



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

# Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

## INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

## PART I - REPORT TYPE

1. Incident Id: E-2024040674

2. This is to report: A

## PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
04/28/2024

4. Time of Incident (use 24-hour time):  
13:23

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: Nitro  
County: UNKNOWN  
State: WV

Zip Code: (if known):

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
418 Independant Ave

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: SERVICE TRANSPORT COMPANY  
Street: 7979 ALMEDA GENOA RD  
City: HOUSTON  
State: TX  
Zip Code: 77075-2006

Federal DOT Id Number: 1536158

Hazmat Registration Number:

11. Shipper/Offeror:

Name: Covestro LLC  
Street: 17595 Energy Rd  
City: Proctor  
State: WV  
Zip Code: 26055

Waybill/Shipping Paper:

Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:  
City:  
State:  
Zip Code:

13. Destination:

Street:  
City:  
State:  
Zip Code:

14. Proper Shipping Name of Hazardous  
Material:

OTHER REGULATED SUBSTANCES, LIQUID, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division:

Miscellaneous Hazardous Material

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

NA3082



## 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: True

### 32. Damages Was the total damage cost more than \$500? True

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	\$ 120,000.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 0.00

(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? False

If yes, provide the following information:

Estimated speed (mph):

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:**

Valve damage/Failure

## 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:**

Inspect all valves and assure they are properly working

## PART VIII – CONTACT INFORMATION

Contact's Name: Christian Calvin  
Contact's Title:  
Business Name and Address:  
  
E-mail Address: chris@premiumenvironmentalservices.com  
Telephone Number: (812)853-2400  
Fax Number:  
Hazmat Registration Number:  
Date: 04/30/2024  
Preparer is: Other - Authorized Agent