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-2026070401
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/07/2026

4. Time of Incident (use 24-hour time):
10:00

5. Enter National Response Center Report Number (if applicable):
1467218

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

7. Location of Incident:
City: ALTAIR
County: COLORADO
State: TX
Zip Code: (if known): 77412
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
6254 Hwy 71

8. Mode of Transportation: Highway

9. Transportation Phase: Loading

10. Carrier/Reporter:
Name: US ECOLOGY TRANSPORTATION SOLUTIONS, INC.
Street: 36345 VAN BORN RD STE A
City: ROMULUS
State: MI
Zip Code: 48174-4057
Federal DOT Id Number: 3224674
Hazmat Registration Number:

11. Shipper/Offeror:
Name: Kurre Holdings Altair, LLC
Street: 6254 Hwy 71
City: Altair
State: TX
Zip Code: 77412
Waybill/Shipping Paper: 81502
Hazmat Registration Number:

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

13. Destination:
Street: 26400 Wilbur Rd.
City: WINNIE
State: TX
Zip Code: 77665

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

15. Technical/Trade Name: unknown caustic material

16. Hazardous Class/Division: Corrosive Material

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

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 3000 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? True

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: - 303-Burst or Ruptured
Causes of Failure: - Human Error

26a. Provide the packaging identification markings, if available.
Identification Markings: Non-Spec Cargo Tank Motor Vehicle
(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:	3000 Liquid - Gallon	Package Capacity:
Amount in Package:	3000 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:	Dragon	Manufacture Date:
Serial Number:	1UNST4224NS17443	Last Test Date:
Material of Construction:	Aluminum (if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	15 PSI (if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	1.25 INCH (if Tank Car, CTMV, Portable Tank)	
Head Thickness:	0.375 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:
Activity:
Critical Safety Index:
Transport Index:

PART IV – CONSEQUENCES

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

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

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

Fire/EMS Report #: False
Police Report #:
In-house cleanup: True
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:	$ 0.00
Carrier Damage:	$ 200,000.00
Property Damage:	$ 0.00
Response Cost:	$ 78,000.00
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? 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:

Our driver was vacuuming(loading) liquids from totes (IBCs) stored onsite into a non-spec cargo tank. The liquids were represented as not hazardous and the totes did not have any hazard communication on them. An equipment operator employed by the shipper was selecting totes to be vacuumed. Our driver noticed a yellow gas release from the cargo tank during vacuuming and proceeded to shelter in place in the cab of the vehicle. The cargo tank ruptured and released its contents. The exact hazardous materials basic description of the materials in the involved IBCs is unknown. Based on field testing of residue remaining in the IBCs by the emergency response team and very limited laboratory testing, it was found that one IBC was caustic, one IBC was acidic, and several IBCs had oxidizing properties. Colorado County (TX) Emergency Management and local EMS responded out of caution but did not take a formal report. The National Response Center was notified and a report was filed with the Texas Commission on Environmental Quality the day of the incident. Our company dispatched emergency response services to respond to the incident.

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:

Train drivers to exercise their Stop Work Authority when no hazard communication exists and a detailed inventory has not been provided. This step ensures that our management and the shipper can be consulted to ensure the nature of materials are communicated and understood sufficiently.

PART VIII – CONTACT INFORMATION

Contact's Name:	Edward Briseno
Contact's Title:	Area Transportation Compliance Manager
Business Name and Address:	Edward Briseno 10613 W Sam Houston Pkwy N. Houston TX 77064
E-mail Address:	ebriseno@republicservices.com
Telephone Number:	(817)721-5811
Fax Number:	
Hazmat Registration Number:	
Date:	07/15/2026
Preparer is:	Carrier