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-2012080358
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/14/2012

4. Time of Incident (use 24-hour time):
01:37

5. Enter National Response Center Report Number (if applicable):
1017727

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

7. Location of Incident:
City: LEAWOOD
County: JOHNSON
State: KS
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
STATELINE RD & W/B I-435

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CARTER ENERGY CORPORATION
Street: 6000 METCALF AVE STE 200
City: Overland Park
State: KS
Zip Code: 66202-2353
Federal DOT Id Number: 276976
Hazmat Registration Number: 051812560017U

11. Shipper/Offeror:
Name: CARTER ENERGY CORPORATION
Street: 6000 METCALF AVE STE 200
City: OVERLAND PARK
State: KS
Zip Code: 66202-2353
Waybill/Shipping Paper: 0192522
Hazmat Registration Number: 051812560017U

12. Origin (if different from shipper address)
Street: 1000 N. STERLING
City: SUGAR CREEK
State: MO
Zip Code: 64054

13. Destination:
Street: 25500 OLD KANSAS CITY ROAD
City: SPRING HILL
State: KS
Zip Code: 66083

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: DIESEL FUEL #2 LOW SULFUR

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 2050 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: - 110-Cover; 150-Tank Shell
How Failed: - 308-Leaked; 309-Punctured
Causes of Failure: - Rollover Accident; Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406 AL HIGHWAY
(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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

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

Manufacturer:	HEIL	Manufacture Date:	07/01/2003
Serial Number:	X47A67433	Last Test Date:	11/30/2011
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.173 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.173 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 #:	True	12-196003
Police Report #:	True	12-49300
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:	$ 7,200.00
Carrier Damage:	$ 128,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 100,000.00

(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? 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:	
Total number of employees evacuated:	
Total evacuated:	
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):	65
Weather conditions:	DRY/NIGHT
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:

A SEMI-TRACTOR PULLING A TRANSPORT TANKER CARRYING 5500 GALLONS OF GASOLINE WITH 10% ETHANOL AND 2000 GALLONS OF #2 DIESEL FUEL WAS TRAVELING WESTBOUND ON INTERSTATE 435 IN KANSAS CITY MO AT APPX 1:36AM ON 7/14/12. AS HE APPROACHED THE OVERPASS FOR STATELINE ROAD SEPARATING MISSOURI AND KANSAS HE LOST CONTROL OF HIS TRACTOR AND STRUCK THE METAL GUARDRAIL WITH THE PASSENGER SIDE OF HIS TRACTOR AND TRAILER. HE CONTINUED ACROSS THE OVERPASS AND AFTER CLEARING THE BRIDGE THE TRACTOR THEN PULLED TO THE RIGHT AND THE TRACTOR TRAILER LEFT THE ROADWAY TRAVELED DOWN AN EMBANKMENT AND OVERTURNED. ANOTHER VEHICLE TRAVELING WB ON INTERSTATE 435 STOPPED AND CALLED 911 TO REPORT THE ACCIDENT. POLICE OFFICERS FROM LEAWOOD KS WERE DISPATCHED AND ARRIVED ON SCENE AT APPX 1:39AM AND FOUND THE DRIVER HAD BEEN THROWN FROM THE TRACTOR CABE AND WAS LYING NEXT TO THE TRACTOR WHICH HAD SEPARTATED FROM THE TRAILER. THEY REMOVED HIM FROM THE AREA AND WAITED FOR LEAWOOD KANSAS FD PERSONAL WHICH ARRIVED AT APPX 1:43AM. LEAWOOD FD PROVIDE ON-SCENE MEDICAL TREATMENT AND TRANSPORTED THE INJURED DRIVER TO OVERLAND PARK KANSAS REGIONAL MEDICAL CENTER. LEAWOOD FD IDENTIFIED FUEL LEAKING FROM THE #3 COMPARTMENT ON THE TRAILER (LAYING ON ITS PASSENGER SIDE) COMING FROM THE TOP HATCH AND ALSO FROM THE TRACTORS RUPTURED SADDLE TANK (LAYING ON ITS DRIVER SIDE). THEY PLACED ABSORBENT BOOMS DOWN HILL FROM THE TRAILER AND THE TRACTOR. HAZMAT RESPONSE OF OLATHE KS WAS CONTRACTED BY CARTER ENERGY TO CUT HOLES IN EACH OF THE 4 TRAILER COMPARTMENTS TO REMOVE THE FUEL (STARTING WITH COMPARTMENT #3). PUMP OUT STARTED AT 7AM. CREWS FOUND THAT THE FRONT END OF THE #1 COMPARTMENT HAD SPLIT (UNSEEN FROM OUTSIDE) LOSS OF APPX 1975G OF DF. PUMP OUT CONCLUDED AT 8:45AM. JOHNSON COUNTY ENVIRONMENTAL DIRECTED CARTER ENERGY TO BEGIN SITE REMEDIATION EFFORTS IMMEDIATELY WHICH INCLUDED SOIL CONTAMINATION REMOVAL, DISPOSAL, TESTING AND FINALLY REFILL/OVERSEEDING BY HAZMAT RESPONSE INC. JOHNSON COUNTY ENVIRONMENTAL AND KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT HAVE OVERSEEN THE REMEDIATIOIN PROJECT. ESTIMATED COMPLETION DATE IS 8/15/12

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:

PROVIDE REFRESHER TRAINING WITH ALL DRIVERS USING SMITH SYSTEMS DEFENSIVE DRIVER TRAINING. USE OF THE 5 KEYS:

1. AIM HIGH IN STEERING 2. GET THE BIG PICTURE 3. KEEP YOUR EYES MOVING 4. LEAVE YOURSELF AN OUT 5. MAKE SURE THEY SEE YOU.

