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-2015050200
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
04/13/2015

**4. Time of Incident (use 24-hour time):**
14:00

**5. Enter National Response Center Report Number (if applicable):**
1113513

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

**7. Location of Incident:**
City: CHANNELVIEW
County: HARRIS
State: TX
Zip Code: (if known): 77530
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit Storage

**10. Carrier/Reporter:**
Name: TIDEPORT DISTRIBUTING, INC.
Street: 16031 DE ZAVALLA RD
City: CHANNELVIEW
State: TX
Zip Code: 77530-4529
Federal DOT Id Number: 107714
Hazmat Registration Number: 091313550016VX

**11. Shipper/Offeror:**
Name: WESTLAKE STYRENE LLC
Street: 900 E HIGHWAY 108
City: SULPHUR
State: LA
Zip Code: 70665-8527
Waybill/Shipping Paper:
Hazmat Registration Number:

**12. Origin (if different from shipper address)**
Street:
City:
State:
Zip Code:

**13. Destination:**
Street: 906 CLINTON DR
City: GALENA PARK
State: TX
Zip Code: 77547

**14. Proper Shipping Name of Hazardous Material:** TOLUENE

**15. Technical/Trade Name:** TOLUENE

**16. Hazardous Class/Division:** Flammable - Combustible Liquid

**17. Identification Number:** (E.g. UN2764, NA 2020) UN1294

**18. Packing Group:** (if applicable) II

**19. Quantity Released:** (Include Measurement Units) 3 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: - 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 308-Leaked
Causes of Failure: - Rollover Accident

**26a. Provide the packaging identification markings, if available.**
Identification Markings: NO MARKINGS GIVEN
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

**26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:**

| **Single Package or Outer Packaging:** | **Single Package or Inner Packaging (if any):** |
|---|---|
| Packaging Type: | Packaging Type: |
| Material of Construction: | Material of Construction: |
| Head Type (Drums only): | |

**27. Describe the package capacity and the quantity:**

| **Single Package or Outer Packaging:** | | **Single Package or Inner Packaging (if any):** | |
|---|---|---|---|
| Package Capacity: | 8400 Liquid - Gallon | Package Capacity: | |
| Amount in Package: | 7000 Liquid - Gallon | Amount in Package: | |
| Number in Shipment: | 1 | Number in Shipment: | |
| Number Failed: | 1 | Number Failed: | |

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

| | | | |
|---|---|---|---|
| Manufacturer: | POLAR | Manufacture Date: | 03/01/1997 |
| Serial Number: | 1PMA34223V500117 | Last Test Date: | 08/29/2014 |
| Material of Construction: | 5454-0 (if Tank Car, CTMV, Portable Tank, or Cylinder) | | |
| Design Pressure: | 25 (if Tank Car, CTMV, Portable Tank) | | |
| Shell Thickness: | 0.209 INCH (if Tank Car, CTMV, Portable Tank) | | |
| Head Thickness: | 0.275 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 HCIS00055505
In-house cleanup: False
Other Cleanup: False

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

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

| | |
|---|---|
| Material Loss: | $ 0.00 |
| Carrier Damage: | $ 30,000.00 |
| Property Damage: | $ 0.00 |
| Response Cost: | $ 0.00 |
| Remediation/Cleanup Cost: | $ 5,500.00 |

*(See damage definitions in the instructions)*

**33a. Did the hazardous material cause or contribute to a human fatality?** False

If yes, enter the number of fatalities resulting from the hazardous material:

| | |
|---|---|
| Employees: | 0 |
| Responders: | 0 |
| General Public: | 0 |

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

If yes, how many? 0

**34. Did the hazardous material cause or contribute to personal Injury?** False

If yes, enter the number of injuries resulting from the hazardous material:

**Hospitalized (Admitted Only):**

| | |
|---|---|
| Employees: | 0 |
| Responders: | 0 |
| General Public: | 0 |

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

| | |
|---|---|
| Employees: | 0 |
| Responders: | 0 |
| General Public: | 0 |

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

If yes, provide the following information:

| | |
|---|---|
| Total number of general public evacuated: | 15 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 15 |
| Duration of the evacuation: | 6 |

**36. Was a major transportation artery or facility closed?** False

If yes, how many?

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

If yes, provide the following information:

| | |
|---|---|
| Estimated speed (mph): | 5 |
| Weather conditions: | CLEAR AND 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:**

ON 4-13-15 OUR DRIVER WAS STOPPED IN TRAFFIC. THERE HAS BEEN SOME TYPE OF INCIDENT UP AHEAD AND TRAFFIC WAS BACKED UP. OUR DRIVER DECIDED TO TURN RIGHT ONTO A SIDE STREET TO GO AROUND THE BACKED UP TRAFFIC. HE ATTEMPTED TO MAKE A SHARP RIGHT TURN @ APPROXIMATELY 5 MPH. AS HE MADE THE TURN, HIS TRAILER TIRES CUT ACROSS THE CORNER OF THE INTERSECTION. THE INSIDE SHOULDER OF THE ROAD WAS SOFT AND GAVE WAY AS THE TRAILER TIRES CROSSED OVER IT. AS THE SOFT SHOULDER GAVE WAY THE REAR END OF THE TRAILER STARTED SLIDE INTO THE DITCH CAUSING THE TRAILER TO ROLL ONTO ITS SIDE. WHEN OUR DRIVER GOT OUR OF THE CAB, HE LOOKED AT THE TRAILER AND NOTICED PRODUCT DRIPPING FORM THE PRESSURE RELIEF VALVE LOCATED NEAR THE DOME LID OF THE TANK. THE PLACED A BUCKED UNDERNEATH THE VALVE TO CATCH THE DRIPPING PRODUCT HER THEN CALLED 911 TO REPORT THE ACCIDENT.

## PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

**Describe:**

TIDEPORT HAS CONDUCTED REMEDIAL TRAINING WITH THIS DRIVER COVERING PROPER TECHNIQUES FOR RIGHT HAND AND LEFT HAND TURNS.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | JAMES NAISER |
| Contact's Title: | SAFETY DIRECTOR |
| Business Name and Address: | TIDEPORT DISTRIBUTING INC<br>16031 DEZAVALLA RD CHANNELVIEW TX 77530 |
| E-mail Address: | JNAISER@TIDEPORTDISTRIBUTING.COM |
| Telephone Number: | 281 862 9668 |
| Fax Number: | 281 862 9674 |
| Hazmat Registration Number: | |
| Date: | 05/13/2015 |
| Preparer is: | Carrier |

03/01/1997