



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

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. Incident Id: I-2018100101
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 07/01/2018
4. Time of Incident (use 24-hour time): 05:35
5. Enter National Response Center Report Number (if applicable): 1216972
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANDREWS
County: ANDREWS
State: TX
Zip Code: (if known): 79714
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1 MILES E OF ANDREWS/ HWY 176
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: REAGENT CHEMICAL & RESEARCH, INC.
Street: 115 RTE HWY 202
City: RINGOES
State: NJ
Zip Code: 08551
Federal DOT Id Number: 31816
Hazmat Registration Number: 050418550014AC
11. Shipper/Officer:
Name: REAGENT CHEMICAL & RESEARCH, INC.
Street: HIGHWAY #80
City: STANTON
State: TX
Zip Code: 79782
Waybill/Shipping Paper: 302477
Hazmat Registration Number: 050418550014AC
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: WELL #229 - WTX13 RING ENERGY UNIVERSITY
City: ANDREWS
State: TX
Zip Code: 79714
14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID
15. Technical/Trade Name: HCI-22 BAUME
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1789

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 5000 Liquid - Gallon
- 20. Was the material shipped as a hazardous waste?** False
If yes, provide the EPA Manifest Number:
- 21. Is this a Toxic by Inhalation (TIH) material?** False
If yes, provide the Hazard Zone:
- 22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?** False
If yes, provide the Exemption, Approval, or CA number:
- 23. Was this an undeclared hazardous materials shipment?** False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Cargo Tank Motor Vehicle (CTMV)

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.

Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 150-Tank Shell
How Failed: - 309-Punctured; 312-Torn Off or Damaged
Causes of Failure: - Rollover Accident; Rollover Accident

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

Identification Markings: DOT 412

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

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
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Package Capacity:	5100 Liquid - Gallon	Package Capacity:	
Amount in Package:	5000 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	TRAILMASTER	Manufacture Date:	11/01/1993
Serial Number:	1T9AF15B9PF00313	Last Test Date:	10/23/2017
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	52.5 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.269 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.034 INCH (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		
If valve or device failed:			
Type:			
Model:			
Manufacturer:			

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

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

PART IV – CONSEQUENCES

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

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | False |
| - No Release: | False | | |

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

- Fire/EMS Report #: False
Police Report #: True 16495980.1
In-house cleanup: False
Other Cleanup: True

32. Damages Was the total damage cost more than \$500?

True

If yes, enter the following information: (If no, go to question 33.)

Material Loss: \$ 6,688.00
Carrier Damage: \$ 84,000.00
Property Damage: \$ 0.00
Response Cost: \$ 1,850.00
Remediation/Cleanup Cost: \$ 74,100.00
(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:
Responders:
General Public:

33b. Were there human fatalities that did not result from the hazardous material?

False

If yes, how many?

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:
Responders:
General Public:

Non-Hospitalized:

(e.g.: On site first aid or Emergency Room observation and release)

Employees:
Responders:
General Public:

35. Did the hazardous material cause or contribute to an evacuation?

False

If yes, provide the following information:

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

36. Was a major transportation artery or facility closed?

True

If yes, how many? 2

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

True

If yes, provide the following information:

Estimated speed (mph): 61
Weather conditions: CLEAR & DRY
Vehicle overturned? True
Vehicle left roadway/track? True

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- | | |
|--|--|
| - Shipment had not been transported | - Transported by air (first flight) |
| - Transport by air (subsequent flights) | - Initial transport by highway to cargo facility |
| - Transfer at sort center/cargo facility | |

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

AS DRIVER WAS ON HIS WAY TO DELIVER HIS CARGO TO THE CUSTOMER HE SUFFERED A TIRE BLOWOUT THAT CAUSED THE POWER UNIT AND TRAILER TO OVERTURNED. THE LEFT FRONT TIRE BLEW OUT, CAUSING THE VEHICLE TO VEER LEFT ACROSS THE ROADWAY. AS THE VEHICLE MOVED LEFT, THE TRACTOR AND TRAILER JACKKNIFED AND ROLLED OVER. A HOLE ABOUT 6 INCHES BY 2 INCHES WAS RIPPED IN THE SIDE OF THE TRAILER. THE ENTIRE CONTENTS OF THE TANKER TRAILER WAS LOST AS A RESULT OF THE ACCIDENT. REAGENT CHEMICAL PERSONNEL RESPOND TO THE SITE AND STARTED THE PROCESS TO NEUTRALIZE THE HYDROCHLORIC ACID THAT HAD SPILLED ON THE GROUND. REAGENT CHEMICAL THEN ENGAGED ALLIED INTERNATIONAL EMERGENCY LLC TO CONTINUE THE RESPONSE AND CONDUCT ANY REMEDIATION THAT WAS REQUIRED.

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:

ADDITIONAL DRIVER TRAINING WAS CONDUCTED.

PART VIII – CONTACT INFORMATION

Contact's Name:	ROBERT DRITSCHER
Contact's Title:	DIRECTOR OF REGULATORY AFFAIRS
Business Name and Address:	REAGENT CHEMICAL & RESEARCH 115 US HWY 202 RINGOES NJ 08551
E-mail Address:	BDRITSCHER@REAGENTCHEMICAL.COM
Telephone Number:	908-284-2800
Fax Number:	908-284-0374
Hazmat Registration Number:	050418550014AC
Date:	10/01/2018
Preparer is:	Carrier

11/01/1993