



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-2010010079
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/14/2009
4. Time of Incident (use 24-hour time):
00:15
5. Enter National Response Center Report Number (if applicable):
926091
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: FORSYTH
County: MONROE
State: GA
Zip Code: (if known): 31029
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
INTERSTATE I 75 SOUTH MILE MAR
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: TRANSWOOD INC
Street: 2565 SAINT MARYS AVE
City: OMAHA
State: NE
Zip Code: 68105
Federal DOT Id Number: 540777
Hazmat Registration Number: 051209010024R
11. Shipper/Officer:
Name: OLIN CHEMICAL
Street: 1186 LOWER RIVER ROAD
City: CHARLESTON
State: TN
Zip Code: 37310
Waybill/Shipping Paper: 21379380
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 1 CHEMICAL PLANT ROAD
City: RICEBORO
State: GA
Zip Code: 31323
14. Proper Shipping Name of Hazardous Material: POTASSIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name: CAUSTIC POTASH KOH
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1814

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 0 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: -

How Failed: -

Causes of Failure: -

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

Identification Markings: DOT407SS

(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:
Material of Construction:
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: 6000 Liquid - Gallon
Amount in Package: 3960 Liquid - Gallon
Number in Shipment:
Number Failed:

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

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

Manufacturer:	BRENNER	Manufacture Date:	02/19/1998
Serial Number:	10BFV6215TFOA677	Last Test Date:	10/13/2009
Material of Construction:	STAINLESS STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	50 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.135 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.144 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: | False | - 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
Police Report #: True
In-house cleanup: False
Other Cleanup: True

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

True

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

Material Loss: \$ 0.00
Carrier Damage: \$ 134,000.00
Property Damage: \$ 20,000.00
Response Cost: \$ 21,000.00
Remediation/Cleanup Cost: \$ 18,000.00
(See damage definitions in the instructions)

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

False

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

Employees: 0
Responders: 0
General Public: 0

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

False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal injury?

False

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

Hospitalized (Admitted Only):

Employees: 0
Responders: 0
General Public: 0

Non-Hospitalized:

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

Employees: 0
Responders: 0
General Public: 0

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

False

If yes, provide the following information:

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

36. Was a major transportation artery or facility closed?

True

If yes, how many? 6

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

True

If yes, provide the following information:

Estimated speed (mph): 63
Weather conditions: FOGGY AND WET
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:

Semi-tractor trailer pulling a loaded specification cargo tank left roadway resulting in a rollover accident

A tire on the right side of the steering axle of the truck blew out causing loss of vehicle control. Truck then struck an unoccupied vehicle that was parked along the shoulder of I-75 at or near mile marker 194. Tractor-trailer then went into ditch and rolled in a wooded area next to the interstate. An unknown, notified 911 operator which triggered police and fire response. Fire was caused by leaking diesel fuel from the truck. Fire department from Forsyth GA extinguished the fire.

Carrier was notified of accident by the truck driver. Carrier then notified the shipper, Chemtrec, and NRC. Fire Department was unwilling to approach the tanker to report a leak or no leak condition. Carrier then contracted First Environmental Inc. to respond, investigate, and to conduct any clean-up of materials present.

Interstate I-75 was dosed on the south bound lanes for a period of 10 hours during which time recovery of vehicles was performed, and a transload of the hazardous material to another specification cargo tank for transport was conducted. The initial cargo tank was not leaking, but was not road worthy following the rollover accident.

First Environmental cleaned up the area including removal of top soils containing engine oil, anti-freeze, and diesel fuel. Gradient of the ditch and incline to the interstate was replaced with clean backfill materials to GA highway department standards.

Incident occurring at 00:15 on 12/14/2009 was completed at 17:00.

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:

We can make no recommendations to prevent such an occurrence. However the lack of training and cooperation on the part of the Forsyth Fire Department prohibited the process of evaluating the incident severity, removal of equipment, and remediation of the location by several hours.

PART VIII - CONTACT INFORMATION

Contact's Name:	ROGER ITES
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	TRANSWOOD INC 2565 SAINT MARYS AVE OMAHA NE 68105
E-mail Address:	rites@transwood.com
Telephone Number:	4023468092
Fax Number:	4023412112
Hazmat Registration Number:	051209010024R
Date:	12/15/2009
Preparer is:	Carrier

02/19/1998