CONTINUE TO MONITOR ALL DRIVERS PERFORMANCE USING (MOBIUS ON BOARD COMPUTER SYSTEMS) AND UTILIZE THE (DRIVER ALERT HIGHWAY MONITORING PROGRAM).

CONTINUE TO CONDUCT ON-SITE VEHICLE INSPECTION BY MANAGEMENT TO ENSURE ALL EQUIPMENT IS BEING MAINTAINED PROPERLY IN ACCORDANCE WITH FMCSA REGULATIONS.

SEEK OPPORTUNITIES FROM THE MO TRUCKING ASSOCIATION AND MO DOT TO HAVE ADDITIONAL ON-SITE SAFETY TRAINING WITH DRIVERS REGARDING THE TRANSPORTATION AND HANDLING OF BULK FUELS.

EVALUATE THE POSSIBLITY OF USING IN-CAB AND DASH MOUNTED CAMERAS TO FURTHER ENHANCE DRIVER SAFETY PROGRAM

PART VIII – CONTACT INFORMATION

Contact's Name:	TIM SZIPPL
Contact's Title:	SAFETY MANAGER
Business Name and Address:	CARTER ENERGY CORPORATION 6000 MEFCALF LANE OVERLAND PARK KS 66202
E-mail Address:	TIM.SZIPPL@CARTERENERGY.COM
Telephone Number:	913-643-2224
Fax Number:	913-643-2356
Hazmat Registration Number:	051812560017U
Date:	08/08/2012
Preparer is:	Carrier

07/01/2003

U.S Department of Transportation
Research and Special Programs Administration

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Form Approval OMB No. 3137-0039

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INSTRUCTIONS

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PART I - REPORT TYPE

1. Incident Id: I-2012080358
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/14/2012

4. Time of Incident (use 24-hour time):
01:37

5. Enter National Response Center Report Number (if applicable):
1017727

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

7. Location of Incident:
City: LEAWOOD
County: JOHNSON
State: KS
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
STATELINE RD & W/B I-435

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CARTER ENERGY CORPORATION
Street: 6000 METCALF AVE STE 200
City: Overland Park
State: KS
Zip Code: 66202-2353
Federal DOT Id Number: 276976
Hazmat Registration Number: 051812560017U

11. Shipper/Offeror:
Name: CARTER ENERGY CORPORATION
Street: 6000 METCALF AVE STE 200
City: OVERLAND PARK
State: KS
Zip Code: 66202-2353
Waybill/Shipping Paper: 0192522
Hazmat Registration Number: 051812560017U

12. Origin (if different from shipper address)
Street: 1000 N. STERLING
City: SUGAR CREEK
State: MO
Zip Code: 64054

13. Destination:
Street: 25500 OLD KANSAS CITY ROAD
City: SPRING HILL
State: KS
Zip Code: 66083

14. Proper Shipping Name of Hazardous Material: GASOHOL GASOLINE MIXED WITH ETHYL ALCOHOL, WITH NOT MORE THAN 10% ALCOHOL

15. Technical/Trade Name: UNLEADED GASOLINE WITH 10% ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1203

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 100 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: - 110-Cover; 150-Tank Shell
How Failed: - 308-Leaked; 309-Punctured
Causes of Failure: - Rollover Accident; Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406 AL HIGHWAY
(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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

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

Manufacturer:	HEIL	Manufacture Date:	07/01/2003
Serial Number:	X47A67433	Last Test Date:	11/30/2011
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.232 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.204 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 #:	True	12-196003
Police Report #:	True	12-49300
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:	$ 7,200.00
Carrier Damage:	$ 128,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 100,000.00

(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? 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:	
Total number of employees evacuated:	
Total evacuated:	
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):	65
Weather conditions:	DRY/NIGHT
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)
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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.

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PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

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Describe:

PROVIDE REFRESHER TRAINING WITH ALL DRIVERS USING SMITH SYSTEMS DEFENSIVE DRIVER TRAINING. USE OF THE 5 KEYS:

1. AIM HIGH IN STEERING 2. GET THE BIG PICTURE 3. KEEP YOUR EYES MOVING 4. LEAVE YOURSELF AN OUT 5. MAKE SURE THEY SEE YOU.

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CONTINUE TO CONDUCT ON-SITE VEHICLE INSPECTION BY MANAGEMENT TO ENSURE ALL EQUIPMENT IS BEING MAINTAINED PROPERLY IN ACCORDANCE WITH FMCSA REGULATIONS.

SEEK OPPORTUNITIES FROM THE MO TRUCKING ASSOCIATION AND MO DOT TO HAVE ADDITIONAL ON-SITE SAFETY TRAINING WITH DRIVERS REGARDING THE TRANSPORTATION AND HANDLING OF BULK FUELS.

EVALUATE THE POSSIBLITY OF USING IN-CAB AND DASH MOUNTED CAMERAS TO FURTHER ENHANCE DRIVER SAFETY PROGRAM

PART VIII – CONTACT INFORMATION

Contact's Name:	TIM SZIPPL
Contact's Title:	SAFETY MANAGER
Business Name and Address:	CARTER ENERGY CORPORATION 6000 MEFCALF LANE OVERLAND PARK KS 66202
E-mail Address:	TIM.SZIPPL@CARTERENERGY.COM
Telephone Number:	913-643-2224
Fax Number:	913-643-2356
Hazmat Registration Number:	051812560017U
Date:	08/08/2012
Preparer is:	Carrier

07/01/2003