



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-2003120513
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/18/2003
4. Time of Incident (use 24-hour time):
05:00
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: EGAN
County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
11. Shipper/Officer:
- Name: CLEAN HARBORS OF BRAINTREE INC
Street: 1501 WASHINGTON ST
City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 2027 BATTLEGROUND ROAD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: AEROSOLS, FLAMMABLE, (EACH NOT EXCEEDING 1 L CAPACITY)
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1950

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 975 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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:
Non-Bulk

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)
How Failed: - 303-Burst or Ruptured
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: 34.880001 Liquid - Gallon Amount in Package: Number in Shipment: 28 Number Failed: 28	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: NOT REPORTED BY CARRIER 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:	
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 #:
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:	\$ 0.00
Carrier Damage:	\$ 60,004.00
Property Damage:	\$ 4,998.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 9,996.00

(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): 45
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:

OUR VEHICLE WAS INVOLVED IN A MAJOR OVERTURN. SEVERAL CONTRIBUTING FACTORS WERE INVOLVED. 1) SEVERE WEATHER, 2) CONSTRUCTION, 3) POOR ROAD CONDITIONS. CLEAN HARBORS ENVIRONMENTAL SERVICES CLEANED UP SPILL AND HANDLED EMERGENCY RESPONSE. NO INJURIES OCCURRED.

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: TODD WHITE
Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
Fax Number:
Hazmat Registration Number:
Date: 12/04/2003
Preparer is:



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County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
11. Shipper/Officer:
Name: CLEAN HARBORS OF BRAINTREE INC
Street: 1501 WASHINGTON ST
City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: AEROSOLS, FLAMMABLE, (EACH NOT EXCEEDING 1 L CAPACITY)
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1950

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 31.25 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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:
Non-Bulk

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)
How Failed: - 303-Burst or Ruptured
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: 31.25 Liquid - Gallon
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: NOT REPORTED BY CARRIER
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 #:
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: \$ 0.00
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Property Damage: \$ 4,998.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 9,996.00
(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): 45
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 |
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
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Fax Number:
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State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
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Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
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Name: CLEAN HARBORS OF BRAINTREE INC
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Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, TOXIC, N.O.S.
15. Technical/Trade Name: (ACETONE, POLYCHLORI
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1992

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 765.57001 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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?

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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:	
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28. Provide packaging construction and test information, as appropriate: Manufacturer: NOT REPORTED BY CARRIER 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:	
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:	

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30. Result of Incident (check all that apply):

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Employees:
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Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
Fax Number:
Hazmat Registration Number:
Date: 12/04/2003
Preparer is:



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-2003120513
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 11/18/2003
4. Time of Incident (use 24-hour time): 05:00
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: EGAN
County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
11. Shipper/Officer:
Name: CLEAN HARBORS OF BRAINTREE INC
Street: 1501 WASHINGTON ST
City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, TOXIC, N.O.S.
15. Technical/Trade Name: (ACETONE, POLYCHLORI
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1992

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 830.82001 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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:
Non-Bulk

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)
How Failed: - 303-Burst or Ruptured
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: 48.869999 Liquid - Gallon Amount in Package: Number in Shipment: 17 Number Failed: 17	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: NOT REPORTED BY CARRIER 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:	
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 #:
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:	\$ 0.00
Carrier Damage:	\$ 60,004.00
Property Damage:	\$ 4,998.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 9,996.00

(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): 45
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:

OUR VEHICLE WAS INVOLVED IN A MAJOR OVERTURN. SEVERAL CONTRIBUTING FACTORS WERE INVOLVED. 1) SEVERE WEATHER, 2) CONSTRUCTION, 3) POOR ROAD CONDITIONS. CLEAN HARBORS ENVIRONMENTAL SERVICES CLEANED UP SPILL AND HANDLED EMERGENCY RESPONSE. NO INJURIES OCCURRED.

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: TODD WHITE
Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
Fax Number:
Hazmat Registration Number:
Date: 12/04/2003
Preparer is:



U.S Department of Transportation
Research and Special Programs Administration

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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: EGAN
County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
11. Shipper/Officer:
Name: CLEAN HARBORS OF BRAINTREE INC
Street: 1501 WASHINGTON ST
City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
15. Technical/Trade Name: (HYDROCHLORIC, OXALI
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3264

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 4.38 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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:
Non-Bulk

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)
How Failed: - 303-Burst or Ruptured
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: 4.38 Liquid - Gallon 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: NOT REPORTED BY CARRIER 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:	
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 #:
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:	\$ 0.00
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Response Cost:	\$ 0.00
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(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): 45
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)

- | | |
|--|--|
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
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7. Location of Incident:
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County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
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Name: CLEAN HARBORS OF BRAINTREE INC
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City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: POLYCHORINATED BIPHENYLS, SOLID
15. Technical/Trade Name: (BALLASTS)
16. Hazardous Class/Division: Miscellaneous Hazardous Material
17. Identification Number: (E.g. UN2764, NA 2020) UN2315

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 92.589996 Solid - Pound

20. Was the material shipped as a hazardous waste? True
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:
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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: 23.15 Solid - Pound Amount in Package: Number in Shipment: 4 Number Failed: 4	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: NOT REPORTED BY CARRIER 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:	
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Vehicle left roadway/track?

