



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-2010090303
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/26/2010
4. Time of Incident (use 24-hour time): 07:20
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: MAMMOTH SPRINGS
County: FULTON
State: AR
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
US 635 5 MI. S. OF MAMMOTH SPR
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: FMC TRANSPORT INC.
Street: 1 COASTAL DRIVE
City: WILLOW SPRINGS
State: MO
Zip Code: 65793
Federal DOT Id Number: 461519
Hazmat Registration Number: 051209552066RT
11. Shipper/Officer:
Name: FUEL MARKETING CORP
Street: 1 COASTAL DRIVE
City: WILLOW SPRINGS
State: MO
Zip Code: 65793
Waybill/Shipping Paper: 1408
Hazmat Registration Number: 051408551064PR
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: AT&T TERMINAL
City: LITTLE ROCK
State: AR
Zip Code: 72211
14. Proper Shipping Name of Hazardous Material: DENATURED ALCOHOL
15. Technical/Trade Name: ETHANOL
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1987

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 #: True 100
Police Report #: True 250410033
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: \$ 7,431.00
Carrier Damage: \$ 40,000.00
Property Damage: \$ 500.00
Response Cost: \$ 2,954.00
Remediation/Cleanup Cost: \$ 58,000.00
(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?

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): 45
Weather conditions: CLEAR
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:

VEHICLE FAILED TO NEGOTIATE A CURVE OVER TURNED INTO HIGHWAY SLID DOWN HIGHWAY INTO DITCH, STRIKING SEVERAL ROCKS MAKING HOLES ALONG CARGO TANK SHELL AND HEAD. LARGE HOLE IN HEAD DIKES OF DIRT WAS USED TO CONTAIN SPILLED PRODUCT. SITE WAS EXCAVATED AND TAKEN TO LANDFILL.

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:

DRIVERS ARE BEING RETRAINED ON DANGERS OF TANKER ROLLOVER.

PART VIII – CONTACT INFORMATION

Contact's Name:	GARY PICARD
Contact's Title:	SAFETY
Business Name and Address:	FMC TRANSPORT, INC. 1 COASTAL DRIVE WILLOW SPRINGS MO 65793
E-mail Address:	GARY.COASTAL-FMC.COM
Telephone Number:	417-469-2777
Fax Number:	417-469-4497
Hazmat Registration Number:	
Date:	05/13/2010
Preparer is:	Carrier

01/01/1986