



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: I-2013020367
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/24/2013
4. Time of Incident (use 24-hour time):
16:48
5. Enter National Response Center Report Number (if applicable):
1036528
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: CARSON
County: LOS ANGELES
State: CA
Zip Code: (if known): 90745
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
24710 WILMINGTON AVENUE
8. Mode of Transportation: Rail
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: BNSF RAILWAY COMPANY
Street: 1302 E LOMITA BLVD
City: WILMINGTON
State: CA
Zip Code: 90744-1610
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: ABENGOA BIOENERGY OF NEBRASKA, LLC
Street: 35955 NAVAHO RD
City: RAVENNA
State: NE
Zip Code: 68869-3240
Waybill/Shipping Paper: 748271
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 24710 WILMINGTON AVENUE
City: CARSON
State: CA
Zip Code: 90745
14. Proper Shipping Name of Hazardous Material: DENATURED ALCOHOL
15. Technical/Trade Name: DENATURED ETHANOL ETHYL ALCOHOL DENATURED
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1987

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 3600 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

How Failed: - 306-Failed to Operate

Causes of Failure: - Missing Component or Device

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

Identification Markings: NO MARKINGS GIVEN

(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:	
Package Capacity: Amount in Package: Number in Shipment: Number Failed:	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate:	
Manufacturer: AMERICAN RAILCAR INDUSTRIES Serial Number: DBUX300755 Material of Construction: STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: 100 PSI (if Tank Car, CTMV, Portable Tank) Shell Thickness: 2.285 INCH (if Tank Car, CTMV, Portable Tank) Head Thickness: 2.285 INCH (if Tank Car, CTMV) Service Pressure: (if Cylinder) If valve or device failed: Type: TANK CAR Model: Manufacturer: AMERICAN RAILCAR INDUSTRIES	
29. If the packaging is for Radioactive Materials, complete the following:	
Packaging Category: Packaging Certification: Certification Number: Nuclide(s) Present: Activity: Critical Safety Index:	

Manufacture Date: 02/01/2005

Last Test Date:

Transport 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: False
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: \$ 3,683.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 5,378.00
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?

False

If yes, provide the following information:

Total number of general public evacuated:
Total number of employees evacuated:
Total evacuated:
Duration of the evacuation:

36. Was a major transportation artery or facility closed?

False

If yes, how many?

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

False

If yes, provide the following information:

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

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:

During the railcar unloading process, approximately 3600 gls of ethanol was released into containment when a butterfly-valve failed on an inbound railcar. After the KM Operator removed the seals and belly cap, product flowed freely as the valve holding the product was in the full open position (the handle however, indicated that it was closed). The KM Operator immediately notified management, and the Operations Supervisor was able to stem the flow of product by manipulating the handle back into the closed position after approximately 4 minutes of free flow. There were no injuries, and no product impacted the soil. As precautionary measures the surface of the loading rack was washed down with water to flush any residual product into containment. Covers were additionally placed on top of the containment sump to suppress potential flammable vapors. LEL monitors were used to determine the boundaries of the associated vapor hazard- the meters gave negative readings unless directly over the product. Calls were made to the local FD and Hazmat services to alert them of the situation and also ready their assets in the event the situation worsened. After the incident, UTLX was brought to the terminal to inspect the bottom outlet valve handle. It was learned that the pin connecting the handle and stem was missing (pin ensures that the handle is seated properly/secure).

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:

Kinder Morgan is currently testing various railcar emergency plugging devices to determine best management practices for stopping uncontrolled releases at the belly-valve. Upon completion/fabrication of the devices, terminals at KM will develop procedures for use and train their operations personnel on these devices as part of their worst case scenario training.

PART VIII – CONTACT INFORMATION

Contact's Name:	ALEX CALLAHAN
Contact's Title:	EHS MANAGER
Business Name and Address:	KINDER MORGAN ETHANOL 4207 PASADENA FWY PASADENA TX 77503
E-mail Address:	alexander_callahan@kindermorgan.com
Telephone Number:	281 241 5703
Fax Number:	832 397 4328
Hazmat Registration Number:	050312550031U
Date:	02/18/2013
Preparer is:	Facility owner/operator

02/01/2005