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-2000060618
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: SODIUM HYDROXIDE SOD

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 59.875 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

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:	5 Liquid - Gallon	Package Capacity:	5 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	12	Number in Shipment:	12
Number Failed:	12	Number Failed:	12

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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:	$ 32,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 10,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 25,000.00

(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? 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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	65
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:

(A - L) TRUCK WAS WB ON I-80 NEAR AVOCA, IOWA AND FOR UNKOWN REASONS, WENT OFF THE ROAD, HIT A BRIDGE AND CONTINUED DOWN TO THE AREA BELOW THE BRIDGE AND CAUGHT FIRE. THE ENTIRE LOAD WAS LOST, THE TRACTOR AND TRAILER DESTROYED AND BOTH DRIVERS KILLED ON IMPACT. THE LOAD WAS HOUSEHOLD PRODUCTS AND VARIOUS HAZARDOUS MATERIALS. A CONTRACTOR WAS HIRED TO PERFORM CLEAN UP ACTIVITIES AT THE SITE AND THIS IS BEING MONITORED BY THE STATE AS IOWA. THE ACCIDENT WAS NOT CAUSED BY THE HAZARDOUS MATERIALS, BUT RATHER TO ACCIDENT CAUSED THE HAZARDOUS MATERIALS TO BE RELEASED. OUR INVESTIGATION OF THE ACCIDENT IS CONTINUING.

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:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
Fax Number:	
Hazmat Registration Number:	
Date:	05/08/2000
Preparer is:	

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

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PART I - REPORT TYPE

1. Incident Id: I-2000060618
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: SODIUM HYDROXIDE

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 259.25 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

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:	5.88 Liquid - Gallon	Package Capacity:	5.875 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	45	Number in Shipment:	45
Number Failed:	45	Number Failed:	45

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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:	$ 32,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 10,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 25,000.00

(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? 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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	65
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)
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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 - L) TRUCK WAS WB ON I-80 NEAR AVOCA, IOWA AND FOR UNKOWN REASONS, WENT OFF THE ROAD, HIT A BRIDGE AND CONTINUED DOWN TO THE AREA BELOW THE BRIDGE AND CAUGHT FIRE. THE ENTIRE LOAD WAS LOST, THE TRACTOR AND TRAILER DESTROYED AND BOTH DRIVERS KILLED ON IMPACT. THE LOAD WAS HOUSEHOLD PRODUCTS AND VARIOUS HAZARDOUS MATERIALS. A CONTRACTOR WAS HIRED TO PERFORM CLEAN UP ACTIVITIES AT THE SITE AND THIS IS BEING MONITORED BY THE STATE AS IOWA. THE ACCIDENT WAS NOT CAUSED BY THE HAZARDOUS MATERIALS, BUT RATHER TO ACCIDENT CAUSED THE HAZARDOUS MATERIALS TO BE RELEASED. OUR INVESTIGATION OF THE ACCIDENT IS CONTINUING.

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:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
Fax Number:	
Hazmat Registration Number:	
Date:	05/08/2000
Preparer is:	

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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.

15. Technical/Trade Name: HYDROCHLORIC (MURIAT

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3264

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 247.875 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:
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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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings:
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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:	4.63 Liquid - Gallon	Package Capacity:	4.625 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	54	Number in Shipment:	54
Number Failed:	54	Number Failed:	54

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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(See damage definitions in the instructions)

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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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	65
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:

(A - L) TRUCK WAS WB ON I-80 NEAR AVOCA, IOWA AND FOR UNKOWN REASONS, WENT OFF THE ROAD, HIT A BRIDGE AND CONTINUED DOWN TO THE AREA BELOW THE BRIDGE AND CAUGHT FIRE. THE ENTIRE LOAD WAS LOST, THE TRACTOR AND TRAILER DESTROYED AND BOTH DRIVERS KILLED ON IMPACT. THE LOAD WAS HOUSEHOLD PRODUCTS AND VARIOUS HAZARDOUS MATERIALS. A CONTRACTOR WAS HIRED TO PERFORM CLEAN UP ACTIVITIES AT THE SITE AND THIS IS BEING MONITORED BY THE STATE AS IOWA. THE ACCIDENT WAS NOT CAUSED BY THE HAZARDOUS MATERIALS, BUT RATHER TO ACCIDENT CAUSED THE HAZARDOUS MATERIALS TO BE RELEASED. OUR INVESTIGATION OF THE ACCIDENT IS CONTINUING.

