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-2011120034
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/07/2011

4. Time of Incident (use 24-hour time):
03:40

5. Enter National Response Center Report Number (if applicable):
994768

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

7. Location of Incident:
City: PASCO
County: FRANKLIN
State: WA
Zip Code: (if known): 99301
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BNSF Railway Company
Street: 2600 Lou Menk Drive
City: Fort Worth
State: TX
Zip Code: 76131-2830
Federal DOT Id Number: 281683
Hazmat Registration Number: 051909004014RT

11. Shipper/Offeror:
Name: ADM Corn Processing
Street: County Road 9
City: Walhalla
State: ND
Zip Code: 58282
Waybill/Shipping Paper: BNSF373529
Hazmat Registration Number: N/A

12. Origin (if different from shipper address)
Street: County Road 9
City: Walhalla
State: ND
Zip Code: 58282

13. Destination:
Street: 671 Tank Farm Road
City: Pasco
State: WA
Zip Code: 99301

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) II

19. Quantity Released: (Include Measurement Units) 14500 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: - 149-Tank Head
How Failed: - 309-Punctured
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 111A100W1
(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:	198400 Liquid - Pound	Package Capacity:	
Amount in Package:	188410 Liquid - Pound	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:	TRN023	Manufacture Date:	10/16/2007
Serial Number:	ADMX31033	Last Test Date:	10/16/2007
Material of Construction:	AAR TC-128, Gr. B (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	100 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.437 inch (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.437 inch (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type:
Model:
Manufacturer:

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

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

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

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:	$ 29,000.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 10,000.00
Remediation/Cleanup Cost:	$ 30,000.00

(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:	0
Responders:	0
General Public:	0

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

If yes, how many? 0

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:	0
Responders:	0
General Public:	0

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

Employees:	0
Responders:	0
General Public:	0

35. Did the hazardous material cause or contribute to an evacuation? True

If yes, provide the following information:

Total number of general public evacuated:	20
Total number of employees evacuated:	0
Total evacuated:	20
Duration of the evacuation:	7

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

If yes, how many? 7

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

If yes, provide the following information:

Estimated speed (mph):	0
Weather conditions:	Clear, 23F
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:

A yard hump job pulling rail cars in the railyard experienced a failed knuckle in their cut of cars which allowed several rail cars to roll-away from the cut colliding into another yard job that was stopped in the yard and unattended after the crew was safely moved from the area after being warned of the impending collision. Included in the yard job that was struck was tank car ADMX 31033 that derailed on its side and sustained a compromising hole in the B-end tank head near the lower right quadrant. Product escaped from the breach until responders were able to plug the hole in the tank head by Noon PST on 11/07/2011. An earthen dike was built to contain spillage. Pooled ground spillage was vacuumed, placed in portable frac tanks and earmarked for appropriated disposal. Air monitoring was initiated and no adverse conditions were recorded during the incident. The remaining product in ADMX 31033 was transferred into portable frac tanks and earmarked for reuse/recycling.

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:

No additional comments.

PART VIII – CONTACT INFORMATION

Contact's Name:	Richard McMahon
Contact's Title:	Manager Hazardous Materials Risk Management
Business Name and Address:	BNSF Railway Company 4200 Deen Road Fort Worth TX 76106
E-mail Address:	rich.mcmahon@bnsf.com
Telephone Number:	(817) 740-7355
Fax Number:	(817) 740-7250
Hazmat Registration Number:	051909004014RT
Date:	
Preparer is:	Carrier

10/16/2007

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7. Location of Incident:
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County: FRANKLIN
State: WA
Zip Code: (if known): 99301
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BNSF Railway Company
Street: 2600 Lou Menk Drive
City: Fort Worth
State: TX
Zip Code: 76131-2830
Federal DOT Id Number: 281683
Hazmat Registration Number: 051909004014RT

11. Shipper/Offeror:
Name: Terra Nitrogen Corporation
Street: 4612 Highway 49
City: Yazoo City
State: MS
Zip Code: 39194
Waybill/Shipping Paper: CN797383
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 13583 Wheeler Road
City: GOOSE PRAIRIE
State: WA
Zip Code: 98937

14. Proper Shipping Name of Hazardous Material: AMMONIUM NITRATE, WITH NOT MORE THAN 0.2% OF COMBUSTIBLE MATERIALS, INCLUDING ANY ORGANIC SUBSTANCE CALCULATED AS CARBON TO THE EXCLUSION OF ANY OTHER ADDED SUBSTANCE

15. Technical/Trade Name:

16. Hazardous Class/Division: Oxidizer

17. Identification Number: (E.g. UN2764, NA 2020) UN1942

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 2000 Solid - Pound

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:
Other, Covered Hopper

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: - 117-Fill Hole
How Failed: - 308-Leaked
Causes of Failure: - Derailment

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-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:	221400 Solid - Pound	Package Capacity:
Amount in Package:	197750 Solid - Pound	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: Manufacture Date:
Serial Number: Last Test Date:
Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: (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:
Model:
Manufacturer:

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

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Weather conditions: Clear, 23F
Vehicle overturned? True
Vehicle left roadway/track? True

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Contact's Title:	Manager Hazardous Materials Risk Management
Business Name and Address:	BNSF Railway Company 4200 Deen Road Fort Worth TX 76106
E-mail Address:	rich.mcmahon@bnsf.com
Telephone Number:	(817) 740-7355
Fax Number:	(817) 740-7250
Hazmat Registration Number:	051909004014RT
Date:	
Preparer is:	Carrier