



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-2026010127
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/02/2025
4. Time of Incident (use 24-hour time): 07:00
5. Enter National Response Center Report Number (if applicable): 1449302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: MCPHERSON
County: MCPHERSON
State: KS
Zip Code: (if known): 67460
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
hwy 56 w /hwy 81 bypass , 256
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: METRO COMPANIES, INC.
Street: 3518 N OHIO ST
City: WICHITA
State: KS
Zip Code: 67219
Federal DOT Id Number: 242529
Hazmat Registration Number: 050224600019GI
11. Shipper/Officer:
- Name: BRENNTAG SOUTHWEST, INC.
Street: 610 FISHER RD
City: LONGVIEW
State: TX
Zip Code: 75604
Waybill/Shipping Paper: 1814679
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 1656 AVE Q
City: STERLING
State: KS
Zip Code: 67579
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)

19. Quantity Released: (Include Measurement Units) 300 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:

IBC

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:

(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: IBC
Material of Construction: Plastic
Head Type (Drums only): Removable

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: 330 Liquid - Gallon
Amount in Package: 1 Liquid - Gallon
Number in Shipment: 10
Number Failed: 1

Package Capacity:
Amount in Package:
Number in Shipment:
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: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- | | |
|---------------------------|--|
| - Spillage: True | - Fire: |
| - Explosion: | - Material Entered Waterway/Storm Sewer: |
| - Vapor (Gas) Dispersion: | - Environmental Damage: |
| - No Release: False | |

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

Fire/EMS Report #: True 2025016325
Police Report #: True 2025016325
In-house cleanup:
Other Cleanup: True

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:	\$ 175,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 1,500.00
Remediation/Cleanup Cost:	\$ 110,000.00

(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?

True

If yes, provide the following information:

Total number of general public evacuated:	0
Total number of employees evacuated:	0
Total evacuated:	0
Duration of the evacuation:	12.5

36. Was a major transportation artery or facility closed?

False

If yes, how many?

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:

On December 2, 2025, at approximately 2:00 pm CST, a crew from EWI arrived on-site. Following a site assessment, EWI personnel identified the impacted area and met with members of the McPherson Fire Department (MFD). EWI noted that local emergency personnel had evacuated local residences and businesses in the vicinity and the highway surrounding the site had been closed. Crews donned the appropriate PPE and identified the estimated 330-gallon release of hydrochloric acid 31.45% (UN1789) to the trailer and surrounding area. Personnel from Collier County Stormwater Maintenance (CCSM) assisted evaluating the storm drain impact and noted the outfall was closed and approximately 100 gallons of diesel fuel were contained to the storm drain under the roadway. EWI personnel gained access to the rolled trailer and noted one (1) punctured empty 330-gallon tote and nine (9) full totes on their side. EWI personnel utilized a skid steer to upright six (6) totes and a chemical pump to transfer the UN1789 product from three (3) totes that were unable to be uprighted. One (1) damaged empty tote was removed from the trailer as waste. Crews deployed granular absorbent to the trailer and worked them in with hand tools, utilizing a cleaning agent with absorbent pads to collect any residual product. Once upright, EWI personnel deployed granular absorbent to the asphalt surfaces under the trailer, working them in with hand tools. Crews noted the soil would require excavation at a later date. At the request of MCI, the damaged trailer and 10 totes were collected and stored at Dacus Towing and Recovery (DTR). EWI personnel scheduled their return for the next day to continue remediation.

On December 3, 2025, at approximately 8:00 am CST, a crew from EWI arrived back on-site. Once traffic control was in place for safety, crews utilized a vac-truck to remove all diesel fuel-impacted water and sediment from the storm drain. During remediation of the storm drain, crews noted an unknown amount of UN1789 had impacted the storm drain and would need further remediation with heavy equipment. EWI crews utilized heavy equipment to remove all UN1789-impacted soil and previously deployed absorbent boom. All impacted soil was collected and containerized into one (1) roll-off box for transport and disposal. The excavated area was backfilled with clean soil, graded to match preexisting topography, and covered with erosion matting to promote vegetative growth. EWI personnel secured the site and scheduled their return to continue remediation activities.

On December 4, 2025, at approximately 9:00 am CST, a crew from EWI arrived back on-site. Once traffic control was in place for safety, the crew attempted to flush the storm drain but the water contained in the guzzler froze due to the freezing temperatures. The guzzler was transported to the local fire department engine bay to warm up and attempt to circulate the water but was unsuccessful. Crews secured the site and scheduled their return the following morning.

On December 5, 2025, at approximately 9:00 am CST, a crew from EWI arrived back on-site. Once traffic control was in place, crews utilized a guzzler to flush contaminated water and sediment from approximately 60' of storm drain and collected the rinsate in a vac-truck. Crews secured the site and scheduled their return to continue remediation.

On December 8, 2025, at approximately 9:00 am CST, a crew from EWI arrived back on-site. Once traffic control was in place, crews utilized a guzzler to remove diesel fuel and UN1789-impacted liquid and sediment from two (2) on-site catch basins at each end of the storm drains. EWI personnel collected and containerized all impacted liquids for transport and disposal. EWI crews noted no further actions required on-site and demobilized.

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:

YES ,training for the driver and he was let go

PART VIII – CONTACT INFORMATION

Contact's Name:	Danielle Roberts
Contact's Title:	Safety personnel manager
Business Name and Address:	METRO COMPANIES, INC. 3518 N OHIO ST WICHITA KS 67219
E-mail Address:	droberts@metroxpress.com
Telephone Number:	3168329300
Fax Number:	
Hazmat Registration Number:	050224600019GI
Date:	01/13/2026
Preparer is:	Carrier