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: E-2020120392
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/20/2020

4. Time of Incident (use 24-hour time):
18:16

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: YUKON
County: CANADIAN
State: OK
Zip Code: (if known): 73099
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
13300 NW Expressway

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: BEVTECH, INC.
Street: 204 N LINK LN STE 2
City: FORT COLLINS
State: CO
Zip Code: 80524-2742
Federal DOT Id Number: 2089348
Hazmat Registration Number: 052220550052C

11. Shipper/Offeror:

Name: BEVTECH, INC.
Street: 204 N LINK LN STE 2
City: FORT COLLINS
State: CO
Zip Code: 80524-2742
Waybill/Shipping Paper: 11-20Wilson.106
Hazmat Registration Number: 052220550052C

12. Origin (if different from shipper address)

Street: 10805 N. Garrett Drive
City: OKLAHOMA CITY
State: OK
Zip Code: 73114

13. Destination:

Street: 10805 N. Garnett Dr.
City: OKLAHOMA CITY
State: OK
Zip Code: 73114

14. Proper Shipping Name of Hazardous Material: CARBON DIOXIDE, REFRIGERATED LIQUID

15. Technical/Trade Name: Carbon Dioxide, Refrigerated Liquid

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN2187

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 1640 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? 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: - 141-Piping or Fittings
How Failed: - 310-Ripped or Torn
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: MC331
(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:	1000 Liquid - Gallon	Package Capacity:	
Amount in Package:	5000 Liquid - 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:	Westmor	Manufacture Date:	03/21/2014
Serial Number:	11142967	Last Test Date:	09/14/2020
Material of Construction:	Steel, SA516-70N, SA612N (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	350 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.5 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.41 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:	False	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	True	20073460-000
Police Report #:	True	20-89092
In-house cleanup:	False	
Other Cleanup:	True	

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

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

Material Loss:	$ 1,700.00
Carrier Damage:	$ 97,373.00
Property Damage:	$ 0.00
Response Cost:	$ 29,398.00
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? 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):	68
Weather conditions:	Clear
Vehicle overturned?	True
Vehicle left roadway/track?	True

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

38. Was the shipment on a passenger aircraft?

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

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

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

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

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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

Describe:

Driver reportedly coughed to clear throat. The cough was so hard that for a short period they couldn't see road and felt the vehicle drifting. Driver over corrected and rolled the vehicle. Ended upside down, driver felt for seatbelt and dropped down. Pain in right pec and neck. A witness called for emergency responders.

The 1000gal cargo tank separated from the vehicle during the roll over. Pressure change resulted in the laden product rapidly flashing into dry ice with trace vapors escaping from the exposed piping/ports. Fire department applied a wet patch over the tank leaving at least 1 port able to depressurize the vessel. Sealing the cargo tank from venting would create a greater potential of danger. The dry ice slowly continued to exhaust from the tank within possession of the remediation group that recovered and stored it - duration unknown. Oklahoma Department of Environmental Quality (DEQ) representative arrived on scene to assess - no dangers or adverse environmental effects, and ensured fuel spill was arranged.

Driver was coherent with emergency responders and taken to the hospital as a direct result of the vehicle roll. Fire department used the emergency response hotline from the driver's manifest. Company operations and safety officials coordinated with all emergency responders, remediation, state environmental. The tank and vehicle were cleared from the scene. PD Officer confirmed that the road closures were NOT due to the hazardous materials, rather the vehicle and tank blocking traffic. The driver was verified to be current in their DOT physical and hours of service limitations at the time of incident.

Note: Fuel clean-up costs are combined into response total in this report based on the environmental services company invoice.

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:

NO COMMENTS PROVIDED.

PART VIII – CONTACT INFORMATION

Contact's Name:	Andrew Petray
Contact's Title:	Director of Safety, Compliance & Quality
Business Name and Address:	BEVTECH, INC. 204 N LINK LN STE 2 FORT COLLINS CO 80524-2742
E-mail Address:	apetray@greenco2systems.com
Telephone Number:	970-657-5935
Fax Number:	
Hazmat Registration Number:	052220550052C
Date:	12/18/2020
Preparer is:	Carrier

03/21/2014