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-2014060012
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/02/2014

4. Time of Incident (use 24-hour time):
16:00

5. Enter National Response Center Report Number (if applicable):
1081607

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

7. Location of Incident:
City: BATON ROUGE
County: EAST BATON ROUGE
State: LA
Zip Code: (if known): 70810
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Interstate 10 mm 129

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: R&L Carriers
Street: 600 Gillam Rd.
City: Wilmington
State: OH
Zip Code: 45177
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: Sephora First Colony #472
Street: 16535 Southwest Freeway Suite 3012
City: Sugar Land
State: TX
Zip Code: 77479
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street: 14601 CR212
City: Findlay
State: OH
Zip Code: 45840

14. Proper Shipping Name of Hazardous Material: PERFUMERY PRODUCTS WITH FLAMMABLE SOLVENTS

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1266

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 55 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:
Non-Bulk

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: - 104-Body
How Failed: - 311-Structural
Causes of Failure: - Fire, Temperature, or Heat

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:	Drum	Packaging Type:
Material of Construction:	Steel	Material of Construction:
Head Type (Drums only):	Removable	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	55 Liquid - Gallon	Package Capacity:
Amount in Package:	55 Liquid - Gallon	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: 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:	True
- 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 #: False
In-house cleanup: False
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: $ 0.00
Property Damage: $ 0.00
Response Cost: $ 0.00
Remediation/Cleanup Cost: $ 20,000.00

(See damage definitions in the instructions)

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

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

Employees: 1
Responders: 0
General Public: 1

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

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

If yes, how many? 23

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

If yes, provide the following information:

Estimated speed (mph): 55
Weather conditions: unknown
Vehicle overturned? False
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:

A.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN3110 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

B.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN3105 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

C.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN1266 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

D.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN1139 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

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:	Matthew Andrle
Contact's Title:	
Business Name and Address:	Emergency Response and Training Solutions 6001 Cochran Rd. Suite 300 Solon OH 44139
E-mail Address:	mandrle@ertsonline.com
Telephone Number:	440-349-2700
Fax Number:	
Hazmat Registration Number:	
Date:	06/02/2014
Preparer is:	Other - agent for carrier

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PART I - REPORT TYPE

1. Incident Id: E-2014060012
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/02/2014

4. Time of Incident (use 24-hour time):
16:00

5. Enter National Response Center Report Number (if applicable):
1081607

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

7. Location of Incident:
City: BATON ROUGE
County: EAST BATON ROUGE
State: LA
Zip Code: (if known): 70810
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Interstate 10 mm 129

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: R&L Carriers
Street: 600 Gillam Rd.
City: Wilmington
State: OH
Zip Code: 45177
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: POLYGUARD PRODUCTS, INC.
Street: 6714 BOURGEOIS RD
City: HOUSTON
State: TX
Zip Code: 77066-3105
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street: 1569 Smith Township Rd.
City: Atlasburg
State: PA
Zip Code: 15004

14. Proper Shipping Name of Hazardous Material: COATING SOLUTION (INCLUDES SURFACE TREATMENTS OR COATINGS USED FOR INDUSTRIAL OR OTHER PURPOSES SUCH AS VEHICLE UNDERCOATING, DRUM OR BARREL LINING)

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1139

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 500 Liquid - Pound

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:
Non-Bulk

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: - 104-Body
How Failed: - 311-Structural
Causes of Failure: - Fire, Temperature, or Heat

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:	Box	Packaging Type:
Material of Construction:	Fiberboard	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:	140 Liquid - Pound	Package Capacity:
Amount in Package:	140 Liquid - Pound	Amount in Package:
Number in Shipment:	4	Number in Shipment:
Number Failed:	4	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:	True
- 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 #:	False
In-house cleanup:	False
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:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 20,000.00

(See damage definitions in the instructions)

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

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

Employees:	1
Responders:	0
General Public:	1

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

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

If yes, how many? 23

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

If yes, provide the following information:

Estimated speed (mph):	55
Weather conditions:	unknown
Vehicle overturned?	False
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)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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Describe:

A.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN3110 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

B.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN3105 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

C.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN1266 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

D.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN1139 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

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:	Matthew Andrle
Contact's Title:	
Business Name and Address:	Emergency Response and Training Solutions 6001 Cochran Rd. Suite 300 Solon OH 44139
E-mail Address:	mandrle@ertsonline.com
Telephone Number:	440-349-2700
Fax Number:	
Hazmat Registration Number:	
Date:	06/02/2014
Preparer is:	Other - agent for carrier

