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-2013010027
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/10/2012

4. Time of Incident (use 24-hour time):
15:30

5. Enter National Response Center Report Number (if applicable):
1032878

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

7. Location of Incident:
City: BLOOMINGTON
County: MCLEAN
State: IL
Zip Code: (if known): 61705
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Rte 51 south, Old Colonial rd

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: ADM Trucking, Inc.
Street: 2501 N Brush College Road
City: Decatur
State: IL
Zip Code: 62526
Federal DOT Id Number: 238954
Hazmat Registration Number: 061311002011tv

11. Shipper/Offeror:
Name: ADM Peoria
Street: 1 Edmund Street
City: Peoria
State: IL
Zip Code: 61602
Waybill/Shipping Paper: 488959-1212
Hazmat Registration Number: 061311002011tv

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 1001 10th Ave
City: Columbus
State: GA
Zip Code: 31902

14. Proper Shipping Name of Hazardous Material: ALCOHOLIC BEVERAGES

15. Technical/Trade Name: Beverage Alcohol

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN3065

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 2159 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:
Portable Tank

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: - 309-Punctured
Causes of Failure: - Dropped; Inadequate Preparation for Transportation

26a. Provide the packaging identification markings, if available.
Identification Markings: D96071 - trailer number
(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:	8500 Liquid - Gallon	Package Capacity:	
Amount in Package:	4500 Liquid - Gallon	Amount in Package:	
Number in Shipment:	4500	Number in Shipment:	
Number Failed:	2159	Number Failed:	

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

Manufacturer:	Trailmaster	Manufacture Date:	03/06/1996
Serial Number:	1T9AA15B4TF0B323	Last Test Date:	08/30/2012

Material of Construction: 5454 H32AL (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 5 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	- 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 applied for
Police Report #:	True 06-12-00781
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:	$ 8,571.00
Carrier Damage:	$ 10,000.00
Property Damage:	$ 20,000.00
Response Cost:	$ 6,480.00
Remediation/Cleanup Cost:	$ 25,000.00

(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):	45
Weather conditions:	dry/clear
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:

Driver completed pre-trip inspection and proceeded to hook trailer at 14:18 in Peoria, IL. Driver left Peoria at 14:40 and proceeded to Decatur, IL. At approximately 15:25, the driver turned on Route 51 south from I 74 east. After driving approximately one mile, driver felt the trailer release from the 5th wheel traveling around 45 mph. When the trailer legs hit the pavement they buckled, causing one leg to puncture tank, releasing Beverage Alcohol onto the pavement running into ditch. Authorities and clean up crews were immediately notified. Cleanup and tow crews lifted trailer to minimize/stop spill. The duration of the spill was approximately 2 hours before crews were able to minimize. The hole size on the trailer was approximately 5 inches long with a jagged tear. The total amount spilled was 2159 gallons, with 413 gallons being recovered by spill crews. Testing was conducted on remaining product leaching in soil in the nearby ditch. We are awaiting cleanup instructions.

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:

After performing a lengthy investigation, mechanical testing, and cause analysis, it was determined that the driver did not follow proper proceedures in making sure that the trailer was adequately locked into the 5th wheel. This incident has and will be covered in future safety meetings as well as future training sessions.

PART VIII – CONTACT INFORMATION

Contact's Name:	Tracy Causey
Contact's Title:	Loss Control Manager
Business Name and Address:	ADM Trucking, Inc. 2501 N. Brush College Road Decatur IL 62526
E-mail Address:	Tracy.Causey@adm.com
Telephone Number:	217-451-8064
Fax Number:	217-451-7237
Hazmat Registration Number:	
Date:	01/03/2013
Preparer is:	Carrier

03/06/1996