



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-2017010044
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/01/2016
4. Time of Incident (use 24-hour time):
10:49
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: PASADENA
County: HARRIS
State: TX
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: COAL CITY COB COMPANY
Street: 4300 NORTH I 35 EAST
City: WAXAHACHIE
State: TX
Zip Code: 75165
Federal DOT Id Number: 307244
Hazmat Registration Number: 061615600028XZ
11. Shipper/Officer:
- Name: AZTEC GALVANIZING SERVICES- HOUSTON
Street: 7407 C. E KING PARKWAY
City: HOUSTON
State: TX
Zip Code: 77044
Waybill/Shipping Paper: 013949878JJK
Hazmat Registration Number: TXD042918631
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 2525 INDEPENDENCE PARKWAY SOUTH
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1789

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 110 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
If yes, provide the EPA Manifest Number: 013949878JJJ

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: - 133-Liquid Line
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.

Identification Markings: NO MARKINGS GIVEN-SP-10878

(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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer: TANKCON
Serial Number: 2T9T21448YB08927
Material of Construction: FRP (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 16 (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: 08/22/2000
Last Test Date: 01/28/2016

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: | True |
| - 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
Police Report #: True 16-28290
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: \$ 500.00
Carrier Damage: \$ 30,000.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 10,000.00
(See damage definitions in the instructions)

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

False

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

Employees: 0
Responders: 0
General Public: 0

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

False

If yes, how many? 0

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

False

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

Hospitalized (Admitted Only):

Employees: 0
Responders: 0
General Public: 0

Non-Hospitalized:

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

Employees: 0
Responders: 0
General Public: 0

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

False

If yes, provide the following information:

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

36. Was a major transportation artery or facility closed?

True

If yes, how many? 6

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

True

If yes, provide the following information:

Estimated speed (mph): 10
Weather conditions: CLEAR
Vehicle overturned? True
Vehicle left roadway/track? False

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:

TRUCK WAS INVOLVED IN A ROLLOVER DUE TO THE INCORRECT LANE POSITION WITH COMPLETING A LEFT TURN. ONCE WE WERE CONTACTED BY THE DRIVER, THE COMPANY CALLED OUR INSURANCE CARRIER AND THEY CONTACTED A SPILL TEAM. THE SPILL WAS CAUSED BY A LIQUID PIPE ON TOP OF THE TANKER THAT WAS CRACKED DURING THE ROLLOVER.

THE SPILL TEAM ARRIVED AND STARTED CLEANUP OPERATIONS IMMEDIATELY. COAL CITY COB SENT ANOTHER VACUUM TRUCK TO REMOVE THE REMAINING PRODUCT FROM OUR TRAILER, THE CLEAN UP CREW REMOVED THE SPILL LIQUID FROM THE ROAD SURFACE AND THE STORM DRAIN AND PLACED THE PRODUCT INTO SPILL CONTAINMENT CONTAINERS.

ONCE THE CLEAN UP WAS COMPLETED, THE TRANSFER PRODUCT WAS TAKEN TO THE RECEIVER TM AT 2525 INDEPENDENCE PARKWAY SOUTH DEER PARK TX 77536.

THE REMAINING CLEANUP MATERIAL WILL BE DISPOSED BY UNIVAR. WE ARE WORKING WITH APPROVAL THROUGH UNIVAR AND THE DISPOSAL WILL BE THROUGH US ECOLOGY.

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:

WE IMMEDIATELY ISSUED A STATEMENT TO ALL OF OUR DRIVERS REGARDING THE USE OF THE CORRECT TURNING LANE. THIS WAS FOLLOWED BY VIDEO TRAINING THAT INCLUDES RIGHT TURNS, LEFT TURNS AND INTERSECTIONS AND SPEED AND SPACE MANAGEMENT.

PART VIII – CONTACT INFORMATION

Contact's Name:	OWEN OLSON
Contact's Title:	VICE PRESIDENT HSE
Business Name and Address:	COAL CITY COB COMPANY INC 4300 NORTH I 35 EAST WAXAHACHIE TX 75165
E-mail Address:	O.OLSON@CCCOCB.COM
Telephone Number:	214 882 0307
Fax Number:	972 923 7555
Hazmat Registration Number:	
Date:	12/30/2016
Preparer is:	Carrier

08/22/2000