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-2019070296
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2019

4. Time of Incident (use 24-hour time):
10:55

5. Enter National Response Center Report Number (if applicable):
1248549

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

7. Location of Incident:
City: HAMEL
County: MADISON
State: IL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
IL 140 & Il 157

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PDC SERVICES INC.
Street: 1113 N SWORDS AVE
City: PEORIA
State: IL
Zip Code: 61604
Federal DOT Id Number: 178551
Hazmat Registration Number: 052819550211B

11. Shipper/Offeror:
Name: ALTON STEEL INC.
Street: 5 CUT ST
City: ALTON
State: IL
Zip Code: 62002
Waybill/Shipping Paper: 100013958
Hazmat Registration Number:

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

13. Destination:
Street: 4349 W SOUTHPORT RD
City: PEORIA
State: IL
Zip Code: 61615

14. Proper Shipping Name of Hazardous Material: HAZARDOUS WASTE, SOLID, N.O.S.

15. Technical/Trade Name: EAF DUST

16. Hazardous Class/Division: Miscellaneous Hazardous Material

17. Identification Number: (E.g. UN2764, NA 2020) NA3077

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 2320 Solid - Pound

20. Was the material shipped as a hazardous waste? True
If yes, provide the EPA Manifest Number: 100013958

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

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

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Other, DUMP TRAILER

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: - 110-Cover
How Failed: - 310-Ripped or Torn
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN
(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:	Aluminum	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:	48000 Solid - Pound	Package Capacity:	
Amount in Package:	45760 Solid - Pound	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	EAST	Manufacture Date:	07/01/1993
Serial Number:	1E1F9U283RRG1517	Last Test Date:	
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	(if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)		
Head Thickness:	(if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type:
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

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

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

Fire/EMS Report #: True H-2019-0597
Police Report #: False
In-house cleanup: False
Other Cleanup: False

32. Damages Was the total damage cost more than $500? False

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

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

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

Employees:	
Responders:	
General Public:	

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many?

34. Did the hazardous material cause or contribute to personal Injury? False

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

Hospitalized (Admitted Only):

Employees:	
Responders:	
General Public:	

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	
Responders:	
General Public:	

35. Did the hazardous material cause or contribute to an evacuation? False

If yes, provide the following information:

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

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

If yes, how many? 8

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

If yes, provide the following information:

Estimated speed (mph):	
Weather conditions:	
Vehicle overturned?	
Vehicle left roadway/track?	

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- Shipment had not been transported
- Transported by air (first flight)
- Transport by air (subsequent flights)
- Initial transport by highway to cargo facility
- Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

PDC IS STILL INVESTIGATING TO DETERMINE THE ROOT CAUSE OF THE K061 SPILL INCIDENT. THE DRIVER CLAIMS HE DETECTED A MOTORCYCLE OUT OF THE CORNER OF HIS EYE AND BELIEVED IT WAS APPROACHING HIS LINE OF TRAVEL QUICKLY, WHICH REQUIRED THAT HE SUDDENLY AND FORCEFULLY ACTIVATE HIS BRAKES. THE PDC HEALTH AND SAFETY DEPARTMENT AND HUMAN RESOURCES DEPARTMENT ARE REVIEWING ALL THE PERTINENT FACTS, AS WELL AS A VIDEO OF THE INCIDENT, TO ASSESS THE POTENTIAL ROOT CAUSE(S) OF THE INCIDENT. THE DRIVER HAS BEEN SUSPENDED FROM WORK WITHOUT ANY PAY SINCE JUNE 13, 2019, AS PDC CONDUCTS ITS INVESTIGATION TO DETERMINE THE ROOT CAUSE OF THE INCIDENT, AND WHAT DISCIPLINARY ACTION IS APPROPRIATE, IF ANY.

PROXIMATE CAUSES OF THE INCIDENT INCLUDE: THE TRUCK DRIVER ACTIVATING HIS BRAKES ABRUPTLY AS HE NEARED THE INTERSECTION WHERE THE SPILL OCCURRED; THE BRAKES PERFORMING AS DESIGNED AND ABRUPTLY STOPPING THE TRACTOR TRAILER COMBINATION; THE ABRUPT STOP CAUSING THE K061 CONTAINED IN THE TRAILER TO SHIFT FORWARD TOWARD THE FRONT OF THE TRAILER; THE VELOCITY OF THE SHIFTING K061 CARRYING IT UP THE FRONT WALL OF THE TRAILER WITH ENOUGH FORCE TO CAUSE A TEAR IN THE WELL-SECURED TARPAULIN; AND A QUANTITY OF THE KO61 EXITING THROUGH THE TEAR AND LANDING ON THE PAVEMENT WITHIN THE INTERSECTION. TO COMPOUND THE SITUATION, THE DRIVER DID NOT FOLLOW HIS TRAINING AFTER THE SPILL OCCURRED, WHICH ALLOWED VEHICLES TO DRIVE THROUGH THE SPILLED MATERIAL.

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:

THE PDC HEALTH AND SAFETY DEPARTMENT IS ALREADY MODIFYING THE CONTENT OF THE PDC DRIVER TRAINING TO MAKE THE PROCEDURES DISCUSSED ABOVE MORE EXPLICIT AND ROBUST. SPECIFICALLY, THE PERTINENT SECTIONS OF THE TRAINING DOCUMENTS THAT INSTRUCT DRIVERS TO USE THEIR TRUCK AS A BARRICADE AFTER A SPILL, AND TO PREVENT VEHICLE TRAFFIC THROUGH THE SPILLED MATERIAL, WILL BE PRESENTED WITH GREATER EMPHASIS AND DETAIL. EVENTUALLY AND ON THE EARLIEST POSSIBLE DATE AFTER THE ENTIRELY OF THE CONSEQUENCES AND TOTAL COST OF THIS INCIDENT ARE KNOWN, THEY WILL BE INCLUDED IN THE TRAINING MATERIALS AS EXAMPLES OF THE IMPORTANCE OF THE DRIVER'S ACTIONS AFTER A SPILL. PUT SIMPLY, PDC WILL DO EVERYTHING POSSIBLE TO USE THIS INCIDENT AS A TOOL TO IMPROVE FUTURE DRIVER TRAINING AND RESPONSE TO ANY SIMILAR INCIDENTS.

PART VIII – CONTACT INFORMATION

Contact's Name:	KEVIN COULTER
Contact's Title:	TRANSPORTATION MANAGER
Business Name and Address:	PDC SERVICES INC. 1113 N SWORDS AVE PEORIA IL 61604
E-mail Address:	KCOULTER@PDCAREA.COM
Telephone Number:	309-674-5176
Fax Number:	309-674-9096
Hazmat Registration Number:	
Date:	07/29/2019
Preparer is:	Carrier

07/01/1993