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-2017080117
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/22/2017

4. Time of Incident (use 24-hour time):
14:30

5. Enter National Response Center Report Number (if applicable):
6593

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

7. Location of Incident:
City: MCCLURE
County: HENRY
State: OH
Zip Code: (if known): 43534
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
680 FEET N OF SR 65 & CR M

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: SECOND FARMS, LLC
Street: 10957 TELEGRAPH ROAD
City: ERIE
State: MI
Zip Code: 48133
Federal DOT Id Number: 307246
Hazmat Registration Number: 060116600013YA

11. Shipper/Offeror:
Name: ETHANOL PRODUCTS, LLC
Street: 3939 N. WEBB ROAD
City: WICHITA
State: KS
Zip Code: 67226
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 3875 STATE ROAD 65
City: LEIPSIC
State: OH
Zip Code: 45856

13. Destination:
Street: 29120 WICK ROAD
City: ROMULUS
State: MI
Zip Code: 48174

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: ETHANOL DENATURED FUEL ETHANOL (ANHYDROUS)

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 8100 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: - 150-Tank Shell
How Failed: -
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: NO 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:	8100 Liquid - Gallon	Package Capacity:	
Amount in Package:	8100 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:	LBT, INC	Manufacture Date:	11/21/2013
Serial Number:	4J8T04223ET00602	Last Test Date:	06/29/2016
Material of Construction:	ALUMINUM (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:	True
- 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 #: True IR17-01529
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:	$ 12,026.00
Carrier Damage:	$ 93,000.00
Property Damage:	$ 100,000.00
Response Cost:	$ 100,000.00
Remediation/Cleanup Cost:	$ 100,000.00

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

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

If yes, how many? 36

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

If yes, provide the following information:

Estimated speed (mph):	55
Weather conditions:	DRY
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:

THE TANKER WAS NORTHBOUND ON STATE ROAD 65 AND EXITED THE ROADWAY TO THE EAST, LOSING CONTROL. THE TANKER STRUCK A POLE, WENT OVER A DRIVEWAY, AND OVERTURNED. THE ETHANOL BEGAN LEAKING FROM THE TANKER AND CAUGHT FIRE. THE SPILL OCCURRED APPROXIMATELY 680 FEET NORTH OF THE INTERSECTION OF STATE ROAD 65 AND COUNTY ROAD M SOUTH OF MCCLURE, OHIO. LOCATION OF SPILL WAS IN HENRY COUNTY, DAMASCUS TOWNSHIP, MCCLURE, OHIO. THE SPILL OCCURRED ON JUNE 22, 2017 AT APPROXIMATELY 2:30 P.M. BASED ON INFORMATION FROM SECORD, THE PRODUCT WAS BEING TRANSPORTED FROM POET BIOREFINING IN LEIPSIC, OHIO TO SUNOCO LOGISTICS COMPANY IN ROMULUS, MICHIGAN. THE SPILL WAS DISCOVERED IMMEDIATELY FOLLOWING THE RELEASE ON JUNE 22, 2017. APPROXIMATELY 16,700 SQUARE FEET ON THE WESTERN SIDE OF STATE ROAD 65 AND 4,025 SQUARE FEET ON THE EASTERN SIDE OF STATE ROAD 65 WAS AFFECTED BY THE SPILL, THIS ESTIMATION INCLUDES SURFACES IMPACTED BY THE PRODUCT AND AREAS BURNT BY FIRE. STATE ROAD 65 WAS CLOSED FOR APPROXIMATELY 36 HOURS FOLLOWING THE ACCIDENT. OHIO EPA ASSIGNED SPILL #1706EPA0000387 TO THE SPILL. APPROXIMATELY 10,900 GALLONS OF WATER WAS REMOVED FROM THE DITCH ON THE WESTERN SIDE OF STATE ROAD 65 AND APPROXIMATELY 287.98 TONS OF ETHANOL IMPACTED SOIL WAS REMOVED FROM FOUR AREAS DETERMINED TO HAVE BEEN IMPACTED BY THE SPILL.

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:

FOLLOWING THE SPILL, SECORD FARMS REQUIRED THE DRIVER TO UNDERGO A DRIVING AND OPERATING REFRESHER PRIOR TO RETURNING TO THE JOB.

PART VIII – CONTACT INFORMATION

Contact's Name:	DANIEL SECORD
Contact's Title:	OWNER
Business Name and Address:	SECORD FARMS, LLC 10957 TELEGRAPH ROAD ERIE MI 48133
E-mail Address:	DSECORD@SBCGLOBAL .NET
Telephone Number:	734 317 7192
Fax Number:	734 317 7193
Hazmat Registration Number:	060116600013YA
Date:	08/11/2017
Preparer is:	Other - CREEK RUN LLC ENVIRONMENTAL ENGINEERING

11/21/2013