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-2013080149
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/04/2013

4. Time of Incident (use 24-hour time):
06:00

5. Enter National Response Center Report Number (if applicable):
20131806

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

7. Location of Incident:
City: BELLAIRE
County: HARRIS
State: TX
Zip Code: (if known): 77401
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
5200 West Loop 610 South

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Roadrunner Freight Corporation
Street: 16517 Dezavala
City: Channelview
State: TX
Zip Code: 77530
Federal DOT Id Number: 1687490
Hazmat Registration Number: 062613 522 026

11. Shipper/Offeror:
Name: K-solv, LP
Street: 908 Town 7 Country Lane, Ste 450
City: Houston
State: TX
Zip Code: 77024
Waybill/Shipping Paper: 44804
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 1015 Lakeside Drive
City: Channelview
State: TX
Zip Code: 77530

13. Destination:
Street: Thomas Petrloeum
City: Robstown
State: TX
Zip Code: 78380

14. Proper Shipping Name of Hazardous Material: METHANOL

15. Technical/Trade Name: Methanol

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1230

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 200 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: - 160-Washout
How Failed: - 312-Torn Off or Damaged
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:	7500 Liquid - Gallon	Package Capacity:
Amount in Package:	6996 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:
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:	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 13302905.1
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:	$ 0.00
Carrier Damage:	$ 45,000.00
Property Damage:	$ 8,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 19,000.00

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

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):	25
Weather conditions:	sunny clear
Vehicle overturned?	True
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:

Driver overestimated the turn and struck the crash cushion barrels and concrete retaining wall with the left side of the tanker trailer. This caused the tractor and trailer to overturn on its left side and come to a rest on the off ramp. No other vehicles or persons were involved in this incident. Driver was not seriously injured. Because of the impact and overturn, methanol was slowly leaking out of the 3 inch wash out cap on top of trailer. Methanol was contained by Fire Hazmat Team and they and a company contracted private hazmat response team contained the methanol and transferred the remaining methanol to a safe container, cleaned up the spilled methanol from roadway and towing company removed the damaged tractor and trailer. Due to the nature of methanol, most of the released methanol evaporated shortly after the release.

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:

Revisions were made to company's Driver Safety Manual, to better reflect how drivers are to safely conduct themselves and report any future incidents. The driver that was involved in the incident was terminated. A detailed and lengthy safety meeting is scheduled this month, in which the company officials will go over this incident in great detail and discuss future improvements in safety procedures and safe driving. The reason for a slight delay in having this safety meeting is because the company wanted to have all details, costs, and reports from all agencies involved to better inform its personnel.

PART VIII – CONTACT INFORMATION

Contact's Name:	Scott Allen
Contact's Title:	General Manager
Business Name and Address:	Roadrunner Freight Corporation 16517 Dezavala Channelview TX 77530
E-mail Address:	scott@ksolv.com
Telephone Number:	281-452-4000
Fax Number:	281-425-5523
Hazmat Registration Number:	062613 552 026
Date:	08/08/2013
Preparer is:	Carrier