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:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
Fax Number:	
Hazmat Registration Number:	
Date:	05/08/2000
Preparer is:	

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-2000060618
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: POTASSIUM HYDROXIDE

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 66.5 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

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:	4.75 Liquid - Gallon	Package Capacity:	4.75 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	14	Number in Shipment:	14
Number Failed:	14	Number Failed:	14

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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:	$ 32,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 10,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 25,000.00

(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? 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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph): 65
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:

(A - L) TRUCK WAS WB ON I-80 NEAR AVOCA, IOWA AND FOR UNKOWN REASONS, WENT OFF THE ROAD, HIT A BRIDGE AND CONTINUED DOWN TO THE AREA BELOW THE BRIDGE AND CAUGHT FIRE. THE ENTIRE LOAD WAS LOST, THE TRACTOR AND TRAILER DESTROYED AND BOTH DRIVERS KILLED ON IMPACT. THE LOAD WAS HOUSEHOLD PRODUCTS AND VARIOUS HAZARDOUS MATERIALS. A CONTRACTOR WAS HIRED TO PERFORM CLEAN UP ACTIVITIES AT THE SITE AND THIS IS BEING MONITORED BY THE STATE AS IOWA. THE ACCIDENT WAS NOT CAUSED BY THE HAZARDOUS MATERIALS, BUT RATHER TO ACCIDENT CAUSED THE HAZARDOUS MATERIALS TO BE RELEASED. OUR INVESTIGATION OF THE ACCIDENT IS CONTINUING.

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:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
Fax Number:	
Hazmat Registration Number:	
Date:	05/08/2000
Preparer is:	

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: I-2000060618
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: MONOETHANOLAMINE

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 3.125 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

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:	1.63 Liquid - Gallon	Package Capacity:	1.625 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	2	Number in Shipment:	2
Number Failed:	2	Number Failed:	2

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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:	$ 32,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 10,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 25,000.00

(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? 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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph): 65
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)

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- Transport by air (subsequent flights)
- Initial transport by highway to cargo facility
- Transfer at sort center/cargo facility

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Describe:

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Describe:

PART VIII – CONTACT INFORMATION

Contact's Name:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
Fax Number:	
Hazmat Registration Number:	
Date:	05/08/2000
Preparer is:	

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

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PART I - REPORT TYPE

1. Incident Id: I-2000060618
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: AEROSOLS, FLAMMABLE, (EACH NOT EXCEEDING 1 L CAPACITY)

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1950

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 93.875 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

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:	1.88 Liquid - Gallon	Package Capacity:	1.875 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	52	Number in Shipment:	52
Number Failed:	52	Number Failed:	52

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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:	$ 32,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 10,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 25,000.00

(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? 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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	65
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:

(A - L) TRUCK WAS WB ON I-80 NEAR AVOCA, IOWA AND FOR UNKOWN REASONS, WENT OFF THE ROAD, HIT A BRIDGE AND CONTINUED DOWN TO THE AREA BELOW THE BRIDGE AND CAUGHT FIRE. THE ENTIRE LOAD WAS LOST, THE TRACTOR AND TRAILER DESTROYED AND BOTH DRIVERS KILLED ON IMPACT. THE LOAD WAS HOUSEHOLD PRODUCTS AND VARIOUS HAZARDOUS MATERIALS. A CONTRACTOR WAS HIRED TO PERFORM CLEAN UP ACTIVITIES AT THE SITE AND THIS IS BEING MONITORED BY THE STATE AS IOWA. THE ACCIDENT WAS NOT CAUSED BY THE HAZARDOUS MATERIALS, BUT RATHER TO ACCIDENT CAUSED THE HAZARDOUS MATERIALS TO BE RELEASED. OUR INVESTIGATION OF THE ACCIDENT IS CONTINUING.

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:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
Fax Number:	
Hazmat Registration Number:	
Date:	05/08/2000
Preparer is:	

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-2000060618
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: MONOETHGROLAMINE SOD

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 83.25 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

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:	5.63 Liquid - Gallon	Package Capacity:	5.625 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	15	Number in Shipment:	15
Number Failed:	15	Number Failed:	15

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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:	$ 32,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 10,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 25,000.00

(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? 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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	65
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:

