



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
04/21/2009
4. Time of Incident (use 24-hour time):
00:02
5. Enter National Response Center Report Number
(if applicable):
903302
6. If you submitted a report to another Federal DOT agency, enter
the agency and report number:
7. Location of Incident:
- City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
- Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous
Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 30 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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

Identification Markings: unknown

(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: Jerrican Material of Construction: Plastic 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: 5 Liquid - Gallon Amount in Package: 5 Liquid - Gallon Number in Shipment: 6 Number Failed: 6	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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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:	\$ 20,000.00
Carrier Damage:	\$ 80,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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?

True

If yes, how many? 3

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:	42
Total number of employees evacuated:	0
Total evacuated:	42
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 16

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

True

If yes, provide the following information:

Estimated speed (mph):	1
Weather conditions:	Heavy Fog
Vehicle overturned?	False
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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



U.S Department of Transportation
Research and Special Programs Administration

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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

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4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDRATE
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1823

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 84 Solid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Box Material of Construction: Fiberboard Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 21 Solid - Pound Amount in Package: 21 Solid - Pound Number in Shipment: 4 Number Failed: 4	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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:	\$ 20,000.00
Carrier Damage:	\$ 80,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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?

True

If yes, how many? 3

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:	42
Total number of employees evacuated:	0
Total evacuated:	42
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 16

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

True

If yes, provide the following information:

Estimated speed (mph):	1
Weather conditions:	Heavy Fog
Vehicle overturned?	False
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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

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1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
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Describe:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: HYPOCHLORITE SOLUTIONS
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1791

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 1791 Liquid - Pound
- 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:
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If yes, provide the Exemption, Approval, or CA number:
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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: Jerrican	Packaging Type:
Material of Construction: Steel	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: 298.5 Liquid - Pound	Package Capacity:
Amount in Package: 298.5 Liquid - Pound	Amount in Package:
Number in Shipment: 6	Number in Shipment:
Number Failed: 6	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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII – CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: FORMIC ACID WITH NOT LESS THAN 10% BUT NOT MORE THAN 85% ACID BY MASS
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3412

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 46 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Jerrican Material of Construction: Steel Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 46 Liquid - Pound Amount in Package: 46 Liquid - Pound Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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:	\$ 20,000.00
Carrier Damage:	\$ 80,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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?

True

If yes, how many? 3

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:	42
Total number of employees evacuated:	0
Total evacuated:	42
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 16

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

True

If yes, provide the following information:

Estimated speed (mph):	1
Weather conditions:	Heavy Fog
Vehicle overturned?	False
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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: HYPOCHLORITE SOLUTIONS
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1791

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 205 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Jerrican Material of Construction: Steel Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 51.25 Liquid - Pound Amount in Package: 51.25 Liquid - Pound Number in Shipment: 4 Number Failed: 4	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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:	\$ 20,000.00
Carrier Damage:	\$ 80,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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?

True

If yes, how many? 3

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:	42
Total number of employees evacuated:	0
Total evacuated:	42
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 16

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

True

If yes, provide the following information:

Estimated speed (mph):	1
Weather conditions:	Heavy Fog
Vehicle overturned?	False
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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 241 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Jerrican Material of Construction: Steel Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 60.25 Liquid - Pound Amount in Package: 60.25 Liquid - Pound Number in Shipment: 4 Number Failed: 4	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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:	\$ 20,000.00
Carrier Damage:	\$ 80,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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?

