



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-1999091775
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/26/1999
4. Time of Incident (use 24-hour time):
09:15
5. Enter National Response Center Report Number (if applicable):
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: SELLERSBURG
County: CLARK
State: IN
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
UTICA STREET
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: BRANDYWINE EXPLOSIVES & SUPPLY
Street: PO BOX 440
City: PARIS
State: KY
Zip Code: 40362
Federal DOT Id Number: 262760
Hazmat Registration Number:
11. Shipper/Officer:
- Name: BRANDYWINE EXPLOSIVES & SUPPLY
Street: 2470 FORDS MILL RD
City: PARIS
State: KY
Zip Code: 40361
Waybill/Shipping Paper: 116523
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 19 UTICA ST
City: SELLERSBURG
State: IN
Zip Code: 47172
14. Proper Shipping Name of Hazardous Material: EXPLOSIVE, BLASTING, TYPE E OR EXPLOSIVE, AGENT BLASTING, TYPE E
15. Technical/Trade Name:
16. Hazardous Class/Division: Very Insensitive Explosive
17. Identification Number: (E.g. UN2764, NA 2020) UN0332

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 3000 Solid - Pound

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?

If yes, provide the Exemption, Approval, or CA number: E8554

23. Was this an undeclared hazardous materials shipment?

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: - 109-Closure (e.g., Cap, Top, or Plug); 137-Manway or Dome Cover; 141-Piping or Fittings
How Failed: -
Causes of Failure: - Rollover Accident; Vehicular Crash or Accident Damage

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

Identification Markings:

(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: 8450 Solid - Pound
Amount in Package:
Number in Shipment: 1
Number Failed: 1

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

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

Manufacturer: TREAD CONTAINER CORP
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)

Manufacture Date:
Last Test Date: 07/12/1999

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:
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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:	\$ 1,000.00
Carrier Damage:	\$ 40,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 20,000.00

(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:
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?

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): 35
Weather conditions:
Vehicle overturned?
Vehicle left roadway/track?

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 OF VEHICLE CAME TO A STOP SIGN TOO QUICKLY & WAS QUICKLY UNABLE TO STOP THE VEHICLE IN TIME. HE HAD TO TURN SHARPLY, CAUSING THE VEHICLE TO OVERTURN. PRODUCT LEAKED OUT OF THE OPENINGS IN THE TOPS OF THE COMPARTMENTS. NO INJURIES RESULTED FROM THIS INCIDENT. THE PRODUCT WAS CONTAINED AND CLEANED UP BY AMERICAN ENVIRO SERVICES, INC. SPILLED PRODUCT WAS PLACED IN DRUMS FOR RECYCLING. REMAINING EXCAVATED SOIL AND PRODUCT WAS TAKEN TO LANDFILL AS SPECIAL WASTE FOR DISPOSAL. THE VEHICLE WAS TOWED TO CARRIERS PROPERTY WHERE IT WAS UNLOADED WASHED STEAMED AND SENT TO MANUFACTURER FOR REPAIRS. IN SAFETY MEETINGS DRIVERS INSTRUCTED ON SAFE DRIVING PRACTICES, DRIVING CONDITIONS PROPER STOPPING DISTANCES AND SECURING AND LOCKING THE OPENINGS ON THE CARGO TANKS.

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:

PART VIII - CONTACT INFORMATION

Contact's Name: THOMAS M MCMAHON
Contact's Title: VP - OPERATIONS
Business Name and Address:

E-mail Address:
Telephone Number: 606-987-3612
Fax Number:
Hazmat Registration Number:
Date: 09/24/1999
Preparer is:



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6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: SELLERSBURG
County: CLARK
State: IN
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
UTICA STREET
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: BRANDYWINE EXPLOSIVES & SUPPLY
Street: PO BOX 440
City: PARIS
State: KY
Zip Code: 40362
Federal DOT Id Number: 262760
Hazmat Registration Number:
11. Shipper/Officer:
Name: BRANDYWINE EXPLOSIVES & SUPPLY
Street: 2470 FORDS MILL RD
City: PARIS
State: KY
Zip Code: 40361
Waybill/Shipping Paper: 116523
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 19 UTICA ST
City: SELLERSBURG
State: IN
Zip Code: 47172
14. Proper Shipping Name of Hazardous Material: AMMONIUM NITRATE, WITH NOT MORE THAN 0.2% OF COMBUSTIBLE MATERIALS, INCLUDING ANY ORGANIC SUBSTANCE CALCULATED AS CARBON TO THE EXCLUSION OF ANY OTHER ADDED SUBSTANCE
15. Technical/Trade Name:
16. Hazardous Class/Division: Oxidizer
17. Identification Number: (E.g. UN2764, NA 2020) UN1942

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 6000 Solid - Pound

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Other,

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: - 109-Closure (e.g., Cap, Top, or Plug); 137-Manway or Dome Cover; 141-Piping or Fittings
How Failed: -
Causes of Failure: - Rollover Accident; Vehicular Crash or Accident Damage

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

Identification Markings:

(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: 15000 Solid - Pound
Amount in Package:
Number in Shipment: 1
Number Failed: 1

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

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

Manufacturer: TREAD CONTAINER CORP
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)

Manufacture Date:
Last Test Date:

If valve or device failed:

Type:
Model:
Manufacturer:

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Nuclide(s) Present:
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False

If yes, how many?

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Employees:
Responders:
General Public:

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

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Responders:
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Duration of the evacuation:

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False

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True

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Vehicle left roadway/track?

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PART VIII - CONTACT INFORMATION

Contact's Name: THOMAS M MCMAHON
Contact's Title: VP - OPERATIONS
Business Name and Address:

E-mail Address:
Telephone Number: 606-987-3612
Fax Number:
Hazmat Registration Number:
Date: 09/24/1999
Preparer is: