 46,671.00
Carrier Damage:	$ 39,365.00
Property Damage:	$ 0.00
Response Cost:	$ 1,700.00
Remediation/Cleanup Cost:	$ 24,453.00

(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? 1

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

If yes, provide the following information:

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

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:

THE DRIVER CALLED ON 09/16/2016 AT 7:55PM TO REPORT THAT HE WAS ON THE SIDE OF THE ROAD ALABAMA AND HIS TRUCK ON FIRE. HE WAS TRAVELING WB ON I-22 IN CORDOVA, AL WHEN A COUPLE OF PASSERBYS GOT HIS ATTENTION TO PULL OVER. HE PULLED ONTO THE SIDE OF THE ROAD AT EXIT 72 (CORDOVA GORGAS EXIT). WHEN HE LOOKED THROUGH HIS MIRROR, HE COULD SEE FIRE AND SMELL THE SMOKE. ONCE HE GOT OUT OF THE TRUCK, THE FLAMES STARTED TO SHOOT UP COMING FORM THE LEFT REAR HUB ASSEMBLY. HE USED THE FIRE EXTINGUISHER BUT SAW IT WAS NOT HELPING. THE ALABAMA HIGHWAY PATROL, PARAMEDICS AND FIRE DEPARTMENT ARRIVED WITHIN 15 MINUTES ACCORDING TO THE DRIVER.THE TROOPER SAID THAT KILGORE WRECKER SERVICE WAS IN ROUTE, THEY COULD HANDLE THE TOW AND CLEAN-UP. THE FIRE DESTROYED THE TRUCK AND BURNED THE NOSE OF THE TRAILER, THE FREIGHT IN THE NOSE WAS DAMAGED. THE TROOPER ALSO ADVISED THAT THE INTERSTATE WAS SHUT DOWN MOMENTARILY, LESS THAN 30 MINUTES, BEFORE THEY HAD A LANE BACK FOR TRAVEL. THE FOLLOWING DAY, THE TOW VENDOR ADVISED THERE WAS A TOTAL OF 20 PALLETS OF WHICH 1 PALLET WAS TOTALLY DESTROYED AND A SECOND PALLET LEAKING. HE ADVISED THAT ALL THE FREIGHT WAS COVERED IN A SMOKY RESIDUE. HE ESTIMATED THAT UP TO 75 GALLONS RELEASED. THE RELEASE WAS CONTAINED TO THE DIRT ON THE SIDE OF THE ROAD WITH NO DAMAGE TO THE ASPHALT. THE TOW VENDOR ADVISED THAT THEY SCOOPED 4 TO 6 TONS OF DIRT AND LOADED INTO A DUMP TRUCK. THEY WERE ABLE TO OFFLOAD THE FREIGHT ONTO A LOWBOY TO TRANSPORT BACK TO THEIR FACILITY ALONG WITH THE TRACTOR, TRAILER AND DUMP TRUCK OF DIRT.

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:

NO COMMENTS PROVIDED.

PART VIII – CONTACT INFORMATION

Contact's Name:	TONIA COX
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	SKYLINE TRANSPORTATION, INC. 131 WEST QUINCY AVENUE KNOXVILLE TN 37917
E-mail Address:	TCOX@SKYLINETRANS.COM
Telephone Number:	865 524 3661
Fax Number:	865 963 0277
Hazmat Registration Number:	
Date:	09/30/2016
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-2016100045
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/16/2016

4. Time of Incident (use 24-hour time):
19:39

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: CORDOVA
County: WALKER
State: AL
Zip Code: (if known): 35550
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1-22 MM 72

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: SKYLINE TRANSPORTATION, INC.
Street: 131 WEST QUINCY AVE
City: KNOXVILLE
State: TN
Zip Code: 37917-5232
Federal DOT Id Number: 041190
Hazmat Registration Number: 051115551028XY

11. Shipper/Offeror:

Name: COTT BEVERAGES INC
Street: 4801 CARGO DR
City: COLUMBUS
State: GA
Zip Code: 31907-1905
Waybill/Shipping Paper: 50901669
Hazmat Registration Number: 072903002012

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 2525 SHUETZ ROAD
City: MARYLAND HEIGHTS
State: MO
Zip Code: 63043

14. Proper Shipping Name of Hazardous Material: EXTRACTS, FLAVORING, LIQUID

15. Technical/Trade Name: EXTRACTS, FLAVORING, LIQUID

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1197

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 22.91 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:
Other, BOX

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: - 308-Leaked
Causes of Failure: - Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: UN1197
(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:	1515 Liquid - Pound	Package Capacity:
Amount in Package:	1515 Liquid - Pound	Amount in Package:
Number in Shipment:	43	Number in Shipment:
Number Failed:	43	Number Failed:

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 #: False
Police Report #: True 6708193
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:	$ 46,671.00
Carrier Damage:	$ 39,365.00
Property Damage:	$ 0.00
Response Cost:	$ 1,700.00
Remediation/Cleanup Cost:	$ 24,453.00

(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? 1

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

If yes, provide the following information:

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

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:

THE DRIVER CALLED ON 09/16/2016 AT 7:55PM TO REPORT THAT HE WAS ON THE SIDE OF THE ROAD ALABAMA AND HIS TRUCK ON FIRE. HE WAS TRAVELING WB ON I-22 IN CORDOVA, AL WHEN A COUPLE OF PASSERBYS GOT HIS ATTENTION TO PULL OVER. HE PULLED ONTO THE SIDE OF THE ROAD AT EXIT 72 (CORDOVA GORGAS EXIT). WHEN HE LOOKED THROUGH HIS MIRROR, HE COULD SEE FIRE AND SMELL THE SMOKE. ONCE HE GOT OUT OF THE TRUCK, THE FLAMES STARTED TO SHOOT UP COMING FORM THE LEFT REAR HUB ASSEMBLY. HE USED THE FIRE EXTINGUISHER BUT SAW IT WAS NOT HELPING. THE ALABAMA HIGHWAY PATROL, PARAMEDICS AND FIRE DEPARTMENT ARRIVED WITHIN 15 MINUTES ACCORDING TO THE DRIVER.THE TROOPER SAID THAT KILGORE WRECKER SERVICE WAS IN ROUTE, THEY COULD HANDLE THE TOW AND CLEAN-UP. THE FIRE DESTROYED THE TRUCK AND BURNED THE NOSE OF THE TRAILER, THE FREIGHT IN THE NOSE WAS DAMAGED. THE TROOPER ALSO ADVISED THAT THE INTERSTATE WAS SHUT DOWN MOMENTARILY, LESS THAN 30 MINUTES, BEFORE THEY HAD A LANE BACK FOR TRAVEL. THE FOLLOWING DAY, THE TOW VENDOR ADVISED THERE WAS A TOTAL OF 20 PALLETS OF WHICH 1 PALLET WAS TOTALLY DESTROYED AND A SECOND PALLET LEAKING. HE ADVISED THAT ALL THE FREIGHT WAS COVERED IN A SMOKY RESIDUE. HE ESTIMATED THAT UP TO 75 GALLONS RELEASED. THE RELEASE WAS CONTAINED TO THE DIRT ON THE SIDE OF THE ROAD WITH NO DAMAGE TO THE ASPHALT. THE TOW VENDOR ADVISED THAT THEY SCOOPED 4 TO 6 TONS OF DIRT AND LOADED INTO A DUMP TRUCK. THEY WERE ABLE TO OFFLOAD THE FREIGHT ONTO A LOWBOY TO TRANSPORT BACK TO THEIR FACILITY ALONG WITH THE TRACTOR, TRAILER AND DUMP TRUCK OF DIRT.

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:

NO COMMENTS PROVIDED.

PART VIII – CONTACT INFORMATION

Contact's Name:	TONIA COX
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	SKYLINE TRANSPORTATION, INC. 131 WEST QUINCY AVENUE KNOXVILLE TN 37917
E-mail Address:	TCOX@SKYLINETRANS.COM
Telephone Number:	865 524 3661
Fax Number:	865 963 0277
Hazmat Registration Number:	
Date:	09/30/2016
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-2016100045
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/16/2016

4. Time of Incident (use 24-hour time):
19:39

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: CORDOVA
County: WALKER
State: AL
Zip Code: (if known): 35550
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1-22 MM 72

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: SKYLINE TRANSPORTATION, INC.
Street: 131 WEST QUINCY AVE
City: KNOXVILLE
State: TN
Zip Code: 37917-5232
Federal DOT Id Number: 041190
Hazmat Registration Number: 051115551028XY

11. Shipper/Offeror:

Name: COTT BEVERAGES INC
Street: 4801 CARGO DR
City: COLUMBUS
State: GA
Zip Code: 31907-1905
Waybill/Shipping Paper: 50901669
Hazmat Registration Number: 072903002012

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 2525 SHUETZ ROAD
City: MARYLAND HEIGHTS
State: MO
Zip Code: 63043

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.

