



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-2024080384

2. This is to report: A

## PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
08/05/2024

4. Time of Incident (use 24-hour time):  
16:00

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: WEST DES MOINES  
County: POLK  
State: IA  
Zip Code: (if known): 50266

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
I-80 EB, near MM 120

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: LANDSTAR INWAY, INC.  
Street: 13410 SUTTON PARK DR S  
City: JACKSONVILLE  
State: FL  
Zip Code: 32224-5270

Federal DOT Id Number: 216939

Hazmat Registration Number:

11. Shipper/Offeror:

Name: Ford Storage WHSE  
Street: 11940 Centennial Rd  
City: Lavista  
State: NE  
Zip Code: 68128

Waybill/Shipping Paper:

Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:  
City:  
State:  
Zip Code:

13. Destination:

Street: 243 Shoemaker RD  
City: POTTSTOWN  
State: PA  
Zip Code: 19464

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, ORGANIC, N.O.S.

15. Technical/Trade Name: Lactic Acid

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3265

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 1700 Liquid - Gallon
- 20. Was the material shipped as a hazardous waste?** False  
If yes, provide the EPA Manifest Number:
- 21. Is this a Toxic by Inhalation (TIH) material?** False  
If yes, provide the Hazard Zone:
- 22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?** False  
If yes, provide the Exemption, Approval, or CA number:
- 23. Was this an undeclared hazardous materials shipment?** False

### PART III - PACKAGING INFORMATION

- 24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:**  
IBC
- 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: - 104-Body  
How Failed: - 303-Burst or Ruptured  
Causes of Failure: - 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: IBC Material of Construction: Plastic Head Type (Drums only): Removable	Packaging Type: Material of Construction:
<b>27. Describe the package capacity and the quantity:</b>	
<b>Single Package or Outer Packaging:</b>	<b>Single Package or Inner Packaging (if any):</b>
Package Capacity: 275 Liquid - Gallon Amount in Package: 275 Liquid - Gallon Number in Shipment: 14 Number Failed: 14	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
<b>28. Provide packaging construction and test information, as appropriate:</b>	
Manufacturer: 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:
<b>29. If the packaging is for Radioactive Materials, complete the following:</b>	
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:                                  |  |
| - Explosion:              |       | - Material Entered Waterway/Storm Sewer: |  |
| - Vapor (Gas) Dispersion: |       | - Environmental Damage:                  |  |
| - No Release:             | False |  |  |

**31. Emergency Response: The following entities responded to the incident: (Check all that apply)**

Fire/EMS Report #: False  
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: \$ 0.00  
Carrier Damage: \$ 0.00  
Property Damage: \$ 0.00  
Response Cost: \$ 0.00  
Remediation/Cleanup Cost: \$ 95,000.00  
*(See damage definitions in the instructions)*

**33a. Did the hazardous material cause or contribute to a human fatality?** False

If yes, enter the number of fatalities resulting from the hazardous material:  
Employees:  
Responders:  
General Public:

**33b. Were there human fatalities that did not result from the hazardous material?** False

If yes, how many?

**34. Did the hazardous material cause or contribute to personal injury?** False

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

**Hospitalized (Admitted Only):**

Employees:  
Responders:  
General Public:

**Non-Hospitalized:**

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

Employees:  
Responders:  
General Public:

**35. Did the hazardous material cause or contribute to an evacuation?** False

If yes, provide the following information:

Total number of general public evacuated:  
Total number of employees evacuated:  
Total evacuated: 0  
Duration of the evacuation:

**36. Was a major transportation artery or facility closed?** False

If yes, how many?

**37. Was the material involved in a crash or derailment?** True

If yes, provide the following information:

Estimated speed (mph): 0  
Weather conditions: Wind speed 14mph  
Vehicle overturned? True  
Vehicle left roadway/track? True

## PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

**38. Was the shipment on a passenger aircraft?**

If yes, was it tendered as cargo, or as passenger baggage?

**39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?**

**40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)**

- |  |  |
|--|--|
| - Shipment had not been transported      | - Transported by air (first flight)              |
| - Transport by air (subsequent flights)  | - Initial transport by highway to cargo facility |
| - Transfer at sort center/cargo facility |  |

## PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

### Describe:

On August 5, 2024, at 1631 ET, Emergency Response and Training Solutions (ERTS) was contacted by Landstar personnel in Des Moines, Iowa regarding the release of Lactic Acid (UN3265, 8, III). Contractors were dispatched to the site to perform all onsite clean-up activities. Upon arrival, contractors confirmed the release of Lactic Acid (UN3265, Corrosive Liquid, acidic, organic, n.o.s., 8, III) from (9) 275-gallon IBC plastic totes. The release was caused by a rollover accident and impacted the trailer floor, and an area of soil. Contractors placed neutralizer and absorbents on the soil in preparation for remedial and restorative activities, and the totes and trailer were transported to a nearby tow facility. At the tow facility there was an additional release of material that impacted a trail of concrete and the inside of a roll-off. Contractors neutralized, and cleaned all impacted areas with absorbents, then transferred the remaining product from the damaged totes into new totes. All waste was collected and containerized in (11) 55-gallon DF's and (9) 275-gallon IBC plastic totes, then staged onsite for proper disposal.

## 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:

NO COMMENT PROVIDED

## PART VIII - CONTACT INFORMATION

Contact's Name:	Joycelyn Spatcher
Contact's Title:	Project Specialist
Business Name and Address:	EMERGENCY RESPONSE AND TRAINING SOLUTIONS, INCORPORATED 11231 PHILIPS INDSTL BLVD JACKSONVILLE FL 32256-3016
E-mail Address:	jspatcher@ertsonline.com
Telephone Number:	(440)349-2700
Fax Number:	
Hazmat Registration Number:	
Date:	08/15/2024
Preparer is:	Other - Agent for Carrier