



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-2009040003
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 03/08/2009
4. Time of Incident (use 24-hour time): 15:47
5. Enter National Response Center Report Number (if applicable): 899000
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: JESUP
County: Buchanan
State: IA
Zip Code: (if known): 50648
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: CN/Chicago, Central and Pacific Railroad
Street: 17641 South Ashland Avenue
City: HOMEWOOD
State: IL
Zip Code: 60430-1345
Federal DOT Id Number: CN103
Hazmat Registration Number: 062408009010Q
11. Shipper/Officer:
Name: ADM Corn Processing - C/O Little Sioux Corn Proces
Street: 4808 F Avenue
City: MARCUS
State: IA
Zip Code: 51035
Waybill/Shipping Paper: Cn-771053
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 4808 F Avenue
City: MARCUS
State: IA
Zip Code: 51035
13. Destination:
Street: 920 Godwin Street
City: PORTSMOUTH
State: VA
Zip Code: 23704
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) 85 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: - 134-Liquid Valve; 158-Vapor Valve

How Failed: - 312-Torn Off or Damaged; 312-Torn Off or Damaged

Causes of Failure: - Human Error; Human Error

26a. Provide the packaging identification markings, if available.

Identification Markings: 111AW

(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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 30090 Liquid - Gallon
Amount in Package: 29157 Liquid - Gallon
Number in Shipment: 1
Number Failed: 1

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer: TRN023

Serial Number: ADMX30852

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:

Manufacture Date: 09/01/2007

Last Test Date: 09/01/2007

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

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

Fire/EMS Report #: True 09-03
Police Report #: True None
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:	\$ 200.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 8,000.00
Remediation/Cleanup Cost:	\$ 6,000.00

(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:	31
Total number of employees evacuated:	0
Total evacuated:	31
Duration of the evacuation:	12

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

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	10
Weather conditions:	Snow
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:

On 03/08/2009 , eastbound CN train M33891-08 was pulling into the siding at Jesup, IA to meet train M337 when train M38891-08 went into emergency. The conductor investigated, noting rail cars TILX 638894, GTW 188141, NOKL 380639, ADMX 31109, ADMX 30852, ADMX 30665 + ADMX 30264 derailed account broken rail. Tank cars ADMX 31109, ADMX 30852, ADMX 30665 + ADMX 30264, (all L/ Alcohol N.O.S.) were derailed on their sides. All appropriate departments notified. Jesup Voluntary Fire Department and Regional Hazmat Team arrived on scene, no leaks noted or detected. Nearby homes evacuated, approximately 31 people. CN Dangerous Goods Team arrived on scene, noting no leaks or tank damage. Rerailing operations started.

During the rerailing process, ADMX 30852's protective cover (breadbox), liquid education and vapor/air valves were damaged allowing approximately 85 gallons of product to be released. Movement approval obtained (09030107) and product transfer to be conducted.

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:	Michael De Smedt
Contact's Title:	Sr. Manager Hazardous Materials
Business Name and Address:	Canadian National Railway 17641 South Ashland Avenue HOMEWOOD IL 60430-1345
E-mail Address:	mike.desmedt@cn.ca
Telephone Number:	708-332-3911
Fax Number:	708-332-6737
Hazmat Registration Number:	062408009010Q
Date:	
Preparer is:	Carrier

09/01/2007