15. Technical/Trade Name: CORROSIVE LIQUID

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3264

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 22.91 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:
Other, PAILS

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: - 308-Leaked
Causes of Failure: - Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: UN3264
(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:	581 Liquid - Pound	Package Capacity:
Amount in Package:	581 Liquid - Pound	Amount in Package:
Number in Shipment:	10	Number in Shipment:
Number Failed:	10	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 #: False
Police Report #: True 6708193
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:	$ 46,671.00
Carrier Damage:	$ 39,365.00
Property Damage:	$ 0.00
Response Cost:	$ 1,700.00
Remediation/Cleanup Cost:	$ 24,453.00

(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? 1

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

If yes, provide the following information:

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

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:

THE DRIVER CALLED ON 09/16/2016 AT 7:55PM TO REPORT THAT HE WAS ON THE SIDE OF THE ROAD ALABAMA AND HIS TRUCK ON FIRE. HE WAS TRAVELING WB ON I-22 IN CORDOVA, AL WHEN A COUPLE OF PASSERBYS GOT HIS ATTENTION TO PULL OVER. HE PULLED ONTO THE SIDE OF THE ROAD AT EXIT 72 (CORDOVA GORGAS EXIT). WHEN HE LOOKED THROUGH HIS MIRROR, HE COULD SEE FIRE AND SMELL THE SMOKE. ONCE HE GOT OUT OF THE TRUCK, THE FLAMES STARTED TO SHOOT UP COMING FORM THE LEFT REAR HUB ASSEMBLY. HE USED THE FIRE EXTINGUISHER BUT SAW IT WAS NOT HELPING. THE ALABAMA HIGHWAY PATROL, PARAMEDICS AND FIRE DEPARTMENT ARRIVED WITHIN 15 MINUTES ACCORDING TO THE DRIVER.THE TROOPER SAID THAT KILGORE WRECKER SERVICE WAS IN ROUTE, THEY COULD HANDLE THE TOW AND CLEAN-UP. THE FIRE DESTROYED THE TRUCK AND BURNED THE NOSE OF THE TRAILER, THE FREIGHT IN THE NOSE WAS DAMAGED. THE TROOPER ALSO ADVISED THAT THE INTERSTATE WAS SHUT DOWN MOMENTARILY, LESS THAN 30 MINUTES, BEFORE THEY HAD A LANE BACK FOR TRAVEL. THE FOLLOWING DAY, THE TOW VENDOR ADVISED THERE WAS A TOTAL OF 20 PALLETS OF WHICH 1 PALLET WAS TOTALLY DESTROYED AND A SECOND PALLET LEAKING. HE ADVISED THAT ALL THE FREIGHT WAS COVERED IN A SMOKY RESIDUE. HE ESTIMATED THAT UP TO 75 GALLONS RELEASED. THE RELEASE WAS CONTAINED TO THE DIRT ON THE SIDE OF THE ROAD WITH NO DAMAGE TO THE ASPHALT. THE TOW VENDOR ADVISED THAT THEY SCOOPED 4 TO 6 TONS OF DIRT AND LOADED INTO A DUMP TRUCK. THEY WERE ABLE TO OFFLOAD THE FREIGHT ONTO A LOWBOY TO TRANSPORT BACK TO THEIR FACILITY ALONG WITH THE TRACTOR, TRAILER AND DUMP TRUCK OF DIRT.

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:

NO COMMENTS PROVIDED.

PART VIII – CONTACT INFORMATION

Contact's Name:	TONIA COX
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	SKYLINE TRANSPORTATION, INC. 131 WEST QUINCY AVENUE KNOXVILLE TN 37917
E-mail Address:	TCOX@SKYLINETRANS.COM
Telephone Number:	865 524 3661
Fax Number:	865 963 0277
Hazmat Registration Number:	
Date:	09/30/2016
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-2016100045
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/16/2016

4. Time of Incident (use 24-hour time):
19:39

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: CORDOVA
County: WALKER
State: AL
Zip Code: (if known): 35550
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1-22 MM 72

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: SKYLINE TRANSPORTATION, INC.
Street: 131 WEST QUINCY AVE
City: KNOXVILLE
State: TN
Zip Code: 37917-5232
Federal DOT Id Number: 041190
Hazmat Registration Number: 051115551028XY

11. Shipper/Offeror:

Name: COTT BEVERAGES INC
Street: 4801 CARGO DR
City: COLUMBUS
State: GA
Zip Code: 31907-1905
Waybill/Shipping Paper: 50901669
Hazmat Registration Number: 072903002012

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 2525 SHUETZ ROAD
City: MARYLAND HEIGHTS
State: MO
Zip Code: 63043

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.

