



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-1997080256  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
07/19/1997
4. Time of Incident (use 24-hour time):  
03:58
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: VICTORIA  
County: LIMESTONE  
State: TX  
Zip Code: (if known):  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
HIGHWAY 59/77
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: AIR PRODUCTS & CHEMICALS INC  
Street: 7201 HAMILTON BLVD  
City: ALLENTOWN  
State: PA  
Zip Code: 181951501  
Federal DOT Id Number: USDOT101263  
Hazmat Registration Number:
11. Shipper/Officer:
- Name: AIR PRODUCTS & CHEMICALS INC  
Street: 10202 STRANG ROAD  
City: LA PORTE  
State: TX  
Zip Code: 77571  
Waybill/Shipping Paper: 55937517  
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:  
City:  
State:  
Zip Code:
13. Destination:
- Street:  
City: CORPUS CHRISTI  
State: TX  
Zip Code:
14. Proper Shipping Name of Hazardous Material: ARGON, REFRIGERATED LIQUID (CRYOGENIC LIQUID)
15. Technical/Trade Name:
16. Hazardous Class/Division: Nonflammable Compressed Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1951

**18. Packing Group:** (if applicable)

**19. Quantity Released:** (Include Measurement Units) 3800 Liquid - Gallon

**20. Was the material shipped as a hazardous waste?**

If yes, provide the EPA Manifest Number:

**21. Is this a Toxic by Inhalation (TIH) material?**

If yes, provide the Hazard Zone:

**22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?**

If yes, provide the Exemption, Approval, or CA number:

**23. Was this an undeclared hazardous materials shipment?**

### 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:**

Portable Tank

**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: - Vehicular Crash or Accident Damage

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

Identification Markings:

(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: 5510 Liquid - Gallon  
Amount in Package:  
Number in Shipment: 1  
Number Failed: 1

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

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

Manufacturer: LOX EQUIPMENT CO  
Serial Number: 7927  
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: | True  |
| - Vapor (Gas) Dispersion: | True  | - Environmental Damage:                  | False |
| - No Release:             | False |                                          |       |

### 31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #:  
Police Report #:  
In-house cleanup:  
Other Cleanup:

### 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: \$ 6,000.00  
Carrier Damage: \$ 0.00  
Property Damage: \$ 0.00  
Response Cost: \$ 0.00  
Remediation/Cleanup Cost: \$ 0.00

(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?

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): 55  
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 OF THE VEHICLE INVOLVED IN THIS INCIDENT STATED THAT AS HE NEARED VICTORIA, TX, ON HIGHWAY 77 APPROACHING A BRIDGE, HE DOZED AT THE WHEEL LOST CONTROL WHEN THE VEHICLE STRUCK A GUARD RAIL. THE TRUCK RODE THE GUARD RAIL FOR APPROXIMATELY 200 FEET BEFORE GOING OVER THE GUARD RAIL AND DOWN THE RIVER BANK WITH THE TRACTOR ENTERING THE RIVER. THE VEHICLE STAYED UPRIGHT, HOWEVER, EITHER A GUARD RAIL POST OR A TREE DAMAGED THE OUTER VESSEL OF THE TRAILER CAUSING THE TRAILER TO LOOSE THE ANNULAR SPACE VACUUM. THE LOSS OS VACUUM RESULTED IN THE LOSS OF INSULATING PROPERTIES OF THE TRAILER. THIS RESULTED IN THE VENTING OF NON-FLAMMABLE ARGON GAS AS THE CRYOGENIC LIQUID WARMED. THE TRAILER WAS RECOVERED BACK TO THE ROADWAY AND THE REMAINING LIQUID PRODUCT WAS VENTED TO ATMOSPHERE. THE VEHICLE WAS A TOTAL LOSS AND WILL BE REPLACED. THE DRIVER'S RECORD WILL BE REVIEWED PENDING PERSONNEL ACTION AND DISCIPLINE AS APPROPRIATE.

## 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:

## PART VIII – CONTACT INFORMATION

Contact's Name: JEFFREY DAVIS  
Contact's Title: LEAD SAFETY SPECIALIST  
Business Name and Address:

E-mail Address:  
Telephone Number: 610-481-6474  
Fax Number:  
Hazmat Registration Number:  
Date: 08/04/1997  
Preparer is: