



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-2007010319
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/22/2006
4. Time of Incident (use 24-hour time):
20:30
5. Enter National Response Center Report Number (if applicable):
818936
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
2006196
7. Location of Incident:
City: CAMBRIDGE
County: ISANTI
State: MN
Zip Code: (if known): 55008
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
DM&E MILEPOST 157.75
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: DAKOTA, MINNESOTA AND EASTERN RAILROAD CORP.
Street: 140 N. PHILLIPS AVE
City: SIOUX FALLS
State: SD
Zip Code: 57104
Federal DOT Id Number: 527121
Hazmat Registration Number: 072705001007NP
11. Shipper/Officer:
Name: VERASUN ENERBY
Street: 1 VERASUN PLACE
City: AURORA
State: SD
Zip Code: 57002
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
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) 24877 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: -

How Failed: -

Causes of Failure: - Derailment

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

Identification Markings: DOT 111A 100 W 1

(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:
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:
Serial Number:
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:

Manufacture Date:
Last Test Date:

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

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

- Fire/EMS Report #: True
Police Report #: True
In-house cleanup: True
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: \$ 0.00
Carrier Damage: \$ 373,369.00
Property Damage: \$ 63,000.00
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: 12
Total number of employees evacuated: 0
Total evacuated: 12
Duration of the evacuation: 48

36. Was a major transportation artery or facility closed?

True

If yes, how many? 12

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

True

If yes, provide the following information:

Estimated speed (mph): 24
Weather conditions: 35/DARK/CLOUDY
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:

DAKOTA, MINNESOTA & EASTERN RAILROAD TRAIN #EAUCC-22 WAS EASTBOUND AT A RECORDED SPEED OF 24 MPH AT MILEPOST 157.75 WHEN IT ENCOUNTERED BROKEN RAIL. SEVEN TANK CARS CONTAINING ETHANOL DERAILED WITH ALL BUT ONE CAR LEAVING THE RAIL. THE FINAL CAR IN THE DERAILMENT CAME TO REST IN AN UPRIGHT POSITION ON A WOOD CONSTRUCTION BRIDGE. THE TRAIN CREW BEGAN AN INSPECTION OF THE UNDESIRED EMERGENCY. THEY SMELLED ETHYL ALCOHOL (ETHANOL) AND CONTACTED DISPATCH AND THE LOCAL EMERGENCY RESPONSE TEAM. AS INFORMATION FROM THE SCENE WAS RELAYED THROUGH DISPATCH, FORCES WERE DISPATCHED INCLUDING, LOCAL FIRE, AMBULANCE, LAW, DM&E'S HAZ-MAT MANAGER, MINNESOTA REGIONAL HAZ-MAT RESPONSE, CONTRACT HAZ-MAT RESPONDERS, ENVIRONMENTAL RESPONSE ENGINEERS, AND A RE-RAILING CONTRACTOR. INITIAL DAMAGE ASSESSMENT INDICATED AT LEAST THREE CARS LEAKING PRODUCT TO THE GROUND. THE AREA WAS A DRY CREEK BED. TANK CAR ACFX 200406 WAS ON ITS SIDE WITH THE FILL VALVE BROKEN AND A SMALL PUNCTURE IN THE MAN WAY COVER. BOTH OF THESE LEAKS WERE GIVEN A TEMPORARY REPAIR WITH PLUGS AND PLUG AND PATCH MATERIAL. TANK CAR RTMX 30684 WAS ON ITS SIDE LEAKING A SMALL AMOUNT OF PRODUCT FROM THE MAN WAY. BOLTS WERE TIGHTENED. TANK CAR GATX 35196 WAS UPRIGHT ON THE TRACK STRUCTURE AT ABOUT A 20 DEGREE ANGLE WITH A 2 INCH GASH IN THE HEAD SHELL. PLUGS AND PLUG AND DIKE WERE APPLIED. DURING OUR SECOND DAMAGE ASSESSMENT, TANK CAR UTLX 46755 WAS NOTED UPRIGHT ON A BRIDGE LEAKING FROM AN UNKNOWN SOURCE. IT WAS LATER DISCOVERED TO BE THE MAN WAY GASKET. THE CAR WAS AT AN ANGLE ON THE BRIDGE THAT THE LEAK STOPPED ITSELF PRIOR TO SUNRISE. EQUIPMENT AND MANPOWER WAS BROUGHT TO THE SITE THROUGHOUT THE NIGHT AND EARLY MORNING. THE CARS WERE MONITORED FOR FURTHER LEAKAGE, AIR MONITORING CONTINUED, AN EVACUATION OF 12 CITIZENS TOOK PLACE. REMAINING PRODUCT WAS TRANS-LOADED TO RAILCARS. ALL PRODUCT ON THE GROUND WAS VACUUMED AND SENT TO A DESTRUCTION FACILITY. FINAL TRANS-LOADING WAS COMPLETED ON NOVEMBER 25, 2006 AT 2100 HRS. TOTAL PRODUCT SPILLED WAS 24,877 GALLONS OF WHICH 11,807 GALLONS WERE RECOVERED AND DISPOSED OF IN ACCORDANCE WITH REGULATIONS.

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:

A SLOW ORDER REDUCING SPEED OF ETHANOL TRAINS OVER JOINTED RAIL HAS BEEN ISSUED ON THE DAKOTA, MINNESOTA & EASTERN RAILROAD PROPERTY.

BETTER MAN-WAY GASKETS MAY HELP IN REDUCING LEAKAGE WHEN TANK CARS ARE IN OTHER THAN THE UPRIGHT POSITION.

NOTE:

I AM AWAITING BUILT INFORMATION ON RTMX 30684 TANK CAR. I HAVE REQUESTED THIS INFORMATION FROM THE CAR OWNER AND THEY HAVE YET TO PROVIDE IT. THE CAR HAS BEEN DESTROYED. I WILL SUBMIT ADDITIONAL INFORMATION IN ACCORDANCE WITH 171.16 (c) UPON RECEIPT.

PART VIII – CONTACT INFORMATION

Contact's Name:	MICHAEL R. BALL
Contact's Title:	SR. MGR. SAFETY/TRAINING/HAZ-MAT
Business Name and Address:	DM&E RAILROAD 420 COMMERCIAL ST., N.E. HURON SD 57350
E-mail Address:	MBALL@CEDARAMERICAN.COM
Telephone Number:	605-353-7010
Fax Number:	605-352-6083
Hazmat Registration Number:	
Date:	
Preparer is:	Carrier