15. Technical/Trade Name: CORROSIVE LIQUID

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3264

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 6.25 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:
Other, BOX

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: - 308-Leaked
Causes of Failure: - Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: UN3264
(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:	50 Liquid - Pound	Package Capacity:
Amount in Package:	50 Liquid - Pound	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:
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 #: False
Police Report #: True 6708193
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:	$ 46,671.00
Carrier Damage:	$ 39,365.00
Property Damage:	$ 0.00
Response Cost:	$ 1,700.00
Remediation/Cleanup Cost:	$ 24,453.00

(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? 1

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

If yes, provide the following information:

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

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:

THE DRIVER CALLED ON 09/16/2016 AT 7:55PM TO REPORT THAT HE WAS ON THE SIDE OF THE ROAD ALABAMA AND HIS TRUCK ON FIRE. HE WAS TRAVELING WB ON I-22 IN CORDOVA, AL WHEN A COUPLE OF PASSERBYS GOT HIS ATTENTION TO PULL OVER. HE PULLED ONTO THE SIDE OF THE ROAD AT EXIT 72 (CORDOVA GORGAS EXIT). WHEN HE LOOKED THROUGH HIS MIRROR, HE COULD SEE FIRE AND SMELL THE SMOKE. ONCE HE GOT OUT OF THE TRUCK, THE FLAMES STARTED TO SHOOT UP COMING FORM THE LEFT REAR HUB ASSEMBLY. HE USED THE FIRE EXTINGUISHER BUT SAW IT WAS NOT HELPING. THE ALABAMA HIGHWAY PATROL, PARAMEDICS AND FIRE DEPARTMENT ARRIVED WITHIN 15 MINUTES ACCORDING TO THE DRIVER.THE TROOPER SAID THAT KILGORE WRECKER SERVICE WAS IN ROUTE, THEY COULD HANDLE THE TOW AND CLEAN-UP. THE FIRE DESTROYED THE TRUCK AND BURNED THE NOSE OF THE TRAILER, THE FREIGHT IN THE NOSE WAS DAMAGED. THE TROOPER ALSO ADVISED THAT THE INTERSTATE WAS SHUT DOWN MOMENTARILY, LESS THAN 30 MINUTES, BEFORE THEY HAD A LANE BACK FOR TRAVEL. THE FOLLOWING DAY, THE TOW VENDOR ADVISED THERE WAS A TOTAL OF 20 PALLETS OF WHICH 1 PALLET WAS TOTALLY DESTROYED AND A SECOND PALLET LEAKING. HE ADVISED THAT ALL THE FREIGHT WAS COVERED IN A SMOKY RESIDUE. HE ESTIMATED THAT UP TO 75 GALLONS RELEASED. THE RELEASE WAS CONTAINED TO THE DIRT ON THE SIDE OF THE ROAD WITH NO DAMAGE TO THE ASPHALT. THE TOW VENDOR ADVISED THAT THEY SCOOPED 4 TO 6 TONS OF DIRT AND LOADED INTO A DUMP TRUCK. THEY WERE ABLE TO OFFLOAD THE FREIGHT ONTO A LOWBOY TO TRANSPORT BACK TO THEIR FACILITY ALONG WITH THE TRACTOR, TRAILER AND DUMP TRUCK OF DIRT.

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:

NO COMMENTS PROVIDED.

PART VIII – CONTACT INFORMATION

Contact's Name:	TONIA COX
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	SKYLINE TRANSPORTATION, INC. 131 WEST QUINCY AVENUE KNOXVILLE TN 37917
E-mail Address:	TCOX@SKYLINETRANS.COM
Telephone Number:	865 524 3661
Fax Number:	865 963 0277
Hazmat Registration Number:	
Date:	09/30/2016
Preparer is:	Carrier