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-2011020092
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/09/2011

4. Time of Incident (use 24-hour time):
20:00

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: MCALESTER
County: PITTSBURG
State: OK
Zip Code: (if known): 74501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: Dynamex, Inc
Street: 5429 LBJ Freeway (Suite 1000)
City: Dallas
State: TX
Zip Code: 75240
Federal DOT Id Number: 634487
Hazmat Registration Number: 051010 557 076

11. Shipper/Offeror:

Name: AT&T
Street: 1325 Cornell Rd
City: Lancaster
State: TX
Zip Code: 75134
Waybill/Shipping Paper: 110109107
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 2787 N. McConnell Rd
City: Fayetteville
State: AR
Zip Code: 72701

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name:

16. Hazardous Class/Division: Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 1000 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:
Other, Fuel 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: -

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:	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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	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:	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 #:	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:	$ 45,563.00

(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:	0
Responders:	0
General Public:	0

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? False

If yes, how many? 0

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

If yes, provide the following information:

Estimated speed (mph):	60
Weather conditions:	Icy and Snowy
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:

911 was called by the driver immediately. Sooner Emergency Response Services, Inc. was contacted to perform remediation cleanup services.

Tractor/trailer had jackknifed after colliding with another vehicle while traveling north bound on a snow and ice packed roadway. The tractor/trailer slid into the center median and was leaking fuel. Sooner Emergency Service was requested to conduct an emergency response to the site and perform remediation cleanup services as required. Appropriate technicians and equipment were immediately dispatched to the site to perform the operations.

Technicians arriving on site found a Dynamex Operations East, Inc tractor/trailer had slid into the center median and struck the DOT cable barrier. The barrier performed as expected and prevented the tractor/trailer from entering the south bound lane. The left fuel tank was ruptured by the jack down dolly on the trailer and the center median barrier cable ruptured the right fuel tank.

A traffic directional arrow board and reflective traffic cones were set in place to designate the area a work zone and aleli the motoring public of the situation as they approached the site. The tractor/trailer was against the cable barrier and had stretched the cable to a point that the truck could not be moved.

As the tractor/trailer set in the median against the cable barrier, fuel continued to slowly leak from the left fuel tank. This leaking could not be stopped until the wrecker service could move the tractor from the site. The right fuel tank that was ruptured by the bal1'ier cable had lost an unknown amount of fuel prior to technicians arriving on site. The cable had cut into the tank and was temporarily mended to prevent fuliher leakage. The cable barrier system was not broken but was entangled in and under the tractor and trailer. The system can only be removed by qualified DOT personnel, who were notified. DOT personnel advised that due to weather conditions, personnel would arrival on site on the following day to perform the procedures which will allow the tractor/trailer to be freed from the entanglement.

The leaking fuel was leaking onto a three foot wide concrete drainage slab in the center median and migrating to the north. The fuel migrated along the slab for a distance of 175 feet before entering a drop box and then into a shaft leading to an underground stonn water runoff tunnel. The fuel dumped into a drainage tunnel that was 6 feet by 6 feet in size and lUns from east to west under the roadway. Technicians entered the tunnel and set absorbent booms, hydrocarbon absorbent pads, and bio matrix in the tunnel to contain the fuel.

Absorbent booms were set in place along the drainage slab to contain the fuel as it leaked fi·om the tractor's tanks. A micro blaze emulsifier was placed in the drop box to eradicate and break down the filel that had entered the box and the drainage tunnel. Bio matrix absorbent, safe step absorbent, and absorbent pads were placed under and around the leaking fuel tank to contain the fuel.

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:

Review of winter driving procedures and safe driving practices were reviewed with drivers involved in driving DOT vehicles in inclement weather.

PART VIII – CONTACT INFORMATION

Contact's Name:	Randy Tuggle
Contact's Title:	Director of North American Compliance
Business Name and Address:	Dynamex Operations East, Inc. 5429 LBJ Freeway (Suite 1000) Dallas TX 75240
E-mail Address:	randy.tuggle@dynamex.com
Telephone Number:	214-560-9515
Fax Number:	866-683-8856
Hazmat Registration Number:	

Date:	02/08/2011
Preparer is:	Carrier