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-2019080135
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/19/2019

4. Time of Incident (use 24-hour time):
07:30

5. Enter National Response Center Report Number (if applicable):
1249394

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

7. Location of Incident:
City: MITCHELL
County: DAVISON
State: SD
Zip Code: (if known): 57301
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
24998 N MAIN ST

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: ETHANOL PRODUCTS, LLC
Street: 3939 N WEBB RD
City: WICHITA
State: KS
Zip Code: 67226-8100
Federal DOT Id Number: 1009654
Hazmat Registration Number: 051018550110AC

11. Shipper/Offeror:
Name: ETHANOL PRODUCTS, LLC
Street: 3939 N WEBB RD
City: WICHITA
State: KS
Zip Code: 67226-8100
Waybill/Shipping Paper: 17699
Hazmat Registration Number: 051018550110AC

12. Origin (if different from shipper address)
Street: 851 WASHINGTON ST
City: SCOTLAND
State: SD
Zip Code: 57059

13. Destination:
Street: 40291 HIGHWAY 14
City: HURON
State: SD
Zip Code: 57350

14. Proper Shipping Name of Hazardous Material: CARBON DIOXIDE, REFRIGERATED LIQUID

15. Technical/Trade Name:

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN2187

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 20000 Liquid - 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? 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:
Cargo Tank Motor Vehicle (CTMV)

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: -

26a. Provide the packaging identification markings, if available.
Identification Markings: UN2187, MC331 (HIGHWAY)
(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:	5600 Liquid - Gallon	Package Capacity:	
Amount in Package:	40000 Liquid - Pound	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:		Number Failed:	

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

Manufacturer:	WESTMOR	Manufacture Date:	03/28/2019
Serial Number:	H195104	Last Test Date:	05/01/2019
Material of Construction:	STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	300 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.329 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.188 INCH (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:	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 #:	False
Police Report #:	True 11444-027
In-house cleanup:	False
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:	$ 197,787.00
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:	
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? False

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	0
Duration of the evacuation:	

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

If yes, how many? 8

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

If yes, provide the following information:

Estimated speed (mph):	60
Weather conditions:	CLEAR
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:

AT 8:30 AM CENTRAL TIME WE WERE NOTIFIED OF A POSSIBLE ROLL OVER INCIDENT NEAR MITCHELL, SD. WE CONTRACTED THE MITCHELL DEPARTMENT OF PUBLIC SAFETY AT 8:44AM AND THEY CONFIRMED THE INCIDENT. WE CONTRACTED DEPUTY MARK JENNESIS (SPELLING?) AT 8:53 AM AND HE CONFIRMED THAT AN ETHANOL PRODUCTS DRIVER WAS TRAVELING NORTH ON HIGHWAY 37 AND A VEHICLE TRIED TO CROSS THE INTERSECTION AND WAS STRUCK BY OUR VEHICLE. HE INFORMED US THAT THE DRIVER WAS TAKEN TO THE HOSPITAL, THAT OUR VEHICLE HAD BEEN SEPARATED AND THE TRAILER WAS UPSIDE DOWN IN THE DITCH. HE CONFIRMED THAT THE TRAILER WAS NOT LEAKING ANY PRODUCT. WHEN OUR FLEET MANGER ARRIVED ON THE SCENE, HE, WITH PERMISSION FROM SAFETY OFFICIALS ON THE SCENE, RELEASED THE CO2 INTO THE AIR SO THE TRAILER COULD BE UPRIGHTED AND REMOVED FROM THE SCENE. THERE WAS 40,000 POUNDS OF PRODUCT ON THE TRAILER WHEN IT ROLLED OVER. THE FLEET MANAGER RELEASED APPROXIMATELY HALF OF THE PRODUCT BACK INTO THE AIR. THE CARGO TRAILER DID NOT FAIL AND DID NOT RUPTURE DURING THE ACCIDENT. THE PRODUCT WAS RELEASED IN ORDER TO REMOVE THE CARGO TRAILER FROM THE SCENE.

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:

THIS ACCIDENT WAS NOT PREVENTABLE BY THE ETHANOL PRODUCTS DRIVER. THE OTHER VEHICLE COULD HAVE PREVENTED THE INCIDENT BY NOT PULLING OUT IN FRONT OF A MOVING VEHICLE.

PART VIII – CONTACT INFORMATION

Contact's Name:	DALE DEWERFF
Contact's Title:	TRANSPORTATION SAFETY COORDINATOR
Business Name and Address:	ETHANOL PRODUCTS LLC 3939 N. WEBB RD. WICHITA KS 67226
E-mail Address:	DALEDEWERFF@POETEP.COM
Telephone Number:	316-303-3840
Fax Number:	316-267-1071
Hazmat Registration Number:	
Date:	08/08/2019
Preparer is:	Carrier

03/28/2019