True

If yes, how many? 3

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:	42
Total number of employees evacuated:	0
Total evacuated:	42
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 16

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

True

If yes, provide the following information:

Estimated speed (mph):	1
Weather conditions:	Heavy Fog
Vehicle overturned?	False
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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: PHOSPHORIC ACID SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1805

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 269 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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:

Packaging Type: Box
Material of Construction: Fiberboard
Head Type (Drums only):

Single Package or Inner Packaging (if any):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 45 Liquid - Pound
Amount in Package: 45 Liquid - Pound
Number in Shipment: 6
Number Failed: 6

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:
Serial Number:
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:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: ETHANOLAMINE SOLUTIONS
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN2491

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 70 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Box Material of Construction: Fiberboard Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 35 Liquid - Pound Amount in Package: 35 Liquid - Pound Number in Shipment: 2 Number Failed: 2	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydorxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of ladings and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII – CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 0502065500190Q
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: HYPOCHLORITE SOLUTIONS
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1791

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 153 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Jerrican	Packaging Type:
Material of Construction: Steel	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: 51 Liquid - Pound	Package Capacity:
Amount in Package: 51 Liquid - Pound	Amount in Package:
Number in Shipment: 3	Number in Shipment:
Number Failed: 3	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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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Describe:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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Research and Special Programs Administration

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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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 180 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Jerrican Material of Construction: Steel Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 60 Liquid - Pound Amount in Package: 60 Liquid - Pound Number in Shipment: 3 Number Failed: 3	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: CORROSIVE SOLIDS, N.O.S.
15. Technical/Trade Name: SODIUM HYDROXIDE
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1759

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 78 Solid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Box Material of Construction: Fiberboard Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 39 Solid - Pound Amount in Package: 39 Solid - Pound Number in Shipment: 2 Number Failed: 2	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII – CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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

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1. Incident Id: E-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

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6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: HYPOCHLORITE SOLUTIONS
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1791

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 453 Liquid - Pound
- 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

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24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Drum	Packaging Type:
Material of Construction: Steel	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: 151 Liquid - Pound	Package Capacity:
Amount in Package: 151 Liquid - Pound	Amount in Package:
Number in Shipment: 3	Number in Shipment:
Number Failed: 3	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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 120 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Jerrican Material of Construction: Steel Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 60 Liquid - Pound Amount in Package: 60 Liquid - Pound Number in Shipment: 2 Number Failed: 2	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: HYPOCHLORITE SOLUTIONS
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1791

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 76 Liquid - Pound
- 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:**
Non-Bulk
- 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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Box Material of Construction: Fiberboard 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: 26 Liquid - Pound Amount in Package: 26 Liquid - Pound Number in Shipment: 3 Number Failed: 3	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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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:	\$ 20,000.00
Carrier Damage:	\$ 80,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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?

True

If yes, how many? 3

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:	42
Total number of employees evacuated:	0
Total evacuated:	42
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 16

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

True

If yes, provide the following information:

Estimated speed (mph):	1
Weather conditions:	Heavy Fog
Vehicle overturned?	False
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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII – CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLID
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1823

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 21 Solid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Box Material of Construction: Fiberboard Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 21 Solid - Pound Amount in Package: 21 Solid - Pound Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydorxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII – CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: CORROSIVE SOLIDS, N.O.S.
15. Technical/Trade Name: SODIUM HYDROXIDE
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1759

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 195 Solid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Box Material of Construction: Fiberboard Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 39 Solid - Pound Amount in Package: 39 Solid - Pound Number in Shipment: 5 Number Failed: 5	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.
15. Technical/Trade Name: SODIUM HYDROXIDE AND SODIUM HYPOCHLORITE
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3266

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 561 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Drum	Packaging Type:
Material of Construction: Steel	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: 561 Liquid - Pound	Package Capacity:
Amount in Package: 561 Liquid - Pound	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:	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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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:	\$ 20,000.00
Carrier Damage:	\$ 80,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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?

True

If yes, how many? 3

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:	42
Total number of employees evacuated:	0
Total evacuated:	42
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 16

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

True

If yes, provide the following information:

Estimated speed (mph):	1
Weather conditions:	Heavy Fog
Vehicle overturned?	False
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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
15. Technical/Trade Name: PHOSPHORIC AND NITRIC ACID
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3264

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 1166 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Drum Material of Construction: Steel 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: 583 Liquid - Pound Amount in Package: 583 Liquid - Pound Number in Shipment: 2 Number Failed: 2	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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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- 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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII – CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: CAUSTIC ALKALI LIQUIDS, N.O.S.
15. Technical/Trade Name: SODIUM HYDROXIDE, SODIUM HYPOCHLORITE
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1719

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 1182 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Drum Material of Construction: Steel 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: 591 Liquid - Pound Amount in Package: 591 Liquid - Pound Number in Shipment: 2 Number Failed: 2	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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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:	\$ 20,000.00
Carrier Damage:	\$ 80,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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?

