

**DEPARTMENT OF TRANSPORTATION  
HAZARDOUS MATERIALS INCIDENT REPORT**

Form Approved OMB No. 2137-0039

**INSTRUCTIONS:** Submit this report to the Information Systems Manager, Office of Hazardous Materials Transportation, DhM-63, Research and Special Program Administration, U.S. Department of Transportation, Washington, D.C. 20590. If space provided for any items is inadequate, complete that item under Section IX, keying to the entry number being completed. Copies of this form, in limited quantities, may be obtained from the Information Systems Manager, Office of Hazardous Materials Transportation. Additional copies in this prescribed format may be reproduced and used, if on the same size and kind of paper.

**I. MODE, DATE, LOCATION OF INCIDENT**

1. **MODE OF TRANSPORTATION**  
 AIR       HIGHWAY       RAIL       WATER       OTHER \_\_\_\_\_

2. **DATE AND TIME OF INCIDENT**  
 (Use Military Time, e.g. 8:30am = 0830, noon = \_\_\_\_\_ Date: \_\_\_\_\_ TIME: \_\_\_\_\_  
 1200, 6pm = 1800, midnight = 2400)

3. **LOCATION OF INCIDENT** (Include airport name in ROUTE/STREET if incident occurs at an airport.)  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_ ROUTE/STREET: \_\_\_\_\_

**II. DESCRIPTION OF CARRIER, COMPANY, OR INDIVIDUAL REPORTING**

4. **FULL NAME** \_\_\_\_\_ 5. **ADDRESS** (Principal place of business) \_\_\_\_\_

6. **LIST YOUR OMC MOTOR CARRIER CENSUS NUMBER, REPORTING REALROAD ALPHABETIC CODE, MERCHANT VESSEL NAME AND ID NUMBER OR OTHER REPORTING CODE OR NUMBER.**

**III. SHIPMENT INFORMATION** (From Shipping Paper or Packaging)

7. **SHIPPER NAME AND ADDRESS** (Principal place of business) \_\_\_\_\_ 8. **CONSIGNEE NAME AND ADDRESS** (Principal place of business) \_\_\_\_\_

9. **ORIGIN ADDRESS** (If different from Shipper address) \_\_\_\_\_ 10. **DESTINATION ADDRESS** (If different from Consignee address) \_\_\_\_\_

11. **SHIPPING PAPER/WAYBILL IDENTIFICATION NO.** \_\_\_\_\_

**IV. HAZARDOUS MATERIAL(S) SPILLED** (NOTE: REFERENCE 49 CFR SECTION 172.101.)

12. **PROPER SHIPPING NAME** \_\_\_\_\_ 13. **CHEMICAL/TRADE NAME** \_\_\_\_\_ 14. **HAZARD CLASS** \_\_\_\_\_ 15. **IDENTIFICATION NUMBER** (e.g. UN 2764, NA 2020) \_\_\_\_\_

16. **IS MATERIAL A HAZARDOUS SUBSTANCE?**  YES  NO 17. **WAS THE RQ MET?**  YES  NO

**V. CONSEQUENCES OF INCIDENT, DUE TO THE HAZARDOUS MATERIAL**

18. **ESTIMATED QUANTITY HAZARDOUS MATERIAL RELEASED** (Include units of measurement) \_\_\_\_\_ 19. **FATALITIES** \_\_\_\_\_ 20. **HOSPITALIZED INJURIES** \_\_\_\_\_ 21. **NON-HOSPITALIZED INJURIES** \_\_\_\_\_

22. **NUMBER OF PEOPLE EVACUATED** \_\_\_\_\_

23. **ESTIMATED DOLLAR AMOUNT OF LOSS AND/OR PROPERTY DAMAGE, INCLUDING COST OF DECONTAMINATION OR CLEANUP** (Round off in dollars)

A. **PRODUCT LOSS** \_\_\_\_\_ B. **CARRIER DAMAGE** \_\_\_\_\_ C. **PUBLIC/PRIVATE PROPERTY DAMAGE** \_\_\_\_\_ D. **DECONTAMINATION/CLEANUP** \_\_\_\_\_ E. **OTHER** \_\_\_\_\_

24. **CONSEQUENCES ASSOCIATED WITH THE INCIDENT:**  SPILLAGE  FIRE  EXPLOSION  VAPOR (GAS) DISPERSION  ENVIRONMENTAL DAMAGE  MATERIAL ENTERED WATERWAY/SEWER  NONE  OTHER: \_\_\_\_\_

**VI. TRANSPORT ENVIRONMENT**

25. **INDICATE TYPE(S) OF VEHICLE(S) INVOLVED:**  TANK CAR  RAIL CAR  TOFC/COFC  AIRCRAFT  CARGO TANK  VAN TRUCK/TRAILER  BARGE  FLAT BED TRUCK/TRAILER  SHIP  OTHER: \_\_\_\_\_

26. **TRANSPORTATION PASE DURING WHICH INCIDENT OCCURRED OR WAS DISCOVERED:**  EN ROUTE BETWEEN ORIGIN/DESTINATION  LOADING  UNLOADING  TEMPORARY STORAGE/TERMINAL

27. **LAND USE AT INCIDENT SITE:**  INDUSTRIAL  COMMERCIAL  RESIDENTIAL  AGRICULTURAL  UNDEVELOPED

28. **COMMUNITY TYPE AT SITE:**  URBAN  SUBURBAN  RURAL

29. **WAS THE SPILL THE RESULT OF A VEHICLE ACCIDENT/DERAILMENT? IF YES AND APPLICABLE, ANSWER PARTS A THRU C.**  YES  NO

A. **ESTIMATED SPEED:** \_\_\_\_\_ B. **HIGHWAY TYPE:**  DIVIDED/LIMITED ACCESS  UNDIVIDED C. **TOTAL NUMBER OF LANES**  ONE  TWO  THREE  FOUR OR MORE

SPACE FOR DOT USE ONLY

**III. PACKING INFORMATION:** If the package is overpacked (consists of several packages, e.g. glass jars within a fiberboard box), begin with Column A for information on the innermost package.