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Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
Fax Number:
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Date: 12/04/2003
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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-2003120513
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 11/18/2003
4. Time of Incident (use 24-hour time): 05:00
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: EGAN
County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
11. Shipper/Officer:
Name: CLEAN HARBORS OF BRAINTREE INC
Street: 1501 WASHINGTON ST
City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: POLYCHORINATED BIPHENYLS, LIQUID
15. Technical/Trade Name: (PCB OIL, WATER)
16. Hazardous Class/Division: Miscellaneous Hazardous Material
17. Identification Number: (E.g. UN2764, NA 2020) UN2315

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 7.93 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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:
Non-Bulk

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)
How Failed: - 303-Burst or Ruptured
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: 3.96 Liquid - Gallon Amount in Package: Number in Shipment: 2 Number Failed: 2	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: NOT REPORTED BY CARRIER 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:	
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 #:
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:	\$ 0.00
Carrier Damage:	\$ 60,004.00
Property Damage:	\$ 4,998.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 9,996.00

(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): 45
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:

OUR VEHICLE WAS INVOLVED IN A MAJOR OVERTURN. SEVERAL CONTRIBUTING FACTORS WERE INVOLVED. 1) SEVERE WEATHER, 2) CONSTRUCTION, 3) POOR ROAD CONDITIONS. CLEAN HARBORS ENVIRONMENTAL SERVICES CLEANED UP SPILL AND HANDLED EMERGENCY RESPONSE. NO INJURIES OCCURRED.

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: TODD WHITE
Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
Fax Number:
Hazmat Registration Number:
Date: 12/04/2003
Preparer is:



U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: I-2003120513
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 11/18/2003
4. Time of Incident (use 24-hour time): 05:00
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: EGAN
County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
11. Shipper/Officer:
Name: CLEAN HARBORS OF BRAINTREE INC
Street: 1501 WASHINGTON ST
City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: POLYCHORINATED BIPHENYLS, SOLID
15. Technical/Trade Name: (CAPACITORS)
16. Hazardous Class/Division: Miscellaneous Hazardous Material
17. Identification Number: (E.g. UN2764, NA 2020) UN2315

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 114.64 Solid - Pound

20. Was the material shipped as a hazardous waste? True
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:
Non-Bulk

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)
How Failed: - 303-Burst or Ruptured
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: 114.64 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: NOT REPORTED BY CARRIER 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:	
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 #:
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:	\$ 0.00
Carrier Damage:	\$ 60,004.00
Property Damage:	\$ 4,998.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 9,996.00

(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): 45
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) |
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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.

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Describe:

PART VIII – CONTACT INFORMATION

Contact's Name: TODD WHITE
Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
Fax Number:
Hazmat Registration Number:
Date: 12/04/2003
Preparer is:



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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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:
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County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
11. Shipper/Officer:
Name: CLEAN HARBORS OF BRAINTREE INC
Street: 1501 WASHINGTON ST
City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, TOXIC, N.O.S.
15. Technical/Trade Name: (ACETONE, POLYCHLORI
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1992

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 54.68 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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:
Non-Bulk

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.
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How Failed: - 303-Burst or Ruptured
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: 54.68 Liquid - Gallon 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: NOT REPORTED BY CARRIER 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:	
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PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | False |
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False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:
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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:

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

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False

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True

If yes, provide the following information:

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Weather conditions:
Vehicle overturned?
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Describe:

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Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
Fax Number:
Hazmat Registration Number:
Date: 12/04/2003
Preparer is:



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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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-2003120513
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 11/18/2003
4. Time of Incident (use 24-hour time): 05:00
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: EGAN
County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
11. Shipper/Officer:
Name: CLEAN HARBORS OF BRAINTREE INC
Street: 1501 WASHINGTON ST
City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, N.O.S.
15. Technical/Trade Name: (ACETONE, ISOPROPY A
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1993

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 5 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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:
Non-Bulk

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)
How Failed: - 303-Burst or Ruptured
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: 5 Liquid - Gallon 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: NOT REPORTED BY CARRIER 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:	
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 #:
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:	\$ 0.00
Carrier Damage:	\$ 60,004.00
Property Damage:	\$ 4,998.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 9,996.00

(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): 45
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:

OUR VEHICLE WAS INVOLVED IN A MAJOR OVERTURN. SEVERAL CONTRIBUTING FACTORS WERE INVOLVED. 1) SEVERE WEATHER, 2) CONSTRUCTION, 3) POOR ROAD CONDITIONS. CLEAN HARBORS ENVIRONMENTAL SERVICES CLEANED UP SPILL AND HANDLED EMERGENCY RESPONSE. NO INJURIES OCCURRED.

