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: E-2020060000
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/19/2020

4. Time of Incident (use 24-hour time):
05:30

5. Enter National Response Center Report Number (if applicable):
1277599

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

7. Location of Incident:
City: LAFAYETTE
County: LAFAYETTE
State: LA
Zip Code: (if known): 70501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Mile Marker 99 (East)

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: HIGHWAY TRANSPORT LOGISTICS, INC.
Street: 6420 BAUM DR
City: KNOXVILLE
State: TN
Zip Code: 37919-9509
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: ODFJELL TERMINAL
Street: 12211 Port Road
City: Seabrook
State: TX
Zip Code: 77586
Waybill/Shipping Paper: 80460817
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: Route 611
City: DELAWARE WATER GAP
State: PA
Zip Code: 18327

14. Proper Shipping Name of Hazardous Material: PROPYLENE TETRAMER

15. Technical/Trade Name: RM-50132

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN2850

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 150 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: -
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT-407
(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:	7000 Liquid - Gallon	Package Capacity:	
Amount in Package:	41560 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: STNTN
Manufacture Date: 05/07/2001
Serial Number: 1S9T742281001706
Last Test Date:
Material of Construction: Stainless Steel (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: Pressure Relief
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 20-01706
In-house cleanup: True
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:	$ 0.00
Carrier Damage:	$ 125,000.00
Property Damage:	$ 5,000.00
Response Cost:	$ 40,000.00
Remediation/Cleanup Cost:	$ 25,000.00

(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:	
Responders:	
General Public:	

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

If yes, how many?

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

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

Hospitalized (Admitted Only):

Employees:	
Responders:	
General Public:	

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

Employees:	
Responders:	
General Public:	

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

If yes, provide the following information:

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

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

If yes, how many? 14

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

If yes, provide the following information:

Estimated speed (mph):	64
Weather conditions:	Rain
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:

The crash took place on interstate 10 @ mile-marker 99 in Louisiana just outside of Lafayette city limits. The unit was completely on its side, laying on side of the interstate in a shallow ditch. There was a small leak of product dripping from the vapor release valve on top of the trailer. This was due to the weight of the product pushing against the valve. The entire unit has damage to the entire right side. It is too early to tell if the barrel of the trailer was damaged. It had been raining so the interstate as well as the shoulder was soaked with rainwater. There were no evacuations ordered and know exposures reported. The state closed the east bound side of the interstate until the wreckage was completely cleared.

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:

Highway Transport requires our drivers to stop in a safe location every three hours for what we title as a “Tire Check.” This was implemented so that our drivers can ensure everything is okay with the units and the load; leaks, placards, tires not over heating/flat, lights working and for the driver to get a little exercise by walking around the entire unit. Highway will be monitoring this policy more aggressively to make sure that we as a company are and will continue to operate in a very safe manner.

PART VIII – CONTACT INFORMATION

Contact’s Name:	Rick Lusby
Contact’s Title:	Vice President of Safety
Business Name and Address:	HIGHWAY TRANSPORT LOGISTICS, INC. 6420 BAUM DR KNOXVILLE TN 37919-9509
E-mail Address:	RLusby@hytt.com
Telephone Number:	(865)740-8046
Fax Number:	
Hazmat Registration Number:	52919550032
Date:	05/27/2020
Preparer is:	Carrier

05/07/2001