ITEM	A	B	C
30. TYPE OF PACKAGING, INCLUDING INNER RECEPTACLES (e.g. Steel drum, tank car)			
31. CAPACITY OR WEIGHT PER UNIT PACKAGE (e.g. 55 gallons, 65 lbs.)			
32. NUMBER OF PACKAGES OF SAME TYPE WHICH FAILED IN IDENTICAL MANNER			
33. NUMBER OF PACKAGES OF SAME TYPE IN SHIPMENT			
34. PACKAGE SPECIFICATION IDENTIFICATION (e.g. DOT 17E, DOT 105A100, UN 1A1 or none)			
35. ANY OTHER PACKAGING MARKINGS (e.g. STC, 18/16-55-88, Y1.4/150/87)			
36. NAME AND ADDRESS, SYMBOL OR REGISTRATION NUMBER OF PACKAGING MANUFACTURER			
37. SERIAL NUMBER OF CYLINDERS, PORTABLE TANKS, CARGO TANKS, TANK CARS			
38. TYPE OF LABELING OR PLACARDING APPLIED			
39. IF RECONDITIONED OR REQUALIFIED	A. REGISTRATION NUMBER OR SYMBOL		
	B. DATE OF LAST TEST OR INSPECTION		
40. EXEMPTION/APPROVAL/COMPETENT AUTHORITY NUMBER, IF APPLICABLE (e.g. DOT E1012)			

**III. DESCRIPTION OF PACKAGING FAILURE:** Check all applicable boxes for the package(s) identified above.

<b>41. ACTION CONTRIBUTIONS TO PACKAGING FAILURE</b> <table border="0"> <tr> <td>A</td><td>B</td><td>C</td><td></td> <td>A</td><td>B</td><td>C</td><td></td> </tr> <tr> <td>a.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>TRANSPORT VEHICLE COLLISION</td> <td>j.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>CORROSION</td> </tr> <tr> <td>b.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>TRANSPORT VEHICLE OVERTURN</td> <td>k.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>METAL FATIGUE</td> </tr> <tr> <td>c.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>OVERLOADING/OVERFILLING</td> <td>l.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>FRICTION/RUBBING</td> </tr> <tr> <td>d.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>LOOSE FITTINGS, VALVES</td> <td>m.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>FIRE/HEAT</td> </tr> <tr> <td>e.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>DEFECTIVE FITTINGS, VALVES</td> <td>n.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>FREEZING</td> </tr> <tr> <td>f.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>DROPPED</td> <td>o.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>VENTING</td> </tr> <tr> <td>g.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>STRUCK/RAMMED</td> <td>p.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>VANDALISM</td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>IMPROPER LOADING</td> <td>q.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>INCOMPATIBLE MATERIALS</td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>IMPROPER BLOCKING</td> <td>r.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>OTHER _____</td> </tr> </table>			A	B	C		A	B	C		a.	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORT VEHICLE COLLISION	j.	<input type="checkbox"/>	<input type="checkbox"/>	CORROSION	b.	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORT VEHICLE OVERTURN	k.	<input type="checkbox"/>	<input type="checkbox"/>	METAL FATIGUE	c.	<input type="checkbox"/>	<input type="checkbox"/>	OVERLOADING/OVERFILLING	l.	<input type="checkbox"/>	<input type="checkbox"/>	FRICTION/RUBBING	d.	<input type="checkbox"/>	<input type="checkbox"/>	LOOSE FITTINGS, VALVES	m.	<input type="checkbox"/>	<input type="checkbox"/>	FIRE/HEAT	e.	<input type="checkbox"/>	<input type="checkbox"/>	DEFECTIVE FITTINGS, VALVES	n.	<input type="checkbox"/>	<input type="checkbox"/>	FREEZING	f.	<input type="checkbox"/>	<input type="checkbox"/>	DROPPED	o.	<input type="checkbox"/>	<input type="checkbox"/>	VENTING	g.	<input type="checkbox"/>	<input type="checkbox"/>	STRUCK/RAMMED	p.	<input type="checkbox"/>	<input type="checkbox"/>	VANDALISM		<input type="checkbox"/>	<input type="checkbox"/>	IMPROPER LOADING	q.	<input type="checkbox"/>	<input type="checkbox"/>	INCOMPATIBLE MATERIALS		<input type="checkbox"/>	<input type="checkbox"/>	IMPROPER BLOCKING	r.	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<b>42. 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**IX. DESCRIPTION OF EVENTS:** Describe the sequence of events that led to incident, action taken at time discovered, and action taken to prevent future incidents. Include any recommendations to improve packaging, handling, or transportation of hazardous materials. Photographs and diagram should be submitted when necessary for clarification. ATTACH A COPY OF THE HAZARDOUS WASTE MANIFEST FOR INCIDENTS INVOLVING HAZARDOUS WASTE. Continue on additional sheets if necessary.

46. NAME OF PERSON RESPONSIBLE FOR PREPARING REPORT	47. SIGNATURE	
48. TITLE OF PERSON RESPONSIBLE FOR PREPARING REPORT	49. TELEPHONE NUMBER (Area Code)	50. DATE REPORT SIGNED