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: TODD WHITE
Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
Fax Number:
Hazmat Registration Number:
Date: 12/04/2003
Preparer is:



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: I-2003120513
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 11/18/2003
4. Time of Incident (use 24-hour time): 05:00
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: EGAN
County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
11. Shipper/Officer:
Name: CLEAN HARBORS OF BRAINTREE INC
Street: 1501 WASHINGTON ST
City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, N.O.S.
15. Technical/Trade Name: (ISOPROPYL ACETATE M
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1993

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 50 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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:
Non-Bulk

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)
How Failed: - 303-Burst or Ruptured
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: 50 Liquid - Gallon 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: NOT REPORTED BY CARRIER 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:	
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 #:
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:	\$ 0.00
Carrier Damage:	\$ 60,004.00
Property Damage:	\$ 4,998.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 9,996.00

(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): 45
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) |
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- 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.

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Contact's Name: TODD WHITE
Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
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Date: 12/04/2003
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U.S. Department of Transportation
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6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
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County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
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Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: AMMONIUM HYDROGENDIFLUORIDE, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN2817

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 5 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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?

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24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
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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.
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30. Result of Incident (check all that apply):

- | | | | |
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| - Spillage: | True | - Fire: | False |
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| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | False |
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Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
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U.S Department of Transportation
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Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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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-2003120513
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 11/18/2003
4. Time of Incident (use 24-hour time): 05:00
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: EGAN
County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
11. Shipper/Officer:
Name: CLEAN HARBORS OF BRAINTREE INC
Street: 1501 WASHINGTON ST
City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, TOXIC, N.O.S.
15. Technical/Trade Name: (ACETONE, POLYCHLORI
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1992

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 382.79001 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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:
Non-Bulk

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)
How Failed: - 303-Burst or Ruptured
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: 54.68 Liquid - Gallon
Amount in Package:
Number in Shipment: 7
Number Failed: 7

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

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

Manufacturer: NOT REPORTED BY CARRIER
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 #:
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:	\$ 0.00
Carrier Damage:	\$ 60,004.00
Property Damage:	\$ 4,998.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 9,996.00

(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): 45
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:

OUR VEHICLE WAS INVOLVED IN A MAJOR OVERTURN. SEVERAL CONTRIBUTING FACTORS WERE INVOLVED. 1) SEVERE WEATHER, 2) CONSTRUCTION, 3) POOR ROAD CONDITIONS. CLEAN HARBORS ENVIRONMENTAL SERVICES CLEANED UP SPILL AND HANDLED EMERGENCY RESPONSE. NO INJURIES OCCURRED.

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: TODD WHITE
Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
Fax Number:
Hazmat Registration Number:
Date: 12/04/2003
Preparer is:



U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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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: EGAN
County: ACADIA
State: LA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 10 W MILE MARKER 69
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: WOOD ROBBIE D INC
Street: 1051 OLD WARRIOR RIVER ROAD
City: DOLOMITE
State: AL
Zip Code:
Federal DOT Id Number: MC 142393
Hazmat Registration Number:
11. Shipper/Officer:
Name: CLEAN HARBORS OF BRAINTREE INC
Street: 1501 WASHINGTON ST
City: BRAINTREE
State: MA
Zip Code: 02185
Waybill/Shipping Paper: TX 02381530
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2027 BATTLEGROUND RD
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, TOXIC, N.O.S.
15. Technical/Trade Name: (ACETONE, POLYCHLORI
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1992

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 293.23001 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
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

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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.
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What Failed: - 109-Closure (e.g., Cap, Top, or Plug)
How Failed: - 303-Burst or Ruptured
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: 48.869999 Liquid - Gallon
Amount in Package:
Number in Shipment: 6
Number Failed: 6

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

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

Manufacturer: NOT REPORTED BY CARRIER
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:

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Certification Number:
Nuclide(s) Present:
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- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | False |
| - No Release: | False | | |

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True

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False

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Responders:
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False

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Responders:
General Public:

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General Public:

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False

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Total evacuated: 0
Duration of the evacuation:

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False

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If yes, provide the following information:

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

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Contact's Title: OPERATIONS MANAGER
Business Name and Address:

E-mail Address:
Telephone Number: 205-744-8440
Fax Number:
Hazmat Registration Number:
Date: 12/04/2003
Preparer is: