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-2018010071
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/13/2017

4. Time of Incident (use 24-hour time):
13:45

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: PEMBROKE
County: CHRISTIAN
State: KY
Zip Code: (if known): 42266
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2675 PEMBROKE OAK GROVE RD

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: ECO-ENERGY
Street: 6100 TOWER CIRCLE, SUITE 500
City: FRANKLIN
State: TN
Zip Code: 37067
Federal DOT Id Number: 2257271
Hazmat Registration Number:

11. Shipper/Offeror:
Name: ECO-ENERGY
Street: 6100 TOWER CIRCLE, SUITE 500
City: FRANKLIN
State: TN
Zip Code: 37067
Waybill/Shipping Paper: 8492865
Hazmat Registration Number: 062017550042Z

12. Origin (if different from shipper address)
Street: 4895 PEMBROKE ROAD
City: HOPKINSVILLE
State: KY
Zip Code: 42241

13. Destination:
Street: 720 S. SECOND STREET
City: NASHVILLE
State: TN
Zip Code: 37213

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

15. Technical/Trade Name: DENATURED ALCOHOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

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

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 5800 Liquid - Gallon

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

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

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

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

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

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

What Failed: - 150-Tank Shell
How Failed: - 305-Crushed
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406
(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:	9200 Liquid - Gallon	Package Capacity:	
Amount in Package:	8009 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	HEIL	Manufacture Date:	01/01/2012
Serial Number:	7H7762	Last Test Date:	10/20/2017
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)		
Head Thickness:	(if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

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

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

PART IV – CONSEQUENCES

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

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

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

Fire/EMS Report #: False
Police Report #: True 72113252
In-house cleanup: True
Other Cleanup: True

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

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

Material Loss:	$ 12,174.00
Carrier Damage:	$ 185,439.00
Property Damage:	$ 0.00
Response Cost:	$ 18,943.00
Remediation/Cleanup Cost:	$ 28,720.00

(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? False

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

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, provide the following information:

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

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

If yes, how many? 6

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

If yes, provide the following information:

Estimated speed (mph):	60
Weather conditions:	CLEAR
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:

PER THE CHRISTIAN COUNTY SHERIFF REPORT (72113252): UNIT WAS TRAVELING SOUTHBOUND ON PEMBROKE OAK GROVE RD. JUST NORTH OF 2675 PEMBROKE OAK GROVE RD., FOR AN UNKNOWN REASON, THE RIGHT FRONT WHEEL DROPPED OFF OF THE RIGHT SHOULDER OF THE ROADWAY. THE DRIVER ATTEMPTED TO STEER THE VEHICLE BACK ONTO THE ROADWAY BY TURNING LEFT. UNIT 1 WAS ABLE TO COME BACK ONTO THE ROADWAY BUT HAD BEEN OVER CORRECTED BY THE DRIVER. UNIT BEGAN TO SKID SIDEWAYS TO THE LEFT CAUSING THE FUEL IN THE TANKER TO SHIFT. THE WEIGHT OF THE FUEL THEN CAUSE THE TRAILER TO FLIP OVER ON THE RIGHT SIDE, BRING THE TRUCK WITH IT. THE TRUCK TRAILER FLIPPED ONTO THE RIGHT SIDE, SLID APPROXIMATELY 28 FEET, FLIPPED OVER AND SLID FOR ANOTHER APPROXIMATE 38 FEET WHERE IT CAME TO REST ON ITS ROOM. THE CONTENTS OF THE TANKER BEGAN SPILLING OUT ONTO THE ROADWAY. THE DRIVER WAS PULLED FROM THE WRECKAGE BY SOME FARMERS THAT WERE IN THE AREA. FIRST RESPONDERS ARRIVED ON SCENE AND SPOKE BRIEFLY TO THE DRIVER WHO STATED HE COULD NOT REMEMBER WHAT HAPPENED. THE DRIVER WAS COMPLAINING OF PAIN TO HIS HEAD, RIGHT LEG, AND CHEST. THE DRIVER WAS FLOWN FROM THE SCENE BY LIFE FLIGHT TO TRISTAR SKYLINE MEDICAL CENTER IN NASHVILLE, TN. CHRISTIAN COUNTY EMERGENCY MANAGEMENT WAS CONTACTED IN REFERENCE TO THE FUEL SPILL WHO THEN CONTACTED THE ENVIRONMENTAL PROTECTION AGENCY. JONE'S BROTHER TOWING WAS CONTACTED PER EMERGENCY MANAGEMENT AS THEY ARE CERTIFIED FOR HAZARDOUS MATERIAL TOWING. PER THE EPA REPRESENTATIVE, A SECOND TANKED WAS BROUGHT TO THE SCENE TO OFFLOAD ALL REMAINING FUEL FROM UNIT. JONE'S BROTHERS TOWED UNIT 1, WAS IN CHARGE OF THE SECURE IT FOR AN INSPECTION BY KENTUCKY VEHICLE ENFORCEMENT. ECO ENERGY, THE OWNER OF UNIT 1, WAS IN CHARGE OF THE HAZMAT CLEANUP AND COORDINATED THE CLEANUP EFFORTS UNTIL THE HAZARDOUS MATERIAL WAS REMOVED. JUST BEFORE CLEARING THE SCENE I (SGT. MEACHAM) WAS INFORMED BY A REPRESENTATIVE OF ECO ENERGY THAT THE DRIVER HAD DIED FROM INJURIES.

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:

AFTER THE EVENT SEVERAL MEMBERS OF THE ECO ENERGY TEAM CONVENED TO DISCUSS PREVENTION MEASURES. ONE OF OUR HIGHEST PRIORITIES FOR PREVENTING FUTURE OCCURRENCES OF THIS NATURE IS TO CREATE AND DISTRIBUTE A LIST OF RESTRICTED ROADS WHICH WE DEEM UNSAFE FOR OUR DRIVERS. HIGHWAY 115 IS TWO-LANE, WITH CURVES AND SMALL DITCHES ON EITHER SIDE OF THE ROADS FOR SEVERAL INTERMITTENT STRETCHES. WE WILL POLL OUR DRIVERS NATIONWIDE ASKING FOR ROADS THEY SUGGEST WE RESTRICT, THEN CIRCULATE THE RESTRICTED ROADS LIST AND RECIRCULATE IT QUARTERLY. WE BELIEVE THIS PRACTICE OF POLLING FOR AND COMMUNICATING RESTRICTED ROADS BASED ON THE SPECIAL DIFFICULTIES THE POSE TO DRIVERS OPERATING TRANSPORT EQUIPMENT USED IN OUR LINE OF BUSINESS COULD BE DUPLICATED BEYOND ECO ENERGY. IN ADDITION TO A RESTRICTED ROADS INVENTORY, WE WILL PREPARE AN UPDATED TRAINING ON LOAD SHIFTING AND OVER-CORRECTION FOR DISSEMINATION QUARTER 1 OF 2018.

PART VIII – CONTACT INFORMATION

Contact's Name:	MORGAN GREENWOOD
Contact's Title:	ENVIRONMENTAL & SAFETY MANAGER
Business Name and Address:	ECO-ENERGY
	6100 TOWER CIRCLE, SUITE 500 FRANKLIN TN 37067
E-mail Address:	MORGANG@ECO-ENERGY.COM
Telephone Number:	615 721 7002
Fax Number:	
Hazmat Registration Number:	
Date:	
Preparer is:	Carrier

01/01/2012