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-2025100018
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/27/2025

4. Time of Incident (use 24-hour time):
07:40

5. Enter National Response Center Report Number (if applicable):
1441038

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

7. Location of Incident:
City: GOLDEN
County: JEFFERSON
State: CO
Zip Code: (if known): 80401
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-70

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: UNIVAR SOLUTIONS LLC
Street: 3075 HIGHLAND PKWY
City: DOWNERS GROVE
State: IL
Zip Code: 60515
Federal DOT Id Number: 28633
Hazmat Registration Number: 061124550400GI

11. Shipper/Offeror:
Name: UNIVAR SOLUTIONS LLC
Street: 3075 HIGHLAND PKWY
City: DOWNERS GROVE
State: IL
Zip Code: 60515
Waybill/Shipping Paper:
Hazmat Registration Number: 061124550400GI

12. Origin (if different from shipper address)
Street: 4300 HOLLY STREET
City: DENVER
State: CO
Zip Code: 80216

13. Destination:
Street: 19302 COUNTY ROAD 3
City: PARSHALL
State: CO
Zip Code: 80468

14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID

15. Technical/Trade Name: HYDROCHLORIC ACID 35% 22b

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) 27 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: - 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 311-Structural
Causes of Failure: - Broken Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 412
(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:	5000 Liquid - Gallon	Package Capacity:	
Amount in Package:	4999 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:	POLAR	Manufacture Date:	01/01/1993
Serial Number:	1PMC44227R201338	Last Test Date:	04/01/2025
Material of Construction:	SA285 CARBON STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	35 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.188 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.188 INCH (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type: PRV
Model: GA02100 35#
Manufacturer: GIRARD

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

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

Fire/EMS Report #: True HM250199
Police Report #: True 1A252305
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:	$ 500.00
Carrier Damage:	$ 2,000.00
Property Damage:	$ 0.00
Response Cost:	$ 23,000.00
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? True

If yes, how many? 6.5

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:

Univar Solutions driver noticed fumes discharging from his crash box on top of the tanker. Driver pulled over onto the shoulder on Interstate I-70 Westbound to assess the situation and noticed fumes and a small amount of HCl 35% coming from the manway area on top of the tanker. State Trooper pulled over to see what this issue was and called in an HCl spill on Interstate I-70 which then shut down I-70 in both directions. HAZMAT crews responded. The pressure relief valve was determined to be damaged and stuck open. Due to the truck being parked on an incline, HCl was released through the broken valve until the tanker could be moved to level ground for repair. The total amount released was approximately 27 gallons.

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:

Corrective actions taken to prevent a recurrence include:

1. Conducting a safety stand down and training with the team to review delivery and incident reporting procedures. An emphasis was placed on proper pressurization of tankers prior to offload to prevent PRV actuation. General PRV operation and maintenance was also covered.
2. Upgrading the PRV valves on DOT 412 tankers for HCl materials to utilize an updated spring assembly where the spring has a corrosive resistant coating. this is Girard P/N GA42115.
3. Replacing the tanker for this material delivery with a newer model with PRV located in the middle of tanker.

PART VIII – CONTACT INFORMATION

Contact's Name:	JARED CARLING
Contact's Title:	US REGIONAL REGULATORY MANAGER
Business Name and Address:	UNIVAR SOLUTIONS
E-mail Address:	JARED.CARLING@UNIVARSOLUTIONS.COM
Telephone Number:	801-243-0937
Fax Number:	
Hazmat Registration Number:	
Date:	09/25/2025
Preparer is:	Carrier

01/01/1993