



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-2015100177
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/18/2015
4. Time of Incident (use 24-hour time): 15:38
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: LINDSAY
County: GARVIN
State: OK
Zip Code: (if known): 73052
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
SH 59 NEAR 13042 MAY AVE
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CUDD PUMPING SERVICES INC
Street: 2600 NORTH HWY 135
City: KILGORE
State: TX
Zip Code: 75662
Federal DOT Id Number: 00962805
Hazmat Registration Number: 060314556055WY
11. Shipper/Officer:
Name: CUDD PUMPING SERVICES
Street: 2600 NORTH HWY 135
City: KILGORE
State: TX
Zip Code: 75662
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 2650 VENTURE DRIVE
City: NORMAN
State: OK
Zip Code: 73069
13. Destination:
Street: 1210 SOUTH EAST 4TH STREET
City: LINDSAY
State: OK
Zip Code: 73052
14. Proper Shipping Name of Hazardous Material: CHLORITE SOLUTION
15. Technical/Trade Name: PETRO-FLO/ CAS NO. 7758-19-2; 8.35% SODIUM CHLORITE SOLUTION
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1908

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 330 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:
IBC

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: - 104-Body
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Inadequate Blocking and Bracing

26a. Provide the packaging identification markings, if available.

Identification Markings:

(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: IBC Material of Construction: Metal Head Type (Drums only):	Packaging Type: Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Package Capacity: 350 Liquid - Gallon Amount in Package: 330 Liquid - Gallon Number in Shipment: 13 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:

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

Manufacturer:	Manufacture Date:
Serial Number:	Last Test Date:
Material of Construction: (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: (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: 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: \$ 1,396.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 10,500.00
(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?

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:

THE DRIVER WAS DRIVING A TRUCK TRACTOR SEMI TRAILER (DROP DECK FLAT BED) WITH 13 IBC'S PURCHASED FROM THE MANUFACTURER IN NORMAN OK TO LINDSAY OK. APPROXIMATELY 7 MILES NORTH OF LINDSAY THE DRIVER WAS SOUTH BOUND APPROACHING THE CREST OF A HILL WHEN ANOTHER TRUCK TRACTOR FROM THE NORTH BOUND LANE ENTERED INTO THE SOUTH BOUND LANE OF AN UNDIVIDED TWO LANE HIGHWAY. TO AVOID A HEAD ON COLLISION THE DRIVER SWERVED ONTO THE UNIMPROVED SHOULDER AT WHICH TIME THE FORWARD MOST IBC ON THE PASSENGER SIDE SHIFTED LOOSE FROM ITS SECUREMENT AND SLID OFF THE FLAT BED SEMI TRAILER, HIT THE GROUND AND RUPTURED SPILLING ITS ENTIRE CONTENTS.

THE IBC AND ALL MARKING/SPECIFICATION WERE DISPOSED OF BY THE REMEDIAL CLEAN-UP COMPANY PRIOR TO REPORT COMPLETION.

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:

NONE AT THIS TIME.

PART VIII – CONTACT INFORMATION

Contact's Name:	WILLIAM SYME
Contact's Title:	TRANSPORTATION DIRECTOR
Business Name and Address:	CUDD PUMPING SERVICE INC 2600 NORTH HWY 135 KILGORE TX 75662
E-mail Address:	WSYME@CUDD.COM
Telephone Number:	903-988-2161
Fax Number:	
Hazmat Registration Number:	
Date:	09/30/2015
Preparer is:	Carrier