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-2013050209
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/02/2012

4. Time of Incident (use 24-hour time):
08:10

5. Enter National Response Center Report Number (if applicable):
1029283

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

7. Location of Incident:
City: ROCKBRIDGE
County: GREENE
State: IL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
ROCKBRIDGE RD AND COUNTRY RD 7

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: ILLINOIS VALLEY SUPPLY CO LLC
Street: 80 N MAIN ST
City: CARROLLTON
State: IL
Zip Code: 62016-1129
Federal DOT Id Number: 301329
Hazmat Registration Number: 060812551009U

11. Shipper/Offeror:
Name: ILLINOIS VALLEY SUPPLY CO LLC
Street: 80 N MAIN ST
City: CARROLLTON
State: IL
Zip Code: 62016-1129
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 80 NORTH MAIN ST
City: CARROLLTON
State: IL
Zip Code: 62016

13. Destination:
Street: 1850 SLATE ROAD
City: CHESTERFIELD
State: IL
Zip Code: 62630

14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS

15. Technical/Trade Name: ANHYDROUS AMMONIA

16. Hazardous Class/Division: Poisonous Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1005

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 4000 Gas - 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:
Cylinder

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: - 105-Bolts or Nuts
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Missing Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN
(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: Manufacture Date:
Serial Number: Last Test Date:
Material of Construction: STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: (if Tank Car, CTMV, Portable Tank)
Shell Thickness: (if Tank Car, CTMV, Portable Tank)
Head Thickness: (if Tank Car, CTMV)
Service Pressure: 270 (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:	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 049
Police Report #:	True 2012201
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:	$ 1,750.00
Carrier Damage:	$ 11,587.00
Property Damage:	$ 13,810.00
Response Cost:	$ 2,585.00
Remediation/Cleanup Cost:	$ 81,841.00

(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? True

If yes, provide the following information:

Total number of general public evacuated:	2
Total number of employees evacuated:	0
Total evacuated:	2
Duration of the evacuation:	1

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):	30
Weather conditions:	GOOD
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:

THE ILLINOIS VALLEY SUPPLY, LLC TRUCK DRIVEN BY EMPLOYEE TYLER J REICHMANN WAS PULLING TWO 1,000 GALLON NURSE TANKS SIDE BY SIDE TRAVELING EAST ON COUNTRY RD 7, WHEN THE DRIVER FELT THE TRAILER FISHTAILING AND SLOWED HIS SPEED OF ABOUT 30 MPH AND APPLIED THE BRAKES IN RESPONSE. IN THE REVIEW MIRROR, THE DRIVER SAW THE RUNNING GEAR VEER, SLIDE AROUND AND SPIN THE TRUCK INTO THE NORTH DITCH FACING THE WEST. THE REESE HITCH OF THE TRUCK HAS A PITCH PIN CLIP IN IT THAT APPARENTLY CAME OUT AND LET THE TRAILER RECEIVER DISCONNECT FROM THE TRUCK. THIS CAUSED THE NURSE TANKS TO VEER FROM DITCH TO DITCH AND RUN OVER AND TURN OVER AND BREAKING OFF THE VALVES ON ONE OF THE NURSE TANKS, ALLOWING ANYDROUS AMMONIA TO BE RELEASED INTO THE AIR. GREENFIELD FIRE DEPT ARRIVED AT SCENE AT 8.30AM AND STARTED SPRAYING THE CLOUD OF AMMONIA THAT WAS COMING FROM THE NURSE TANK THAT HAD VALVES SHEARED OFF. ASSISTANT FIRE CHIEF GARY PENCE SAID THAT HE AND OTHER FIREMEN EVACUATED TWO RESIDENCES FROM THEIR HOMES WITHIN 200 YARDS OF ANYDROUS AMMONIA RELEASE. GREEN COUNTY SHERIFF'S CHIEF DEPUTY CALE HOESMAN ARRIVED AT THE SCENE AND WAS MET ASST FIRE CHIEF GARY PENCE WHO ADVISED THE CHIEF DEPUTY OF WHAT HAD HAPPENED AND WHAT WAS BEING DONE TO CONTROL THE ANYDROUS AMMONIA RELEASE. INSPECTOR STEVE SMOTHERS FROM THE ILLINOIS DEPARTMENT OF AGRICULTURE ARRIVED AT THE SCENE AT 10.35 AM AND MET WITH ASST FIRE CHIEF GARY PENCE AND CHIEF DEPUTY CALE HOESMAN. PENCE & HOESMAN ADVISED INSPECTOR SMOTHERS ON WHAT HAD HAPPENED AND WHAT WAS BEING DONE TO CONTROL THE RELEASE OF ANHYDROUS AMMONIA. CHIEF PENCE SAID ONE NURSE TANK'S PROTECTIVE CAGE AND VALVE WERE KNOCKED OFF RELEASING ANYDROUS AMMONIA INTO THE AIR AND THE FIRE DEPARTMENT, UTILIZING SBA UNITS, WAS SPRAYING WATER ON THE NURSE TANK UNTIL THE TANK WAS EMPTY. THE SECOND TANK'S VALVES REMAINED SHUT OFF. WHILE SPRAYING WATER, THE SAFETY HOOK AND CHAIN STILL ATTACHED TO THE TRUCK WAS CUT OFF BY THE FIRE DEPARTMENT ENABLING THE TRUCK TO BE DRIVEN AWAY A SAFE DISTANCE. THE FIRE DEPARTMENT CONTINUED SPRAYING WATER ON THE LEAKING TANK UNTIL IT WAS NO LONGER RELEASING AMMONIA. THE FIRE DPARTMENT HAD CALLED DAVIS TOWING FROM CARLINVILLE WHO THEN REMOVED THE RUNNING GEAR AND TANKS BY WRECKER. THE ROCKBRIDGE-CHESTERFIELD BLACKTOP, ABOUT 1 MILE EAST OF 267 WAS CLOSED 11/2/2012 FROM 8:30 AM AND NOT REOPENED UNTIL 11/9/2012 WHEN CLEANUP WAS COMPLETED. THE AREA ON THE ROAD AND THE AREA ALONGSIDE THE ROAD HAD ANYDROUS AMMONIA SPILLED. A POND OF WATER ON THE SOUTH SIDE OF THE ROAD HAD AMMONIA RUN OFF INTO IT. ABOUT 12.00PM, IEPA ARRIVED ON THE SCENE TO ASSESS THE SITUATION AND DIRECT THE CLEANUP.

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:

1) HAVE HAD EMERGENCY PLAN MANAGEMENT GUIDE WITH HANDI-PLAN AND CONTINUE TO FOLLOW.

2) ANNUAL TRAINING WITH LOCAL FIRE DEPARTMENTS

3) REPLACED ALL "REESE" HITCHES WITH SOLID FLAT-BAR HITCHES ON ALL TOWING VEHICLES.

PART VIII – CONTACT INFORMATION

Contact's Name:	GEORGE STAPLES
Contact's Title:	OPERATIONS MANAGER
Business Name and Address:	ILLINOIS VALLEY SUPPLY 80 N MAIN ST CARROLLTON IL 62016
E-mail Address:	GEORGE.STAPLES@LIVE.COM
Telephone Number:	217-942-6691
Fax Number:	217-942-6993
Hazmat Registration Number:	060812551009U
Date:	05/09/2013
Preparer is:	Facility owner/operator