True

If yes, how many? 3

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:	42
Total number of employees evacuated:	0
Total evacuated:	42
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 16

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

True

If yes, provide the following information:

Estimated speed (mph):	1
Weather conditions:	Heavy Fog
Vehicle overturned?	False
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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

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4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: HYPOCHLORITE SOLUTIONS
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1791

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 153 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Jerrican Material of Construction: Steel Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 51 Liquid - Pound Amount in Package: 51 Liquid - Pound Number in Shipment: 3 Number Failed: 3	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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- 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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



U.S. Department of Transportation
Research and Special Programs Administration

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County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLID
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1823

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 21 Solid - Pound
- 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:
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Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Box Material of Construction: Fiberboard Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 21 Solid - Pound Amount in Package: 21 Solid - Pound Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII – CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 40 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Box Material of Construction: Fiberboard Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 40 Liquid - Pound Amount in Package: 40 Liquid - Pound Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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:	\$ 20,000.00
Carrier Damage:	\$ 80,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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?

True

If yes, how many? 3

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:	42
Total number of employees evacuated:	0
Total evacuated:	42
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 16

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

True

If yes, provide the following information:

Estimated speed (mph):	1
Weather conditions:	Heavy Fog
Vehicle overturned?	False
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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
1 box Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII – CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 91 Liquid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Box Material of Construction: Fiberboard Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 45.5 Liquid - Pound Amount in Package: 45.5 Liquid - Pound Number in Shipment: 2 Number Failed: 2	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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: | \$ 20,000.00 |
| Carrier Damage: | \$ 80,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 8,000.00 |
| Remediation/Cleanup Cost: | \$ 50,000.00 |
- (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? True

- If yes, how many? 3

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: | 42 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 42 |
| Duration of the evacuation: | 0 |

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

- If yes, how many? 16

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

- If yes, provide the following information:

- | | |
|-----------------------------|-----------|
| Estimated speed (mph): | 1 |
| Weather conditions: | Heavy Fog |
| Vehicle overturned? | False |
| 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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

Also consumed in the crash/fire/and or packaged for disposal are the following items all from the same Ecolab, Inc. shipping location:

4 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 84 lbs.
6 pails Hypochlorite Solution, 8, UN1791, PGIII 1791 lbs.
1 pail Formic Acid Solution, 8, UN3412, PGII 46 lbs.
4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
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1 box Sodium Hydroxide Solution 8, UN1824 PGII 40 lbs.
2 boxes Sodium Hydroxide Solution 8, UN1824 PGII 91 lbs.
1 box Sodium Hydroxide Solution, 8 UN1824 PGII 45 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 290 lbs.

Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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:	\$ 20,000.00
Carrier Damage:	\$ 80,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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?

True

If yes, how many? 3

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:	42
Total number of employees evacuated:	0
Total evacuated:	42
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 16

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

True

If yes, provide the following information:

Estimated speed (mph):	1
Weather conditions:	Heavy Fog
Vehicle overturned?	False
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:

Unit was involved in an accident on I 81 South in the area of Woodstock, VA. Unit subsequently caught fire due to fuel release from a passenger car and the diesel fuel on-board the unit. It is unknown the total amount of containers damaged as a result of the crash and the number that were melted/consumed by the fire. All of the containers became unidentifiable by the end of the event. A contract clean up company and state environmental agencies oversaw the clean up while the local emergency response extinguished the fire. All run off from firefighting activities were contained in a bermed area for reclamation and disposal.

