

3/13/00 Evt. Dist.  
cc: P Larkin  
L Rakoran, MSPO  
INSEL

**Event Reporting Handbook**

**EVENT REPORT COVER PAGE**

**AGREEMENT STATE**

**EVENT REPORT ID NO.**  KY - 00 - 003   
(State\Yr.\No.)

**DATE:** March 9, 2000

**TO:** Paul Lohaus  
**Director**  
**Office of State Programs**

**SUBJECT:** Wreck of Van Carrying Radiopharmaceuticals

**STATE:** Kentucky

00 MAR 13 PM 4:00  
DSP

**Signature and Title:**  Vicki D. Jeffs

**Vicki D. Jeffs, Supervisor**

**Radioactive Materials Section**

**Radiation Health and Toxic Agents Branch**

# EVENT REPORT

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR RECURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F33), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

<input checked="" type="checkbox"/> LICENSEE Associated Courier		CITY AND STATE Shelbyville, KY		ORIGINAL ITEM NUMBER	
TYPE OF LICENSE (i.e., Field Radiography, Private Practice Medical, etc.)		LICENSE NUMBER		THIS ITEM NUMBER	
ABNORMAL OCCURRENCE	FOLLOW-UP REPORT	ISOTOPE	TYPE OF ISOTOPE		DATE OF EVENT
<input type="checkbox"/> YES	<input type="checkbox"/> YES	various	<input checked="" type="checkbox"/> AEA MATERIAL	March 6, 2000	
<input checked="" type="checkbox"/> NO			<input checked="" type="checkbox"/> ACCELERATOR PRODUCED	DATE OF THIS REPORT	
			<input type="checkbox"/> NORM	March 9, 2000	
AMOUNT OF RADIOACTIVE MATERIAL (If amount of material is below exempt quantity, do not complete this form)					
<input type="checkbox"/> < 1 MILLICI	<input type="checkbox"/> 100 MILLICI - < 1 CI	<input type="checkbox"/> 10 CI - 100 CI	<input type="checkbox"/> UNKNOWN		
<input type="checkbox"/> 1 MILLICI - < 100 MILLICI	<input type="checkbox"/> 1 CI - < 10 CI	<input type="checkbox"/> > 100 CI			
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL	EVENT LOCATION	DOSE TO	DOSE	RAD
	EMPLOYEE	RESTRICTED AREA	WHOLE BODY		
SOURCE OF RADIATION	MINOR EMPLOYEE	UNRESTRICTED AREA	LENS OF EYE		
<input type="checkbox"/> EXTERNAL	EMBRYO/FETUS	CONTROLLED AREA	EXTREMITY		
<input type="checkbox"/> INTERNAL	PUBLIC		SKIN		
<input type="checkbox"/> BOTH			ORGAN		
LEAKING SOURCE					
<input type="checkbox"/> LOST OR STOLEN MATERIAL					
EVENT		EVENT LOCATION	PROBABLE DISPOSITION		
<input type="checkbox"/> LOST	<input type="checkbox"/> FIXED SITE	<input type="checkbox"/> WELL LOGGING RECOVERED SOURCE	<input type="checkbox"/> UNKNOWN		
<input type="checkbox"/> FOUND	<input type="checkbox"/> TEMPORARY JOB SITE	<input type="checkbox"/> WELL LOGGING IRRETRIEVABLE SOURCE	<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> THEFT	<input type="checkbox"/> LICENSED VEHICLE	<input type="checkbox"/> COMMERCIAL WASTE			
<input type="checkbox"/> THEFT, WITH FORCE	<input type="checkbox"/> COMMERCIAL CARRIER	<input type="checkbox"/> INCINERATOR			
	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> SCRAP METAL			
RELEASE OF MATERIALS					
FORM	EVENT	LOCATION			
<input type="checkbox"/> SOLID	<input type="checkbox"/> SPILL	<input type="checkbox"/> RESTRICTED AREA			
<input type="checkbox"/> LIQUID	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> UNRESTRICTED AREA			
<input type="checkbox"/> GAS	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> CONTROLLED AREA			
EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE	<input type="checkbox"/> SPILL	<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> DAMAGE TO DEVICE	<input type="checkbox"/> > 24-HOUR DENIAL OF ACCESS				
<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> DAMAGE TO SAFETY EQUIPMENT				
EVENTS INVOLVING GAUGES			EVENTS INVOLVING RADIOGRAPHY		
TYPE	EVENT	LOCATION	EVENT		
<input type="checkbox"/> GENERAL LICENSE	<input type="checkbox"/> SHUTTER	<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT		
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> MOISTURE/DENSITY GAUGE DAMAGE	<input type="checkbox"/> TEMPORARY JOB SITE	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION		
<input type="checkbox"/> SPECIAL LICENSE	<input type="checkbox"/> LOST/STOLEN		<input type="checkbox"/> CABLE FAILURE		
<input type="checkbox"/> FIXED	<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES		
<input type="checkbox"/> PORTABLE					
EVENT INVOLVING AN IRRADIATOR	MANUFACTURER	MODEL	SERIAL NUMBER		
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (Include the cause of the event(s) and licensee corrective action. May be continued on the reverse side)

See attached.

Kentucky Event Report No. KY-00-003

On March 6, 2000 at approximately 4:30 a.m. a van carrying radiopharmaceuticals wrecked on Interstate Highway 64 at Shelbyville, Kentucky. The van was owned by Associated Couriers. Apparently the van was traveling eastbound on the interstate and lost a wheel. This caused the van to cross the median, overturn several times and land on the bank of the westbound lanes. Only the driver was injured and was transported to the hospital with non-life threatening injuries.

Kentucky Radiation Control Program staff responded to the scene. After determining there was no contamination on the ground and nothing leaking from the van, the van was transported to a nearby fire station. Jaws of life were used to open the back door of the van and each package removed and surveyed individually. The van was carrying 10 returned generators and 3 "live" generators for delivery, along with various packages containing thallium-201, gallium-67, iodine-123 and iodine-131.

Two generators' packaging was destroyed, however, the generators were not damaged.

The van was surveyed inside and, with no contamination found, was released for towing. All packages were transported to a nuclear pharmacy.