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-2015040190
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
02/05/2015

4. Time of Incident (use 24-hour time):
15:30

5. Enter National Response Center Report Number (if applicable):
1107437

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

7. Location of Incident:
City: GILLETT
County: KARNES
State: TX
Zip Code: (if known): 78118
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
SH80@CR282 NEAR GILLETT TX

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit Storage

10. Carrier/Reporter:
Name: TIDEPORT DISTRIBUTING, INC.
Street: 4225 RESEARCH FOREST BLVD
City: THE WOODLANDS
State: TX
Zip Code: 77381
Federal DOT Id Number: 107714
Hazmat Registration Number: 091313550016VX

11. Shipper/Offeror:
Name: LAZARUS ENERGY HOLDINGS LLC
Street: 801 TRAVIS ST SUITE 2100
City: HOUSTON
State: TX
Zip Code: 77002
Waybill/Shipping Paper: 19671
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 11372 HWY 87E
City: NIXON
State: TX
Zip Code: 78140

13. Destination:
Street: 7002 MARVIN BERRY RD
City: CORPUS CHRISTI
State: TX
Zip Code: 78409

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

15. Technical/Trade Name: NAPTHA

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1268

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 120 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: - 150-Tank Shell
How Failed: - 304-Cracked
Causes of Failure: - Vehicular Crash or Accident Damage

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:	8000 Liquid - Gallon	Package Capacity:	
Amount in Package:	7322 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:	03/01/1999
Serial Number:	1PMA34422X500189	Last Test Date:	09/01/2014
Material of Construction:	5454-H32 (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	38 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.205 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.229 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 #: True 14261611.1
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:	$ 0.00
Carrier Damage:	$ 130,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 75,000.00

(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? True

If yes, how many? 2

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

If yes, provide the following information:

Estimated speed (mph):	60
Weather conditions:	CLEAR-DRY
Vehicle overturned?	False
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:

UNIT #1 WAS TOWING UNIT #2 SOUTH ON SH 80. THERE WAS A PICKUP TRUCK TRAVELING SOUTH ON SH 80 IN FRONT OF UNIT #1. THE PICKUP TRUCK SLOWED DOWN AND SIGNALED TO MAKE A LEFT TURN ONTO CR 282. UNIT#1 DID NOT SLOW DOWN AND CLOSED IN ON THE PICKUP. WHEN THE DRIVER OF UNIT #1 FINALLY NOTICED THAT THE PICKUP WAS SLOWING DOWN, HE STEERED TO THE RIGHT. UNIT #1 AND UNIT#2 WENT ACROSS THE IMPROVED SHOULDER AND OFF THE WEST SIDE OF THE ROAD. UNIT #1 AND UNIT #2 TRAVELED THROUGH THE DITCH AND WENT OVER A CULVERT. WHEN UNIT #1 AND UNIT #2 LANDED ON THE OTHER SIDE OF THE CULVERT A HOLE WAS PUNCTURED IN UNIT #2. UNIT #1 AND UNIT #2 CAME TO A STOP FACING SOUTH IN THE DITCH. SOME OF UNIT #2'S CARGO LEAKED OUT INTO THE DITCH.

THE LEAK WAS STOPPED BY KARNES CITY FIRE DEPT AFTER APPROX 1HR. THERE WAS NO WATER IN THE DITCH SO THE PRODUCT DID NOT DISPERSE, IT SOAKED INTO THE GROUND. SWS REMOVED THE CONTAMINATED SOIL AND REPLACED IT WITH CLEAN SOIL. SWS HANDELD THE REMEDIATION OF THE CONTAMINATED SOIL.

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:

TIDEPORT HELD TRAINING SESSIONS COVERING SITUATIONAL AWARENESS WITH ALL OUR DRIVERS DURING OUR SAFETY MEETINGS ON FEB 25TH AND 28TH 2015. THE TRAINING INCLUDED LECTURES AND THE VIEWING OF THE SMITH SYSTEM VIDEO "COMPASS MANEUVERING"/

PART VIII – CONTACT INFORMATION

Contact's Name:	JAMES NAISER
Contact's Title:	SAFETY DIRECTOR
Business Name and Address:	TIDEPORT DISTRIBUTING INC
	16031 DE ZAVALLA RD CHANNELVIEW TX 77530
E-mail Address:	JNAISER@TIDEPORTDISTRIBUTINGINC
Telephone Number:	281 862 9668
Fax Number:	281 862 9674
Hazmat Registration Number:	
Date:	04/06/2015
Preparer is:	Carrier

03/01/1999