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: X-2023040360
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/30/2023

4. Time of Incident (use 24-hour time):
01:22

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: RAYMOND
County: Kandiyohi
State: MN
Zip Code: (if known): 56282
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NOT PROVIDED

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: BNSF Railway Company
Street: 2500 Lou Menk Drive
City: Fort Worth
State: TX
Zip Code: 76131
Federal DOT Id Number: 281683
Hazmat Registration Number: 062615552003XZ

11. Shipper/Offeror:

Name: Vantage Corn Processors LLC
Street: 400 W. Erie Rd
City: MARSHALL
State: MN
Zip Code: 56258
Waybill/Shipping Paper: 526870
Hazmat Registration Number: Unavailable

12. Origin (if different from shipper address)

Street: ADM Corn Processing
City: MARSHALL
State: MN
Zip Code: 56258

13. Destination:

Street: 3209 Broadway Blvd. SE
City: ALBUQUERQUE
State: NM
Zip Code: 87101

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 500 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:
Tank Car

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: - 121-Gasket
How Failed: - 308-Leaked
Causes of Failure: - Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	30640 Liquid - Gallon	Package Capacity:
Amount in Package:	27591 Liquid - Gallon	Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

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

Manufacturer:	N/A	Manufacture Date:
Serial Number:	WFRX 160405	Last Test Date:
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	100 PSI (if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)	
Head Thickness:	(if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

If valve or device failed:
Type: N/A
Model: UNKNOWN
Manufacturer: UNKNOWN

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

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

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

Fire/EMS Report #:
Police Report #:
In-house cleanup:
Other Cleanup: True

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:	$ 60,000.00
Carrier Damage:	$ 60,000.00
Property Damage:	$ 519,825.00
Response Cost:	$ 500,000.00
Remediation/Cleanup Cost:	$ 150,000.00

(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? True

If yes, provide the following information:

Total number of general public evacuated:	162
Total number of employees evacuated:	0
Total evacuated:	162
Duration of the evacuation:	9

36. Was a major transportation artery or facility closed? True

If yes, how many? 15

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	45
Weather conditions:	Clear
Vehicle overturned?	True
Vehicle left roadway/track?	True

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:

1. X-2023040360: fire caused the gasket to fail - heat failure

2. X-2023040361: fire impingement caused the manway gasket to fail

3. X-2023040362: derailment caused the puncture under the manway

4. X-2023040363: No additional comments.

5. X-2023040364: fire caused the gaskets to fail. Manway and BOV cap gasket and ball valve seat gasket

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:

1. X-2023040360: No additional comments.(NAR:,manway leaked due to fire exposure)

2. X-2023040361: No additional comments.(NAR:,manway leaked due to fire exposure)

3. X-2023040362: No additional comments.(NAR:,tank puncture)

4. X-2023040363: No additional comments.

5. X-2023040364: No additional comments.(NAR:,bottom outlet leaked,manway gasket leaked to due fire)

PART VIII – CONTACT INFORMATION

Contact's Name:	0003418 - Clay Reid
Contact's Title:	Dir Haz
Business Name and Address:	BNSF - BNSF Railway Company 2600 Lou Menk Drive FORT WORTH TX 76131
E-mail Address:	CLAY.REID@BNSF.COM
Telephone Number:	8173527228
Fax Number:	817- 352-7228
Hazmat Registration Number:	062615552003XZ
Date:	04/17/2023
Preparer is:	Carrier

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PART I - REPORT TYPE

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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/30/2023

4. Time of Incident (use 24-hour time):
01:22

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: RAYMOND
County: Kandiyohi
State: MN
Zip Code: (if known): 56282
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NOT PROVIDED

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BNSF Railway Company
Street: 2500 Lou Menk Drive
City: Fort Worth
State: TX
Zip Code: 76131
Federal DOT Id Number: 281683
Hazmat Registration Number: 062615552003XZ

11. Shipper/Offeror:
Name: Vantage Corn Processors LLC
Street: 400 W. Erie Rd
City: MARSHALL
State: MN
Zip Code: 56258
Waybill/Shipping Paper: 618221
Hazmat Registration Number: Unavailable

12. Origin (if different from shipper address)
Street: ADM Corn Processing
City: MARSHALL
State: MN
Zip Code: 56258

13. Destination:
Street: 3209 Broadway Blvd. SE
City: ALBUQUERQUE
State: NM
Zip Code: 87101

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 500 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:
Tank Car

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: - 137-Manway or Dome Cover
How Failed: - 308-Leaked
Causes of Failure: - Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	30560 Liquid - Gallon	Package Capacity:
Amount in Package:	27518 Liquid - Gallon	Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

28. Provide packaging construction and test information, as appropriate:
Manufacturer: N/A
Serial Number: WFRX 160417
Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 100 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: (if Tank Car, CTMV, Portable Tank)
Head Thickness: (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type: N/A
Model: UNKNOWN
Manufacturer: UNKNOWN

Manufacture Date:
Last Test Date:

