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-2019080119
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/22/2019

4. Time of Incident (use 24-hour time):
08:45

5. Enter National Response Center Report Number (if applicable):
1252778

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

7. Location of Incident:
City: CHEYENNE WELLS
County: CHEYENNE
State: CO
Zip Code: (if known): 80810
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MILE MARKER 473 ON HIGHWAY 40

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: JR SIMPLOT COMPANY; D.B.A. - SIMPLOT GROWER SOLUTIONSJ R SIMPLOT COMPANY
Street: 1099 W Front St
City: BOISE
State: ID
Zip Code: 83702
Federal DOT Id Number: 172901
Hazmat Registration Number: 060419550090B

11. Shipper/Offeror:
Name: JR SIMPLOT COMPANY; D.B.A - SIMPLOT GROWER SOLUTIONS
Street: 14221 HWY 385
City: CHEYENNE WELLS
State: CO
Zip Code: 80810
Waybill/Shipping Paper:
Hazmat Registration Number: 060419550090B

12. Origin (if different from shipper address)
Street: 14221 HWY 385
City: CHEYENNE WELLS
State: CO
Zip Code: 80810

13. Destination:
Street: 435 JACKRABBIT RD
City: WESKAN
State: KS
Zip Code: 67762

14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS

15. Technical/Trade Name: AMMONIA, ANHYDROUS

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) 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? 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:
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: -
How Failed: - 312-Torn Off or Damaged
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: NURSE TANK 173.315(M)
(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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

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

Manufacturer:	CHEMI-TROL CHEMICAL CO.	Manufacture Date:	01/01/1998
Serial Number:	857369	Last Test Date:	03/20/2019
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:	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
Police Report #: True 2C190642
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:	$ 800.00
Carrier Damage:	$ 11,200.00
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? 3.5

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

If yes, provide the following information:

Estimated speed (mph):	25
Weather conditions:	PARTLY CLOUDY
Vehicle overturned?	False
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:

A JR SIMPLOT EMPLOYEE FROM OUR SGS CHEYENNE WELLS LOCATION WAS IN THE PROCESS OF TRANSPORTATION ANHYDROUS AMMONIA USING (2) 1,000 GALLON NURSE TRAILERS TO J AND A FARMS LLC AT 435 JACKRABBIT RD IN WESKAN, KS. WHILE HEADING EAST ON HIGHWAY 40 ABOUT 2.5 MILES FROM CHEYENNE WELLS OUR DRIVER HIT A GUARDRAIL WITH THE REAR NURSE TRAILER. THE DRIVER STATED THAT HE WAS DRIVING ALONG WHEN HE NOTICED SOMETHING WRONG WITH HIS REAR NURSE TRAILER. BY THE TIME HE COULD REACT, THE REAR TRAILER HIT THE GUARDRAIL AND OVERTURNED. ONCE THE DRIVER STOPPED, HE STARTED MAKING EMERGENCY NOTIFICATIONS AT 8:48AM. OUR DRIVER STATED THAT A BROKEN SPINDLE OR FAULTY BEARING WAS THE LIKELY CAUSE FOR HIM TO LOSE CONTROL OF THE REAR TRAILER. THE STATE OF COLORADO TRAFFIC ACCIDENT REPORT STATES THAT THE MOST LIKELY CAUSE WAS THE DRIVER WAS DISTRACTED AND DRIFTED OVER TO THE SHOULDER STRIKING THE GUARD RAIL.

FIRST RESPONDERS FROM THE CHEYENNE WELLS FIRE DEPARTMENT AND COLORADO STATE PATROL WERE ON SCENE SHORTLY. THE STATE PATROL SHUTDOWN HIGHWAY 40 AND THE FIRE DEPARTMENT STARTED SPRAYING WATER ON THE TANK TO CONTROL THE VENTING VAPORS FROM THE NURSE TANK.

THE FIRE DEPARTMENT REPORTED TO US THAT THE TANKS VALVES HAD BEEN TORN OFF IN THE ACCIDENT. THE TRAILER HIT THE GUARDRAIL AND OVERTURNED ON TOP OF THE GUARDRAIL. IN DOING SO, THE ROLL CAGE AND TOP OF THE TANK, INCLUDING THE VALVES WERE BROKEN OFF.

APPROXIMATELY 850 GALLONS OF PRODUCT WAS LOST DURING THE INCIDENT. NO INJURIES REPORTED. NO EVACUATION REPORTED. HIGHWAY 40 REOPENED BY NOON.

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:

DUE TO THIS INCIDENT WE WILL REVIEW INSPECTION/MAINTENANCE RECORDS FOR NURSE TANKS. BEARINGS ON THIS TRAILER WERE REPACKED LESS THAN A YEAR AGO AND NO NOTES WERE MADE ON THE SPINDLE FOR UNUSUAL WEAR OR DAMAGE. OUR INSPECTION AND MAINTENANCE FORMS WILL BE UPDATED TO INCLUDE SPECIFIC INSPECTION OF THE UNDERCARRIAGE INTEGRITY, INCLUDING WELDS AND FRAME CONDITION.

DRIVERS THAT TRANSPORT NURSE TRAILERS ARE BEING INFORMED OF THE INCIDENT. THEY ARE REVIEWING WHAT WE DID IN THIS INCIDENT AND HOW WE CAN IMPROVE OUR NOTIFICATION PROCESS. THEY ARE ALSO BEING PROVIDED ADDITIONAL TRAINING IN DRIVER AWARENESS AND DISTRACTED DRIVING, PRE AND POST VEHICLE INSPECTIONS, AND EMERGENCY RESPONSE PLANS.

SHOULD YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION, PLEASE DO NOT HESITATE TO CONTACT ME BY PHONE AT 208-780-7523 OR EMAIL AT DUSTIN.ELDREDGE@SIMPLOT.COM

PART VIII – CONTACT INFORMATION

Contact's Name:	DUSTIN ELDREDGE
Contact's Title:	EHS MANAGER
Business Name and Address:	JR SIMPLOT CO. 1099 W FRONT ST BOISE ID 83702
E-mail Address:	DUSTIN.ELDREDGE@SIMPLOT.COM
Telephone Number:	208-780-7523
Fax Number:	
Hazmat Registration Number:	
Date:	07/26/2019
Preparer is:	Shipper

01/01/1998