



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-2007040619
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/17/2007

4. Time of Incident (use 24-hour time):
06:45

5. Enter National Response Center Report Number
(if applicable):
829464

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

7. Location of Incident:

City: LAKE CITY
County: WABASHA
State: MN
Zip Code: (if known): 55041

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
CP RIVER SUB/ MP 350

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: IOWA CHICAGO & EASTERN RAILROAD
Street: 140 N. PHILLIPS, P.O. BOX 1260
City: SIOUX FALLS
State: SD
Zip Code: 57104
Federal DOT Id Number: 1069002
Hazmat Registration Number: 062206002045OQ

11. Shipper/Officer:

Name: CF INDUSTRIES INC.
Street: 1250 52ND ST NW
City: MEDICINE HAT
State: ZZ
Zip Code: T1A7R9
Waybill/Shipping Paper: 940659
Hazmat Registration Number: 060706004037OQ

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 4 MILES OF ALBANY RR 84
City: ALBANY
State: IL
Zip Code: 61230

14. Proper Shipping Name of Hazardous
Material: AMMONIA ANHYDROUS

15. Technical/Trade Name:

16. Hazardous Class/Division: Nonflammable Compressed Gas

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

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 20832 Gas - 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? True

If yes, provide the Hazard Zone: D

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: - 144-Pressure Relief Valve or Device - Reclosing; 157-Valve Stem

How Failed: - 311-Structural; 311-Structural

Causes of Failure: - Broken Component or Device; Broken Component or Device

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

Identification Markings: GATX 58621 DOT 112J340W

(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: 163300 Gas - Pound
Amount in Package: 156580 Gas - Pound
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: TRINITY INDUSTRIES
Serial Number: GATX 58621
Material of Construction: AAR TC NORMALIZED STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 340 (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.625 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.625 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type: PRESSURE RELIEF
Model: A-3480
Manufacturer: MIDLAND MFG CORP.

Manufacture Date: 04/15/1997
Last Test Date: 04/15/1997

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: | False | - 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 2007025
Police Report #: True 07000406
In-house cleanup: False
Other Cleanup: False

32. Damages Was the total damage cost more than \$500? False

If yes, enter the following information: (If no, go to question 33.)

Material Loss: \$ 0.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 0.00
(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: 150
Total number of employees evacuated: 2
Total evacuated: 152
Duration of the evacuation: 5

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:

The Lake City Police Department investigated a report from the Goodhue County Sheriff's Department that a southbound train was leaking a substance that smelled like ammonia. The officer confirmed the chemical leak as the train passed by and advised his dispatcher to call the railroad. The Canadian Pacific Railway & Iowa, Chicago and Eastern Railroad were notified that the IC&E MSPKC-17 train, traveling south on the Canadian Pacific Railway's River Subdivision Mainline Track, did indeed have a chemical leak. The train was stopped south of Lake City, MN and the crew was evacuated. Residents in the immediate area were evacuated and the Emergency Operations Center (EOC) was activated. As more information from the scene was relayed, forces were dispatched including local fire, emergency management, ambulance, law, IC&E Emergency Responders, CP Emergency Responders, MN Regional Haz-Mat Responders, MN State Responders and contract Haz-Mat responders. The contracted Haz-Mat team was able to seal the anhydrous ammonia tank car's leak, which was found to be coming from the pressure relief valve, with an Emergency Response "Midland B" Capping Kit. After the leak had been sealed and the area determined to be safe the evacuation was lifted and the area cleared. Tank Car GATX 58261 was set out at the adjacent siding for trans-loading, investigation and repairs. Trans-loading of the remaining product was completed March 20, 2007 at 1400 hours. Investigation during the teardown process of the car's relief valve revealed a complete fracture of the valve stem which adjusts and retains the relief pressure valve. In addition, the relief valve's spring, retainer and nuts were observed in the bottom of the car. A new complete certified pressure relief valve was installed on site by Rescar, who was contracted by CF Industries Inc.

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:

The failure of the lading retention equipment which resulted in the unintentional release is currently being looked in to & investigated further by the shipper/ car owner.

Ensure test & inspection requirements comply with 179.15 & 180.407.

NOTE:

I am awaiting additional information to complete Part IV question # 32. I will submit additional information in accordance with 171.16 (c) upon receipt.

PART VIII - CONTACT INFORMATION

Contact's Name:	MIKE BALL
Contact's Title:	SENIOR MANAGER OF SAFETY/TRAINING/HAZMAT
Business Name and Address:	DM&E RAILROAD 420 COMMERCIAL ST. NE HURON SD 57350
E-mail Address:	MBALL@CEDARAMERICAN.COM
Telephone Number:	605-353-7010
Fax Number:	605-352-6083
Hazmat Registration Number:	
Date:	04/11/2007
Preparer is:	Carrier

04/15/1997