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-2015020495
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/15/2014

4. Time of Incident (use 24-hour time):
10:32

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: AKRON
County: WASHINGTON
State: CO
Zip Code: (if known): 80720
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
CO HWY34 & Washington CO RD DD

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: Valley Equipment Leasing, Inc.
Street: 6395 E 58th Ave
City: Commerce City
State: CO
Zip Code: 80022
Federal DOT Id Number: 83-0290576
Hazmat Registration Number: 060314557015WY

11. Shipper/Offeror:

Name: Yuma Ethanol LLC
Street: 38480 County Rd H
City: Yuma
State: CO
Zip Code: 80759
Waybill/Shipping Paper: 36610
Hazmat Registration Number: 062613553036VX

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 1004 South Santa Fe
City: Fountain
State: CO
Zip Code: 80817

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

15. Technical/Trade Name: Ethanol

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) 350 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: - 115-Discharge Valve or Coupling
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 407
(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:	11000 Liquid - Gallon	Package Capacity:	
Amount in Package:	9222 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:	Polar	Manufacture Date:	12/07/2007
Serial Number:	1PMA344268203339	Last Test Date:	12/27/2013
Material of Construction:	Aluminum (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	25 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.221 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.233 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:	False
- No Release:	False		

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

Fire/EMS Report #:	False
Police Report #:	False
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:	$ 595.00
Carrier Damage:	$ 49,987.00
Property Damage:	$ 0.00
Response Cost:	$ 3,387.00
Remediation/Cleanup Cost:	$ 7,897.00

(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? False

If yes, how many? 0

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

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

If yes, how many? 0

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

If yes, provide the following information:

Estimated speed (mph):	15
Weather conditions:	Snowy and Icy
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 was headed west on CO HWY 34 approaching Akron, CO. The road ahead had just been closed due to numerous accidents (it was snowy and icy). The Akron fire department was diverting vehicles off the HWY at Road DD. As the driver was making a right hand turn onto a road that hadn't been plowed the turn was misjudged and the trailer tires caught the edge of the adjacent ditch and were pulled into the ditch. This caused the tractor to come to a stop and it was pulled into the ditch by the trailer resulting in an overturn. The tractor and trailer ended up on their right hand side. The drive was not injured, he was checked over on site by the local fire department and dismissed. As a result of the rollover, the outlet valve was broken off and due to the tank being on it's side the fire valve was slightly dislodged resulting in a small leak. An emergency response team was called in to cut a hole in the side of the trailer so that the load could be pumped to another trailer. Due to the weather and closed roads this took several hours to complete. The leak continued for approximately 9 hours and approximately 300-350 gallons of ethanol were lost into the ditch. The remediation company is working on the cleanup process and have been delayed by the ever changing weather and will be completed as soon as safely possible.

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:

This is primarily due to being in the wrong place at the wrong time and driver error. Had the road ahead not been closed, traffic would not have been diverted onto road DD, and the accident would not have taken place. We constantly stress safety and continued training takes place monthly for our drivers. The involved driver had been advised to be more conscious of the environment and ever changing situation and off tracking of trailers.

PART VIII – CONTACT INFORMATION

Contact's Name:	Mark Dhority
Contact's Title:	Safety Manager
Business Name and Address:	Valley Equipment Leasing, Inc. 6395 E 58th Ave Commerce City CO 80022
E-mail Address:	markd@valleyequipmentleasing.com
Telephone Number:	303-293-0077
Fax Number:	303-293-3117
Hazmat Registration Number:	
Date:	02/23/2015
Preparer is:	Carrier

12/07/2007