



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-2007040440
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 02/02/2007
4. Time of Incident (use 24-hour time): 09:30
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: County: LAPORTE State: IN
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
U.S. 30 & STATE ROUTE 39
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HENIFF TRANSPORTATION SYSTEMS, INC
Street: 5240 W 123RD PLACE
City: ALSIP State: IL
Zip Code: 60803
Federal DOT Id Number: 759493 Hazmat Registration Number: 06070655106700
11. Shipper/Officer:
Name: ROWELL CHEMICAL
Street: 15 SALT CREEK LANE SUITE 205
City: NAPERVILLE State: IL
Zip Code: 60540
Waybill/Shipping Paper: 701838 Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 10100 SOUTH ARCHER AVE
City: WILLOW SPRINGS State: IL
Zip Code: 60480
13. Destination:
Street: 1430 WESTERN AVE
City: PLYMOUTH State: IN
Zip Code: 46563
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name: CAUSTIC SODA
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 45000 Liquid - Pound

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

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

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

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Cargo Tank Motor Vehicle (CTMV)

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 150-Tank Shell
How Failed: - 309-Punctured
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.

Identification Markings: MC307S.S.

(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: Material of Construction: Head Type (Drums only):	Packaging Type: Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Package Capacity: 6900 Liquid - Gallon Amount in Package: 3600 Liquid - Gallon Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:

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

Manufacturer: STE	Manufacture Date: 10/01/1986
Serial Number: 159T94227H001703	Last Test Date: 12/21/2006
Material of Construction: STAINLESS STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure: 25 (if Tank Car, CTMV, Portable Tank)	
Shell Thickness: 0.1 INCH (if Tank Car, CTMV, Portable Tank)	
Head Thickness: 0.121 INCH (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: | True |
| - No Release: | False | | |

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

- Fire/EMS Report #: False
Police Report #: True 2007-02-008
In-house cleanup: False
Other Cleanup: False

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: \$ 4,500.00
Carrier Damage: \$ 90,000.00
Property Damage: \$ 5,000.00
Response Cost: \$ 3,000.00
Remediation/Cleanup Cost: \$ 80,000.00
(See damage definitions in the instructions)

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

False

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

Employees: 0
Responders: 0
General Public: 0

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

True

If yes, how many? 1

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

True

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

Hospitalized (Admitted Only):

Employees: 1
Responders: 3
General Public: 1

Non-Hospitalized:

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

Employees: 0
Responders: 0
General Public: 0

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

False

If yes, provide the following information:

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

36. Was a major transportation artery or facility closed?

True

If yes, how many? 5

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

True

If yes, provide the following information:

Estimated speed (mph): 55
Weather conditions: CLEAR/COLD
Vehicle overturned? True
Vehicle left roadway/track? False

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:

VEHICLE COLLISION WHICH RESULTED IN ROLLOVER OF DESCRIBED VEHICLE. POLICE AND FIRE DEPARTMENTS HAD RESPONDED, WHILE OUR OFFICE NOTIFIED HAZMAT CLEAN UP (HMHTTC). STATE OF INDIANA (EPA). HAZMAT OFFICERS, SHIPPER, INSURANCE COMPANY AND OTHER OFFICIALS.

TANKER (PACKAGE) FAILURE WAS CAUSED BY A PUNCHER OF SHELL-APPARENTLY A SIGN OR GUARD RAIL-SEE PHOTOS #55 & 56. PUNIHIER IS LOCATED ON CURBSIDE OF FRONT HEAD. APPROXIMATELY 1.6 FEET FROM TOP OF UNIT 2 FEET LONG 5 INCHES WIDE.

DURATIONS OF THE RELEASE IS ESTIMATED AT APPROXIMATELY 10 MINUTES ROADWAY WAS CLOSED UNTIL HAZMAT TEAM ARRIVED ON LOCATION.

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:

RE-ENFORCE SAFETY TRAINING FOR ALL DRIVERS INCLUDING DRIVING WHILE DISTRACTED. REVIEW POLICIES AND PROCEDURES AND CONTINUED TRAINING.

PART VIII - CONTACT INFORMATION

Contact's Name: KENNETH E PATE
Contact's Title: VICE PRESIDENT RISK
Business Name and Address: HENIFF TRANSPORTATION SYSTEMS INC.

E-mail Address: KPATE@HENIFF.COM
Telephone Number: 708-489-3592
Fax Number: 708-489-3597
Hazmat Registration Number:
Date: 04/09/2007
Preparer is: Carrier

10/01/1986