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-2026050516
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/23/2025

4. Time of Incident (use 24-hour time):
08:51

5. Enter National Response Center Report Number (if applicable):
1421729

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

7. Location of Incident:
City: Vicksburg
County: Warren
State: MS
Zip Code: (if known): 39183
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Interstate 20 mm 15

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CAPITAL TRANSPORT, INC.
Street: 320 CARRIER BLVD
City: RICHLAND
State: MS
Zip Code: 39218-9400
Federal DOT Id Number: 1500618
Hazmat Registration Number:

11. Shipper/Offeror:
Name: BIOURJA TRADING, LLC
Street: 1500 CITYWEST BLVD STE 700
City: HOUSTON
State: TX
Zip Code: 77042
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 2600 Dorsey St.
City: VICKSBURG
State: MS
Zip Code: 39180

13. Destination:
Street: 31 Kola Rd
City: collins
State: MS
Zip Code: 39428

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

15. Technical/Trade Name: Ethanol

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 504 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: - 310-Ripped or Torn
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: N/A
(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:	9500 Liquid - Gallon	Package Capacity:	
Amount in Package:	7949 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:	05/23/2023
Serial Number:	1PMKA4426R712295	Last Test Date:	05/08/2024
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	25 PSI (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
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire:
- Material Entered Waterway/Storm Sewer:
- Environmental Damage:

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

Fire/EMS Report #: True
Police Report #: True 9075010123250002
In-house cleanup: True
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:	$ 958.00
Carrier Damage:	$ 59,916.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 6,234.00

(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? 4

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

If yes, provide the following information:

Estimated speed (mph):	2
Weather conditions:	Overcast, dry
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:

CPLS (Capital Transport Inc.) Safety received a call from our driver that he had been rear ended by a UPS road truck and ethanol was leaking onto the highway. Fire officials were already at the scene. They contained the leak by patching the hole that was punctured in the left rear sidewall of the 4th compartment of the tanker (where the rear shell is welded to the side of the barrel. The weld did not give way, there was actually a hole poked in the side of the tanker). There was a transit van in between the UPS truck and our tanker that was seriously damaged. Someone on scene called 911 as Fire Response was on the scene shortly after our driver called us.

Fire Reponse contained the ethanol leaking from the hole in the tanker (small hole about the size of a quarter) and made sure none of the ethanol left the roadway. We contacted E3 Environmental to bring remediation materials and also hands to assist with transferring the remaining ethanol to another Capital Transport Tanker.

We also contacted MDEQ and headed to the scene. Upon arrival, E3 was spreading Gator Dry and sweeping it up, but the sun and dry air were largely evaporating the ethanol. MDEQ verified there was no release of ethanol into the ground soil or any waterway. The ethanol was contained on the concrete part of the interstate.

Once the material was swept up and the ethanol was emptied from the tanker, MDEQ gave the go ahead to clear the scene. The tractor and tanker were towed by Hayles Towing to Jackson, MS. HazMat One was the responsible party for the UPS involvement. We have no visibility to their costs or the resolution for the other parties involved. UPS actually took immediate responsibility for the accident and all clean up. The cost for the repairs to our tanker was subrogated to HazMat One.

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:

No comment provided

PART VIII – CONTACT INFORMATION

Contact's Name:	Patricia Greenwood
Contact's Title:	Safety Coordinator
Business Name and Address:	Capital Transport Inc. 320 Carrier Blvd. Richland MS 39218
E-mail Address:	pgreenwood@capitalcompanies.net
Telephone Number:	601-487-9262
Fax Number:	601-932-1396
Hazmat Registration Number:	052824550056G1
Date:	05/31/2026
Preparer is:	Carrier

05/23/2023