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

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

Fire/EMS Report #:
Police Report #:
In-house cleanup:
Other Cleanup: True

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:	$ 60,000.00
Carrier Damage:	$ 60,000.00
Property Damage:	$ 519,825.00
Response Cost:	$ 500,000.00
Remediation/Cleanup Cost:	$ 150,000.00

(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? True

If yes, provide the following information:

Total number of general public evacuated:	162
Total number of employees evacuated:	0
Total evacuated:	162
Duration of the evacuation:	9

36. Was a major transportation artery or facility closed? True

If yes, how many? 15

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	45
Weather conditions:	Clear
Vehicle overturned?	True
Vehicle left roadway/track?	True

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)
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Describe:

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2. X-2023040361: fire impingement caused the manway gasket to fail

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4. X-2023040363: No additional comments.

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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:

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5. X-2023040364: No additional comments.(NAR:,bottom outlet leaked,manway gasket leaked to due fire)

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Contact's Name:	0003418 - Clay Reid
Contact's Title:	Dir Haz
Business Name and Address:	BNSF - BNSF Railway Company 2600 Lou Menk Drive FORT WORTH TX 76131
E-mail Address:	CLAY.REID@BNSF.COM
Telephone Number:	8173527228
Fax Number:	817- 352-7228
Hazmat Registration Number:	062615552003XZ
Date:	04/17/2023
Preparer is:	Carrier

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03/30/2023

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01:22

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6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: RAYMOND
County: Kandiyohi
State: MN
Zip Code: (if known): 56282
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NOT PROVIDED

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BNSF Railway Company
Street: 2500 Lou Menk Drive
City: Fort Worth
State: TX
Zip Code: 76131
Federal DOT Id Number: 281683
Hazmat Registration Number: 062615552003XZ

11. Shipper/Offeror:
Name: Vantage Corn Processors LLC
Street: 400 W. Erie Rd
City: MARSHALL
State: MN
Zip Code: 56258
Waybill/Shipping Paper: 282404
Hazmat Registration Number: Unavailable

12. Origin (if different from shipper address)
Street: ADM Corn Processing
City: MARSHALL
State: MN
Zip Code: 56258

13. Destination:
Street: 3209 Broadway Blvd. SE
City: ALBUQUERQUE
State: NM
Zip Code: 87101

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 14000 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:
Tank Car

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: - 150-Tank Shell
How Failed: - 309-Punctured
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	30590 Liquid - Gallon	Package Capacity:
Amount in Package:	27546 Liquid - Gallon	Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

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

Manufacturer:	N/A	Manufacture Date:
Serial Number:	WFRX 160411	Last Test Date:
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	100 PSI (if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)	
Head Thickness:	(if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

If valve or device failed:
Type: N/A
Model: UNKNOWN
Manufacturer: UNKNOWN

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

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

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

Fire/EMS Report #:
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In-house cleanup:
Other Cleanup: True

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:	$ 60,000.00
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Remediation/Cleanup Cost:	$ 150,000.00

(See damage definitions in the instructions)

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Responders:	
General Public:	

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many?

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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:	

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Vehicle left roadway/track?	True

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

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- 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:

1. X-2023040360: fire caused the gasket to fail - heat failure

2. X-2023040361: fire impingement caused the manway gasket to fail

3. X-2023040362: derailment caused the puncture under the manway

4. X-2023040363: No additional comments.

5. X-2023040364: fire caused the gaskets to fail. Manway and BOV cap gasket and ball valve seat gasket

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:

1. X-2023040360: No additional comments.(NAR:,manway leaked due to fire exposure)

2. X-2023040361: No additional comments.(NAR:,manway leaked due to fire exposure)

3. X-2023040362: No additional comments.(NAR:,tank puncture)

4. X-2023040363: No additional comments.

5. X-2023040364: No additional comments.(NAR:,bottom outlet leaked,manway gasket leaked to due fire)

PART VIII – CONTACT INFORMATION

Contact's Name:	0003418 - Clay Reid
Contact's Title:	Dir Haz
Business Name and Address:	BNSF - BNSF Railway Company 2600 Lou Menk Drive FORT WORTH TX 76131
E-mail Address:	CLAY.REID@BNSF.COM
Telephone Number:	8173527228
Fax Number:	817- 352-7228
Hazmat Registration Number:	062615552003XZ
Date:	04/17/2023
Preparer is:	Carrier

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: X-2023040360
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/30/2023

4. Time of Incident (use 24-hour time):
01:22

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: RAYMOND
County: Kandiyohi
State: MN
Zip Code: (if known): 56282
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NOT PROVIDED

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BNSF Railway Company
Street: 2500 Lou Menk Drive
City: Fort Worth
State: TX
Zip Code: 76131
Federal DOT Id Number: 281683
Hazmat Registration Number: 062615552003XZ

11. Shipper/Offeror:
Name: Vantage Corn Processors LLC
Street: 400 W. Erie Rd
City: MARSHALL
State: MN
Zip Code: 56258
Waybill/Shipping Paper: 323047
Hazmat Registration Number: Unavailable

