



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**

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 contain 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: 12/22/2005 4. Time of Incident (use 24-hour time): 0630
5. Enter National Response Center Report Number (if applicable): 783227
6. If you submitted a report to another federal DOT agency, enter the agency and report number: -
7. Location of Incident City: LAWRENCE County: DOUGLAS  
 State: KS Country: US Zip Code:  
 Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile: 6TH STREET
8. Mode of Transportation:  Air  Highway  Rail  Water
9. Transportation Phase:  In Transit  Loading  Unloading  In Transit Storage
10. Carrier/Reporter Name: CARDINAL HEALTH NUCLEAR PHARMACY SERVICES  
 Street: 9668 MARION RIDGE  
 City: KANSAS CITY  
 State: MO Country: US Zip Code: 64137  
 Federal DOT ID/Number: Hazmat Registration Number:
11. Shipper/Offeror Name: CARDINAL HEALTH NUCLEAR PHARMACY SERVICES  
 Street: 9668 MARION RIDGE  
 City: KANSAS CITY  
 State: MO Country: US Zip Code: 64137  
 Waybill/Shipping Paper: Hazmat Registration Number:
12. Origin (if different from Shipper address) Street:  
 City:  
 State: Country: US Zip Code:
14. Proper Shipping Name of Hazardous Material: RADIOACTIVE MATERIAL, EXCEPTED PACKAGE - ARTICLES MANUFACTURED FROM NATURAL OR DEPLETED URANIUM OR NATURAL THORIUM
15. Technical Trade Name:
16. Hazardous Class /Division: 70 17. Identification Number: UN2910 18. Packing Group:  
 19. Quantity Released: 0 UCI
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

**PART III -- PACKAGING INFORMATION**

13. Destination Street: 9668 MARION RIDGE  
 City: KANSAS CITY  
 State: MO Country: US Zip Code: 64137

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.

1	What Failed: 109	How Failed: 312	Cause of Failure: 537
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26a. Provide the packaging identification markings, if available.  
 Identification Markings: DOT 7A

Single Package or Outer Packaging:	Inner Package (if any):
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26b. Packaging Type:  
 Material of construction:  
 Head Type (Drums only):  
 Removable  Non-Removable

27. Package Capacity and the quantity  
 Package Capacity:  
 Amount in Package:  
 Number in shipment:  
 Number Failed:

28. Packaging Construction and Test Information:  
 Manufacturer:  
 Manufacture Date:  
 Serial Number:  
 Last Test Date:  
 Material of Construction:  
 Design Pressure:  
 Shell Thickness:  
 Head Thickness:  
 Service Pressure:  
 If Valve or device failed:  
 Type: AMMO CAN  
 Manufacturer: BWAY PACKAGING  
 Model: PA-19

26b. Packaging Type:  
 Material of construction:

27. Package Capacity and the quantity  
 Package Capacity:  
 Amount in Package:  
 Number in shipment:  
 Number Failed:

28. Packaging Construction and Test Information:  
 Manufacturer:  
 Manufacture Date:  
 Serial Number:  
 Last Test Date:  
 Material of Construction:

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

Packaging Category:  Type A  Type B  Type C  Excepted  Industrial

Packaging Certification:  Self Certified  U.S. Certification Certification Number:

Nuclide(s) Present: TC-99M

Transport Index: II

Activity: 600 UCI

Critical Safety Index:

**PART IV - CONSEQUENCES**

30. Result of Incident (check all that apply):  Spillage  Fire  Explosion  Material Entered Waterways/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.

Material Loss: \$2000 (See damage definitions in the instructions)	Carrier Damage: \$20000	Property Damage: \$0	Response Cost: \$0	Remediation/Cleanup Cost: \$0
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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: 0	Responders: 0	General Public: 0
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33b. Were there human fatalities that did not result from hazardous material?  Yes  No If yes, how many? 1

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: 0	Responders: 0	General Public: 0
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Non-Hospitalized: (e.g. On site first aid or Emergency Room observation and release)	Employees: 0	Responders: 0	General Public: 0
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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:
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Duration of the evacuation: (hours)

36. Was a major transportation artery or facility closed?  Yes  No If yes, how many? 2 (hours)

37. Was the material involved in a crash or derailment?  Yes  No

If yes, provide the following information: Estimated speed (mph): 1 Weather conditions: CLEAR

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)?