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4 pails Hypochlorite Solution, 8, UN1791, PGIII 205 lbs.
4 pails Sodium Hydroxide Solution, 8 UN1824 PGII 241 lbs.
6 boxes Phosphoric Acid Solutions, 8, UN1805, PGIII 269 lbs.
2 boxes Ethanolamine Solutions, 8, UN2491, PGIII 70 lbs.
3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
3 pails Sodium Hydroxide Solution, 8 UN1824 PGII 180 Lbs.
2 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 78 lbs.
3 drums Hypochlorite Solution 8, UN1791, PGIII 453 lbs.
2 pails Sodium Hydroxide Solution, 8 UN1824 PGII 120 lbs.
3 boxes Hypochlorite Solution, 8, UN1791, PGIII 76 lbs.
1 boxes Sodium Hydroxide Solid Mixture, 8, UN1823, PGII LTD QTY. 21 lbs.
5 boxes Corrosive Solid NOS, 8, UN1759, PGIII (Sodium Hydroxide) 195 lbs.
1 drum Corrosive Liquid Basic Inorganic NOS, 8, UN3266 PGII (Sodium hydroxide and Sodium Hypochlorite) 561 lbs.
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2 drums Caustic Alkali Liquid NOS 8 UN1719 PGII (Sodium Hydroxide, Sodium Hypochlorite) 1182 lbs.
2 drums Sodium Hydroxide Solution 8, UN1824 PGII 1154 lbs.
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Due to the damage done to the packages due to heat and fire, nothing was identifiable on them as far as packaging information. All bill of lading and MSDS for products is available upon request.

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:

At this time everything appears to have been damaged due to the vehicle accident or damaged due to the ensuing fire.

PART VIII - CONTACT INFORMATION

Contact's Name:	Timothy L. Stipcak
Contact's Title:	Manager, Safety and H/M Compliance
Business Name and Address:	Pitt Ohio Express, LLC 15 27th Street PITTSBURGH PA 15222
E-mail Address:	tstipcak@pittohio.com
Telephone Number:	412-232-3015
Fax Number:	412-232-1303
Hazmat Registration Number:	0502065500190Q
Date:	05/01/2009
Preparer is:	Carrier



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

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PART I - REPORT TYPE

1. Incident Id: E-2009040317
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/21/2009
4. Time of Incident (use 24-hour time): 00:02
5. Enter National Response Center Report Number (if applicable): 903302
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WOODSTOCK
County: SHENANDOAH
State: VA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 284
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: PITT-OHIO EXPRESS, LLC
Street: 15 27TH STREET
City: PITTSBURGH
State: PA
Zip Code: 15222
Federal DOT Id Number: 190180
Hazmat Registration Number: 050206550019OQ
11. Shipper/Officer:
Name: Ecolab, Inc.
Street: 942 Baker Road
City: MARTINSBURG
State: WV
Zip Code: 25405
Waybill/Shipping Paper: 2501469246
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: CORROSIVE SOLIDS, N.O.S.
15. Technical/Trade Name: SODIUM HYDROXIDE
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1759

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 290 Solid - Pound
- 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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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: Box Material of Construction: Fiberboard Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 58 Solid - Pound Amount in Package: 58 Solid - Pound Number in Shipment: 5 Number Failed: 5	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 | Unknown |
| Police Report #: | True | Unknown |
| 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:	\$ 20,000.00
Carrier Damage:	\$ 80,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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?

True

If yes, how many? 3

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:	42
Total number of employees evacuated:	0
Total evacuated:	42
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 16

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

True

If yes, provide the following information:

Estimated speed (mph):	1
Weather conditions:	Heavy Fog
Vehicle overturned?	False
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)?

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- | | |
|--|--|
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2 drums Corrosive Liquid Acidic Inorganic NOS 8 UN3264 PGII (Phosphoric and Nitric Acid) 1166 lbs.
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3 pails Hypochlorite Solution, 8, UN1791, PGIII 153 lbs.
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Date:	05/01/2009
Preparer is:	Carrier