(A - L) TRUCK WAS WB ON I-80 NEAR AVOCA, IOWA AND FOR UNKOWN REASONS, WENT OFF THE ROAD, HIT A BRIDGE AND CONTINUED DOWN TO THE AREA BELOW THE BRIDGE AND CAUGHT FIRE. THE ENTIRE LOAD WAS LOST, THE TRACTOR AND TRAILER DESTROYED AND BOTH DRIVERS KILLED ON IMPACT. THE LOAD WAS HOUSEHOLD PRODUCTS AND VARIOUS HAZARDOUS MATERIALS. A CONTRACTOR WAS HIRED TO PERFORM CLEAN UP ACTIVITIES AT THE SITE AND THIS IS BEING MONITORED BY THE STATE AS IOWA. THE ACCIDENT WAS NOT CAUSED BY THE HAZARDOUS MATERIALS, BUT RATHER TO ACCIDENT CAUSED THE HAZARDOUS MATERIALS TO BE RELEASED. OUR INVESTIGATION OF THE ACCIDENT IS CONTINUING.

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:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
Fax Number:	
Hazmat Registration Number:	
Date:	05/08/2000
Preparer is:	

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: I-2000060618
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.

15. Technical/Trade Name: HYDROCHLORIC (MURIAT

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3264

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 41.25 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

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:	4.13 Liquid - Gallon	Package Capacity:	4.125 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	10	Number in Shipment:	10
Number Failed:	10	Number Failed:	10

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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:	$ 32,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 10,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 25,000.00

(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? 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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph): 65
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
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- Transport by air (subsequent flights)
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- Transfer at sort center/cargo facility

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Describe:

(A - L) TRUCK WAS WB ON I-80 NEAR AVOCA, IOWA AND FOR UNKOWN REASONS, WENT OFF THE ROAD, HIT A BRIDGE AND CONTINUED DOWN TO THE AREA BELOW THE BRIDGE AND CAUGHT FIRE. THE ENTIRE LOAD WAS LOST, THE TRACTOR AND TRAILER DESTROYED AND BOTH DRIVERS KILLED ON IMPACT. THE LOAD WAS HOUSEHOLD PRODUCTS AND VARIOUS HAZARDOUS MATERIALS. A CONTRACTOR WAS HIRED TO PERFORM CLEAN UP ACTIVITIES AT THE SITE AND THIS IS BEING MONITORED BY THE STATE AS IOWA. THE ACCIDENT WAS NOT CAUSED BY THE HAZARDOUS MATERIALS, BUT RATHER TO ACCIDENT CAUSED THE HAZARDOUS MATERIALS TO BE RELEASED. OUR INVESTIGATION OF THE ACCIDENT IS CONTINUING.

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- 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:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
Fax Number:	
Hazmat Registration Number:	
Date:	05/08/2000
Preparer is:	

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: I-2000060618
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.

15. Technical/Trade Name: PHOSPHORIC ACID

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3264

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 26 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

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:	5.25 Liquid - Gallon	Package Capacity:	5.25 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	5	Number in Shipment:	5
Number Failed:	5	Number Failed:	5

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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:	$ 32,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 10,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 25,000.00

(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? 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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	65
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:

(A - L) TRUCK WAS WB ON I-80 NEAR AVOCA, IOWA AND FOR UNKOWN REASONS, WENT OFF THE ROAD, HIT A BRIDGE AND CONTINUED DOWN TO THE AREA BELOW THE BRIDGE AND CAUGHT FIRE. THE ENTIRE LOAD WAS LOST, THE TRACTOR AND TRAILER DESTROYED AND BOTH DRIVERS KILLED ON IMPACT. THE LOAD WAS HOUSEHOLD PRODUCTS AND VARIOUS HAZARDOUS MATERIALS. A CONTRACTOR WAS HIRED TO PERFORM CLEAN UP ACTIVITIES AT THE SITE AND THIS IS BEING MONITORED BY THE STATE AS IOWA. THE ACCIDENT WAS NOT CAUSED BY THE HAZARDOUS MATERIALS, BUT RATHER TO ACCIDENT CAUSED THE HAZARDOUS MATERIALS TO BE RELEASED. OUR INVESTIGATION OF THE ACCIDENT IS CONTINUING.