<input type="checkbox"/> Air carrier cargo facility	<input type="checkbox"/> Sort Center	<input type="checkbox"/> Baggage Area
<input type="checkbox"/> By surface to/from airport	<input type="checkbox"/> During flight	<input type="checkbox"/> During loading/unloading of aircraft

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

<input type="checkbox"/> Shipment had not been transported	<input type="checkbox"/> Transported by air (first flight)	<input type="checkbox"/> Transported by air (subsequent flights)
<input type="checkbox"/> Initial transport by highway to cargo facility	<input type="checkbox"/> 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.

THIS IS A DESCRIPTION OF AN ACCIDENT INVOLVING A CARDINAL HEALTH (CAH) VEHICLE. THE CAH VEHICLE WAS TRAVELING WESTBOUND ON 6TH STREET WHERE IT STOPPED AT A STOP LIGHT. WHILE STOPPED AT THE STOP LIGHT, A MINIVAN WHICH WAS TRAVELING EASTBOUND CROSSED OVER ITS LANE AND STRUCK THE CAH VEHICLE HEAD-ON. THE CAH VEHICLE WAS THEN REAR-ENDED BY A TRUCK TRAVELING WESTBOUND. THIS CAUSED THE CAH VEHICLE'S TRUCK BED COVER TO OPEN AND THE CARGO (AMMO CANS) WERE EJECTED FROM THE VEHICLE ONTO THE ROADWAY. THE AMMO CANS AND THEIR CONTENTS REMAINED INTACT DESPITE THE COLLISION. THE CAH VEHICLE WAS CARRYING SIX PACKAGES AT THE TIME. FOUR OF THESE PACKAGES WERE LIMITED QUANTITY RETURN PACKAGES FROM OUR CUSTOMERS, AND TWO OF THE PACKAGES WERE OUTBOUND PACKAGES. THE OUTBOUND PACKAGES, CUMULATIVELY, CONTAINED 600 MCI OF TC-99M. SURVEYS AND WIPES WERE PERFORMED ON THE CAH VEHICLE AND THE ROADWAY. BOTH THE VEHICLE AND THE ROADWAY WERE AT BACKGROUND. THERE ARE TWO IMPROTANT ITEMS TO NOTE ABOUT THIS ACCIDENT. THE DRIVER OF THE MINIVAN, WHICH CROSSED LANES, DIED AS A RESULT OF INJURIES INCURRED FROM THIS ACCIDENT. ALSO FOR APPROXIMATELY THREE HOURS THE AMMO CANS WERE IN THE SECURE POSSESSION OF THE LAWRENCE FIRE DEPARTMENT. PRIOR TO TAKING THE AMMO CANS INTO THEIR POSSESSION THE FIRE DEPARTMENT SURVEYED THE PACKAGES FOR CONTAMINATION. THEY THEN PLACED THEM IN A SECURE AREA OF THEIR FIRE DEPARTMENT UNTIL THE CAH RADIATION SAFETY OFFICER ARRIVED TO TAKE THEM INTO HIS POSSESSION AND RETURN THEM TO THE PHARMACY.

**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 operation 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.

DUE TO THE LARGE VOLUME OF DELIVERY VEHICLES UTILIZED BY CARDINAL HEALTH, ACCIDENTS OCCUR FROM TIME TO TIME. CARDINAL HEALTH IS CONSTANTLY WORKING TO IMPROVE OUR DRIVER TRAINING AND SAFETY AWARENESS PROGRAMS. IN THIS CASE THE VEHICLE ACCIDENT WAS NOT DUE TO ANY NEGLIGENCE ON THE PART OF OUR DRIVER. WE COMMIT TO CONTINUING DRIVER SAFETY AND AWARENESS EDUCATION IN ACCORDANCE WITH THE REGULATORY AGENCIES.

**PART VIII - CONTACT INFORMATION**

Contact's Name: PAUL GOTTI

Telephone Number: (614)757-5114

Contact's Title: VICE PRESIDENT, QUALITY AND REGULATORY

Fax Number: (614)652-4598

Business Name: CARDINAL HEALTH NPS  
Address:

Hazmat Registration Number (if not already provided):

Street: 7000 CARDINAL PLACE  
City: DUBLIN  
State: OH

Country: US

Zip Code: 43017

E-mail Address:

Date:

Preparer is:  Carrier  Shipper  Facility  Other