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05/02/2014

4. Time of Incident (use 24-hour time):
16:00

5. Enter National Response Center Report Number (if applicable):
1081607

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

7. Location of Incident:
City: BATON ROUGE
County: EAST BATON ROUGE
State: LA
Zip Code: (if known): 70810
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Interstate 10 mm 129

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: R&L Carriers
Street: 600 Gillam Rd.
City: Wilmington
State: OH
Zip Code: 45177
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: Akzo Nobel Polymer Chemicals LLC
Street: 12900 Bay Park Road
City: Pasadena
State: TX
Zip Code: 77507
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street: 255 Fountain Street
City: Akron
State: OH
Zip Code: 44304

14. Proper Shipping Name of Hazardous Material: ORGANIC PEROXIDE TYPE F, SOLID

15. Technical/Trade Name:

16. Hazardous Class/Division: Organic Peroxide

17. Identification Number: (E.g. UN2764, NA 2020) UN3110

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 2 Solid - Pound

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:
Non-Bulk

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.
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What Failed: - 104-Body
How Failed: - 311-Structural
Causes of Failure: - Fire, Temperature, or Heat

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:	Box	Packaging Type:
Material of Construction:	Fiberboard	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:	2 Solid - Pound	Package Capacity:
Amount in Package:	2 Solid - 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: — 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:	True
- 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 #:	False
In-house cleanup:	False
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:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 20,000.00

(See damage definitions in the instructions)

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

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

Employees:	1
Responders:	0
General Public:	1

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

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

If yes, how many? 23

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

If yes, provide the following information:

Estimated speed (mph):	55
Weather conditions:	unknown
Vehicle overturned?	False
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)?

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- 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:

A.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN3110 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

B.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN3105 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

C.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN1266 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

D.

On May 2, 2014, an R&L Carriers tractor trailer was involved in a multi-vehicle accident that resulted in a fire which consumed a container of UN1139 product. An environmental contractor was dispatched to the site. The ash and debris were collected and containerized for pending disposal. The roadway was cleared and swept.

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:	Matthew Andrle
Contact's Title:	
Business Name and Address:	Emergency Response and Training Solutions 6001 Cochran Rd. Suite 300 Solon OH 44139
E-mail Address:	mandrle@ertsonline.com
Telephone Number:	440-349-2700
Fax Number:	
Hazmat Registration Number:	
Date:	06/02/2014
Preparer is:	Other - agent for 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: E-2014060012
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/02/2014

4. Time of Incident (use 24-hour time):
16:00

5. Enter National Response Center Report Number (if applicable):
1081607

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

7. Location of Incident:
City: BATON ROUGE
County: EAST BATON ROUGE
State: LA
Zip Code: (if known): 70810
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Interstate 10 mm 129

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: R&L Carriers
Street: 600 Gillam Rd.
City: Wilmington
State: OH
Zip Code: 45177
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: Akzo Nobel Polymer Chemicals LLC
Street: 12900 Bay Park Road
City: Pasadena
State: TX
Zip Code: 77507
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street: 2000 Kenskill Avenue
City: Washington Court House
State: OH
Zip Code: 43160

14. Proper Shipping Name of Hazardous Material: ORGANIC PEROXIDE TYPE D, LIQUID

15. Technical/Trade Name:

16. Hazardous Class/Division: Organic Peroxide

17. Identification Number: (E.g. UN2764, NA 2020) UN3105

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 1 Liquid - Pound

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:
Non-Bulk

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: - 104-Body
How Failed: - 311-Structural
Causes of Failure: - Fire, Temperature, or Heat

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:	Box	Packaging Type:
Material of Construction:	Fiberboard	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:	1 Liquid - Pound	Package Capacity:
Amount in Package:	1 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: 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:	True
- 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 #:	False
In-house cleanup:	False
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:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 20,000.00

(See damage definitions in the instructions)

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

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

Employees:	1
Responders:	0
General Public:	1

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

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

If yes, how many? 23

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

If yes, provide the following information:

Estimated speed (mph):	55
Weather conditions:	unknown
Vehicle overturned?	False
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

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PART VIII – CONTACT INFORMATION

Contact's Name:	Matthew Andrle
Contact's Title:	
Business Name and Address:	Emergency Response and Training Solutions 6001 Cochran Rd. Suite 300 Solon OH 44139
E-mail Address:	mandrle@ertsonline.com
Telephone Number:	440-349-2700
Fax Number:	
Hazmat Registration Number:	
Date:	06/02/2014
Preparer is:	Other - agent for carrier