



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-2025020243  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 02/11/2025  
4. Time of Incident (use 24-hour time): 19:14  
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: San Jose  
County: Santa Clara  
State: CA  
Zip Code: (if known): 95120  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
650 Harry St.  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: AIR PRODUCTS AND CHEMICALS, INC.  
Street: 98 INDUSTRIAL CT  
City: GALT  
State: CA  
Zip Code: 95632-1562  
Federal DOT Id Number: 101263  
Hazmat Registration Number: 061024550303GI  
11. Shipper/Officer:  
Name: AIR PRODUCTS AND CHEMICALS, INC.  
Street: 98 INDUSTRIAL CT  
City: GALT  
State: CA  
Zip Code: 95632-1562  
Waybill/Shipping Paper: 5176-24165  
Hazmat Registration Number: 061024550303GI  
12. Origin (if different from shipper address)  
Street:  
City:  
State:  
Zip Code:  
13. Destination:  
Street: 650 Harry St  
City: SAN JOSE  
State: CA  
Zip Code: 95120  
14. Proper Shipping Name of Hazardous Material: NITROGEN, REFRIGERATED LIQUID (CRYOGENIC LIQUID)  
15. Technical/Trade Name:  
16. Hazardous Class/Division: Nonflammable Compressed Gas  
17. Identification Number: (E.g. UN2764, NA 2020) UN1977

**18. Packing Group:** (if applicable)

**19. Quantity Released:** (Include Measurement Units) 6950 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:**

Cargo Tank Motor Vehicle (CTMV)

**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: - 152-Threaded Connection

How Failed: - 312-Torn Off or Damaged

Causes of Failure: - Rollover Accident

**26a. Provide the packaging identification markings, if available.**

Identification Markings: No markings provided

(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: 7500 Liquid - Gallon  
Amount in Package: 6950 Liquid - Gallon  
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: CVA  
Serial Number: 1C95C43297M81059  
Material of Construction: Aluminum (if Tank Car, CTMV, Portable Tank, or Cylinder)  
Design Pressure: 33 PSI (if Tank Car, CTMV, Portable Tank)  
Shell Thickness: 0.19 INCH (if Tank Car, CTMV, Portable Tank)  
Head Thickness: 0.22 INCH (if Tank Car, CTMV)  
Service Pressure: (if Cylinder)  
If valve or device failed:  
Type:  
Model:  
Manufacturer:

Manufacture Date: 01/01/2008  
Last Test Date: 04/25/2023

**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:               | False | - Fire:                                  |  |
| - Explosion:              |       | - Material Entered Waterway/Storm Sewer: |  |
| - Vapor (Gas) Dispersion: | True  | - Environmental Damage:                  |  |
| - No Release:             | False |  |  |

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

Fire/EMS Report #: True F250429291  
Police Report #:   
In-house cleanup: False  
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: \$ 13,900.00  
Carrier Damage: \$ 240,000.00  
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?

True

If yes, provide the following information:

Estimated speed (mph): 7  
Weather conditions: Dry, clear  
Vehicle overturned? True  
Vehicle left roadway/track? False

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

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

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

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

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

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

## PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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

### Describe:

Driver was traveling about 7 mph while attempting to make a U-turn on a remote road. Tires on passenger side of trailer entered soft shoulder causing trailer to roll. There were no 3rd parties, no injuries, and some damage to barbwire fence and street sign. Crisis Center was notified and activated. Local Vehicle Recovery Teams from Galt and Santa Clara have responded to the scene. Local fire department responded to scene. Corporate Safety and Environmental notified. Our Air Products driver arrived at the scheduled delivery location with a fully loaded Nitrogen trailer when he approached a gate. The driver exited his vehicle and quickly determined he was at the wrong location. Upon returning to his vehicle, he decided to perform a U-Turn on a narrow two-lane road which had an incline. During the maneuvering, the back end of the trailer dug into soft shoulder and mud, the weight of the trailer pushed the tractor which caused the trailer to break away from the 5th wheel and roll against the tractor. The trailer then rolled over onto its side across the roadway. The trailer released liquid Nitrogen due to the PSV line being damaged. During the roll over event, the tractor's fuel tank was ruptured causing a diesel spill onto the ground. There were no injuries reported, and no other vehicles involved in this incident.

## 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:

Provide further focused training on basic procedures and what to do in critical situations. Including, but not limited to, proper trip planning. Thoroughly review route directions and instructions for the customer. Asking for help if you've never been to customer before. Reminders for drivers to call their supervisor when unsure what to do in any situation.

## PART VIII – CONTACT INFORMATION

Contact's Name:	Robert Hoskins
Contact's Title:	Dangerous Goods Regulations Manager
Business Name and Address:	AIR PRODUCTS AND CHEMICALS, INC. 98 INDUSTRIAL CT GALT CA 95632-1562
E-mail Address:	hoskinr@airproducts.com
Telephone Number:	(480)915-6938
Fax Number:	
Hazmat Registration Number:	061024550303GI
Date:	02/18/2025
Preparer is:	Carrier

01/01/2008