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-2012090279
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/17/2012

4. Time of Incident (use 24-hour time):
09:22

5. Enter National Response Center Report Number (if applicable):
1021331

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

7. Location of Incident:
City: PRATT
County: PRATT
State: KS
Zip Code: (if known): 67124
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
80518 W HIGHWAY 54

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CROP PRODUCTION SERVICES
Street: 3005 ROCKY MOUNTAIN AVENUE
City: Loveland
State: CO
Zip Code: 80538
Federal DOT Id Number: 1203339
Hazmat Registration Number: 060811550074TV

11. Shipper/Offeror:
Name: CROP PRODUCTION SERVICES
Street: 3005 ROCKY MOUNTAIN AVENUE
City: LOVELAND
State: CO
Zip Code: 80538
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 80518 W HIGHWAY 54
City: PRATT
State: KS
Zip Code: 67124

13. Destination:
Street:
City: Cullison
State: KS
Zip Code: 67124

14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS

15. Technical/Trade Name: ANHYDROUS AMMONIA

16. Hazardous Class/Division: Poisonous Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1005

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 850 Gas - 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:
Other, Nurse Tank

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: - Vehicular Crash or Accident Damage

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:	1000 Gas - Gallon	Package Capacity:	
Amount in Package:	850 Gas - 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:		Manufacture Date:	
Serial Number:		Last Test Date:	08/01/2012
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:
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:	True	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	True
Police Report #:	True 122469
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:	$ 1,500.00
Carrier Damage:	$ 4,000.00
Property Damage:	$ 0.00
Response Cost:	$ 3,000.00
Remediation/Cleanup Cost:	$ 500.00

(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? True

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

Hospitalized (Admitted Only):

Employees:	1
Responders:	0
General Public:	0

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

Employees:	0
Responders:	1
General Public:	1

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

If yes, provide the following information:

Total number of general public evacuated:	30
Total number of employees evacuated:	5
Total evacuated:	35
Duration of the evacuation:	3

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

If yes, how many? 5

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

If yes, provide the following information:

Estimated speed (mph):	60
Weather conditions:	SUNNY
Vehicle overturned?	True
Vehicle left roadway/track?	False

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:

Our vehicle was leaving our facility crossing Highway 54 in a construction area. There were cars stopped on the roadway waiting for a pilot car. Our Chevrolet truck was pulling a 1000 gallon nurse tank of anhydrous ammonia to a farmers field. The truck was hit broadside on the passenger side by an oncoming construction semi tractor and belly dump rock trailer. The impact knocked the truck off the road and ripped the tongue of the wagon in 2. The wagon stayed on the highway and was impacted by the front corner of the rock trailer in the head of the nurse tank. The impact punctured the tank leaving a 8 inch gash about an inch wide. The nurse tank spun around and tipped over after impact and released most of its contents for about 5 minutes until it froze over. We then picked it up, put it on a flatbed and hauled it to a remote farm field to empty the rest of the contents. That product was contained with water from fire trucks. That product was picked up and land applied. The product released on the roadway immediately following the collision vapored off into the atmosphere, there was no environmental contamination. Our driver was stuck in the cloud of ammonia for a period of time and suffered inhalation exposure. He was stuck in the truck because the seatbelt was so tight around him it was hard to get off.

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:

In this incident the release was a result of a vehicle accident. The semi that hit us was not following the pilot car at the time of the collision. The pilot car was behind it.

PART VIII – CONTACT INFORMATION

Contact's Name:	SCOTT DREY
Contact's Title:	MANAGER OPERATIONS COMPLIANCE
Business Name and Address:	CROP PRODUCTION SERVICES 3005 ROCKY MOUNTAIN AVENUE LOVELAND CO 80538
E-mail Address:	SCOTT.DREY@CPSAGU.COM
Telephone Number:	9134983878
Fax Number:	
Hazmat Registration Number:	
Date:	09/15/2012
Preparer is:	Carrier