12. Origin (if different from shipper address)
Street: ADM Corn Processing
City: MARSHALL
State: MN
Zip Code: 56258

13. Destination:
Street: 3209 Broadway Blvd. SE
City: ALBUQUERQUE
State: NM
Zip Code: 87101

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 14000 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:
Tank Car

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: - 150-Tank Shell
How Failed: - 309-Punctured
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	30300 Liquid - Gallon	Package Capacity:
Amount in Package:	27203 Liquid - Gallon	Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

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

Manufacturer:	N/A	Manufacture Date:
Serial Number:	TILX 363092	Last Test Date:
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	100 PSI (if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)	
Head Thickness:	(if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

If valve or device failed:
Type: N/A
Model: UNKNOWN
Manufacturer: UNKNOWN

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

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

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

Fire/EMS Report #:
Police Report #:
In-house cleanup:
Other Cleanup: True

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:	$ 60,000.00
Carrier Damage:	$ 60,000.00
Property Damage:	$ 519,825.00
Response Cost:	$ 500,000.00
Remediation/Cleanup Cost:	$ 150,000.00

(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? True

If yes, provide the following information:

Total number of general public evacuated:	162
Total number of employees evacuated:	0
Total evacuated:	162
Duration of the evacuation:	9

36. Was a major transportation artery or facility closed? True

If yes, how many? 15

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	45
Weather conditions:	Clear
Vehicle overturned?	True
Vehicle left roadway/track?	True

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:

1. X-2023040360: fire caused the gasket to fail - heat failure

2. X-2023040361: fire impingement caused the manway gasket to fail

3. X-2023040362: derailment caused the puncture under the manway

4. X-2023040363: No additional comments.

5. X-2023040364: fire caused the gaskets to fail. Manway and BOV cap gasket and ball valve seat gasket

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:

1. X-2023040360: No additional comments.(NAR:,manway leaked due to fire exposure)

2. X-2023040361: No additional comments.(NAR:,manway leaked due to fire exposure)

3. X-2023040362: No additional comments.(NAR:,tank puncture)

4. X-2023040363: No additional comments.

5. X-2023040364: No additional comments.(NAR:,bottom outlet leaked,manway gasket leaked to due fire)

PART VIII – CONTACT INFORMATION

Contact's Name:	0003418 - Clay Reid
Contact's Title:	Dir Haz
Business Name and Address:	BNSF - BNSF Railway Company 2600 Lou Menk Drive FORT WORTH TX 76131
E-mail Address:	CLAY.REID@BNSF.COM
Telephone Number:	8173527228
Fax Number:	817- 352-7228
Hazmat Registration Number:	062615552003XZ
Date:	04/17/2023
Preparer is:	Carrier

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: X-2023040360
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/30/2023

4. Time of Incident (use 24-hour time):
01:22

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: RAYMOND
County: Kandiyohi
State: MN
Zip Code: (if known): 56282
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NOT PROVIDED

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BNSF Railway Company
Street: 2500 Lou Menk Drive
City: Fort Worth
State: TX
Zip Code: 76131
Federal DOT Id Number: 281683
Hazmat Registration Number: 062615552003XZ

11. Shipper/Offeror:
Name: Vantage Corn Processors LLC
Street: 400 W. Erie Rd
City: MARSHALL
State: MN
Zip Code: 56258
Waybill/Shipping Paper: 282403
Hazmat Registration Number: Unavailable

12. Origin (if different from shipper address)
Street: ADM Corn Processing
City: MARSHALL
State: MN
Zip Code: 56258

13. Destination:
Street: 3209 Broadway Blvd. SE
City: ALBUQUERQUE
State: NM
Zip Code: 87101

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 1000 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:
Tank Car

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: - 106-Bottom Outlet Valve; 121-Gasket
How Failed: - 308-Leaked; 308-Leaked
Causes of Failure: - Fire, Temperature, or Heat; Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):
Package Capacity:	30310 Liquid - Gallon	Package Capacity:
Amount in Package:	27591 Liquid - Gallon	Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

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

Manufacturer:	N/A	Manufacture Date:
Serial Number:	TILX 192381	Last Test Date:
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	100 PSI (if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)	
Head Thickness:	(if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

If valve or device failed:
Type: N/A
Model: UNKNOWN
Manufacturer: UNKNOWN

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- Spillage:
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
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Material Loss:	$ 60,000.00
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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?

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If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	
Responders:	
General Public:	

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(e.g.: On site first aid or Emergency Room observation and release)

Employees:	
Responders:	
General Public:	

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If yes, provide the following information:

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If yes, provide the following information:

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Vehicle overturned?	True
Vehicle left roadway/track?	True

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38. Was the shipment on a passenger aircraft?

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

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Contact's Title:	Dir Haz
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E-mail Address:	CLAY.REID@BNSF.COM
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Date:	04/17/2023
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