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. This is to report:  
   □ A) A hazardous material incident  
   □ B) An undeclared shipment with no release  
   □ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that:
      (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.

2. Indicate whether this is:  
   □ An initial report  
   □ A supplemental (follow-up) report  
   □ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: ______________________  

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

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: ______________________  
   County: ______________________  
   State: _______  
   ZIP Code (if known): _______  
   Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile: ______________________

8. Mode of Transportation  
   □ Air  
   □ Highway  
   □ Rail  
   □ Water

9. Transportation Phase  
   □ In Transit  
   □ Loading  
   □ Unloading  
   □ In Transit Storage

10. Carrier/Reporter  
    Name: ______________________  
    Street: ______________________  
    City: ______________________  
    State: _______  
    ZIP Code: _______  
    Federal DOT ID Number: ______________________  
    Hazmat Registration Number: ______________________

11. Shipper/Offeror  
    Name: ______________________  
    Street: ______________________  
    City: ______________________  
    State: _______  
    ZIP Code: _______  
    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: ______________________

15. Technical/Trade Name: ______________________

16. Hazardous Class/Division: ______________________  
    Identification Number: ______________________  
    (E.g. UN2764, NA 2020)

17. Identification Number: ______________________  
    Group: ______________________  
    (If applicable)

18. Packing Group: ______________________  
    (If applicable)

19. Quantity Released: ______________________  
    (Include Measurement Units)

20. Was the material shipped as a hazardous waste?  
    Yes  
    No  
    If yes, provide the EPA Manifest Number: ______________________

21. Is this a Toxic by Inhalation (TIH) material?  
    Yes  
    No  
    If yes, provide the Hazard Zone: ______________________

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?  
    Yes  
    No

If yes, provide the Exemption, Approval, or CA number: ______________________

23. Was this an undeclared hazardous materials shipment?  
    Yes  
    No

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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
   - [ ] IBC
   - [ ] Cargo tank Motor Vehicle (CTMV)
   - [ ] Tank Car
   - [ ] Cylinder
   - [ ] RAM
   - [ ] Portable Tank
   - [ ] Other

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.

   2. What Failed: _______ _______ How Failed: _______ _______ Causes of Failure: _______ _______

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-specified 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):  [ ] Removable  [ ] Non - Removable

27. Describe the package capacity and the quantity:

   Single Package or Outer Packaging:                                              Single Package or Inner Packaging (if any):
   Package Capacity: ________________________________________________________________
   Amount in Package: ________________________________________________________________
   Number in Shipment: ________________________________________________________________
   Number Failed: ________________________________________________________________

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

   Manufacturer: ________________________________________________________________
   Serial Number: ________________________________________________________________
   Material of Construction: ________________________________________________________
   Design Pressure: ________________________________________________________________
   Shell Thickness: ________________________________________________________________
   Head Thickness: ________________________________________________________________
   Service Pressure: ________________________________________________________________
   If valve or device failed:
   Type: ____________________________ Manufacturer: ____________________________ Model: ____________________________
   (if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

   Packaging Category:  [ ] Type A  [ ] Type B  [ ] Type C  [ ] Exempted  [ ] Industrial
   Packaging Certification:  [ ] Self Certified  [ ] U.S. Certification  Certification Number ____________________________
   Nuclide(s) Present: ____________________________________________________________
   Transport Index: ________________________________________________________________
   Activity: __________________________________________________
   Critical Safety Index: ____________________________
PART IV - CONSEQUENCES

30. Result of Incident (check all that apply):  □ Spillage  □ Fire  □ Explosion  □ Material Entered Waterway/Storm Sewer  □ Vapor (Gas) Dispersion  □ Environmental Damage  □ No Release

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? □ Yes  □ No
   If yes, enter the following information: If no, go to question 33.
   (See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? □ Yes  □ No
   If yes, enter the number of fatalities resulting from the hazardous material:
   Fatalities: Employees ____________  Responders ____________  General Public ____________

33b. Were there human fatalities that did not result from the hazardous material? □ Yes  □ No  If yes, how many? ________

34. Did the hazardous material cause or contribute to personal injury? □ Yes  □ No
   If yes, enter the number of injuries resulting from the hazardous material:
   Hospitalized (Admitted Only): Employees ____________  Responders ____________  General Public ____________
   Non-Hospitalized: Employees ____________  Responders ____________  General Public ____________
   (e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? □ Yes  □ No
   If yes, provide the following information:
   Total number of general public evacuated ____________  Total number of employees evacuated ____________  Total Evacuated ____________
   Duration of the evacuation ____________ (hours)

36. Was a major transportation artery or facility closed? □ Yes  □ No  If yes, how many? ________ (hours)

37. Was the material involved in a crash or derailment? □ Yes  □ No
   If yes, provide the following information:
   Estimated speed (mph): ____________  Weather conditions: ____________________________
   Vehicle overturn? □ Yes  □ No
   Vehicle left roadway/track? □ Yes  □ No

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

38. Was the shipment on a passenger aircraft? □ Yes  □ No
   If yes, was it tendered as cargo, or as passenger baggage?
   □ Cargo  □ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?
   □ Air carrier cargo facility  □ Sort center  □ Baggage area  □ By surface to/from airport  □ During flight  □ During loading/unloading of aircraft

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.

**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.

**PART VIII - CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Contact’s Name (Type or Print):</th>
<th>Telephone Number: (       )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact’s Title:</td>
<td>Fax Number: (       )</td>
</tr>
<tr>
<td>Business Name and Address:</td>
<td>Hazmat Registration Number (if not already provided):</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td>Date:</td>
</tr>
<tr>
<td>Preparer is:</td>
<td>Carrier □ Shipper □ Facility □ Other □</td>
</tr>
</tbody>
</table>

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