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:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
Fax Number:	
Hazmat Registration Number:	
Date:	05/08/2000
Preparer is:	

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-2000060618
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: POTASSIUM HYDROXIDE

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 12 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

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:	6 Liquid - Gallon	Package Capacity:	6 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	2	Number in Shipment:	2
Number Failed:	2	Number Failed:	2

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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:	$ 32,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 10,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 25,000.00

(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? 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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	65
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:

(A - L) TRUCK WAS WB ON I-80 NEAR AVOCA, IOWA AND FOR UNKOWN REASONS, WENT OFF THE ROAD, HIT A BRIDGE AND CONTINUED DOWN TO THE AREA BELOW THE BRIDGE AND CAUGHT FIRE. THE ENTIRE LOAD WAS LOST, THE TRACTOR AND TRAILER DESTROYED AND BOTH DRIVERS KILLED ON IMPACT. THE LOAD WAS HOUSEHOLD PRODUCTS AND VARIOUS HAZARDOUS MATERIALS. A CONTRACTOR WAS HIRED TO PERFORM CLEAN UP ACTIVITIES AT THE SITE AND THIS IS BEING MONITORED BY THE STATE AS IOWA. THE ACCIDENT WAS NOT CAUSED BY THE HAZARDOUS MATERIALS, BUT RATHER TO ACCIDENT CAUSED THE HAZARDOUS MATERIALS TO BE RELEASED. OUR INVESTIGATION OF THE ACCIDENT IS CONTINUING.

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:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
Fax Number:	
Hazmat Registration Number:	
Date:	05/08/2000
Preparer is:	

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: I-2000060618
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: QUATERNARY AMMONIUM

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

Reproduction of this form is permitted.

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 43.25 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

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:	1.63 Liquid - Gallon	Package Capacity:	1.625 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	27	Number in Shipment:	27
Number Failed:	27	Number Failed:	27

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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:	$ 32,000.00
Carrier Damage:	$ 50,000.00
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Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 25,000.00

(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? 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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph): 65
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
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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Describe:

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Describe:

PART VIII – CONTACT INFORMATION

Contact's Name:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
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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-2000060618
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/16/2000

4. Time of Incident (use 24-hour time):
13:15

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: AVOCA
County: POTTAWATTAMIE
State: IA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-80 WB NM 41

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PRIME INC
Street: P O BOX 4208
City: SPRINGFIELD
State: MO
Zip Code: 65808
Federal DOT Id Number: DOT# 0003706
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCJ/WAXDALE
Street: 16288 MEGAL DRIVE
City: MENOMONEE FALLS
State: WI
Zip Code: 53051
Waybill/Shipping Paper: JT46573
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 7100 DURAND AVE
City: STURTEVANT
State: WI
Zip Code: 53177

13. Destination:
Street: 5198 CHINDEN BLVD
City: BOISE
State: ID
Zip Code: 83701

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: QUATERNARY AMMONIUN

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

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18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 30.75 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:	- 103-Basic Material; 103-Basic Material
How Failed:	- 301-Abraded; 303-Burst or Ruptured; 304-Cracked; 305-Crushed; 305-Crushed; 309-Punctured; 309-Punctured; 310-Ripped or Torn
Causes of Failure:	- Fire, Temperature, or Heat; Fire, Temperature, or Heat; Rollover Accident; Rollover Accident; Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

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:	2.38 Liquid - Gallon	Package Capacity:	2.375 Liquid - Gallon
Amount in Package:		Amount in Package:	
Number in Shipment:	13	Number in Shipment:	13
Number Failed:	13	Number Failed:	13

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	NOT REPORTED BY CARRIER	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:	True
- No Release:	False		

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

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

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:	$ 32,000.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 10,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 25,000.00

(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? 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? False

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	65
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:

(A - L) TRUCK WAS WB ON I-80 NEAR AVOCA, IOWA AND FOR UNKOWN REASONS, WENT OFF THE ROAD, HIT A BRIDGE AND CONTINUED DOWN TO THE AREA BELOW THE BRIDGE AND CAUGHT FIRE. THE ENTIRE LOAD WAS LOST, THE TRACTOR AND TRAILER DESTROYED AND BOTH DRIVERS KILLED ON IMPACT. THE LOAD WAS HOUSEHOLD PRODUCTS AND VARIOUS HAZARDOUS MATERIALS. A CONTRACTOR WAS HIRED TO PERFORM CLEAN UP ACTIVITIES AT THE SITE AND THIS IS BEING MONITORED BY THE STATE AS IOWA. THE ACCIDENT WAS NOT CAUSED BY THE HAZARDOUS MATERIALS, BUT RATHER TO ACCIDENT CAUSED THE HAZARDOUS MATERIALS TO BE RELEASED. OUR INVESTIGATION OF THE ACCIDENT IS CONTINUING.

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:	STEVEN FIELD
Contact's Title:	SAFETY SUPERVISOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	417-866-0001
Fax Number:	
Hazmat Registration Number:	
Date:	05/08/2000
Preparer is:	