



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-2014050103
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
04/22/2014
4. Time of Incident (use 24-hour time):
14:45
5. Enter National Response Center Report Number (if applicable):
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: GENOA
County: DEKALB
State: IL
Zip Code: (if known): 60135
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1 MILE N INTERSEC RT 72, RT 23
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: RUN FIDLER
Street: 17439 BASELINE RD
City: SYCAMORE
State: IL
Zip Code: 60178
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
- Name: CONSERV FS, INC.
Street: 20515 HARMONY RD
City: MARENGO
State: IL
Zip Code: 60152
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street:
City: ESMOND
State: IL
Zip Code:
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) 407 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, IMPLEMENT OF HUS

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: - 140-Outer Frame
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Rollover Accident

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

Identification Markings: NO MARKINGS PROVIDED

(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: CERTIFIED CHEMTROL
Serial Number: 613527
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: 01/01/1993
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: | 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
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: \$ 700.00
Carrier Damage: \$ 0.00
Property Damage: \$ 20,000.00
Response Cost: \$ 20,000.00
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?

False

If yes, provide the following information:

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

36. Was a major transportation artery or facility closed?

True

If yes, how many? 7

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

True

If yes, provide the following information:

Estimated speed (mph): 22
Weather conditions: CLEAR AND DRY
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:

RON FIDLER PICKED UP TWO ANHYDROUS AMMONIA NURSE TANKS FROM CONSERV FS, INC LOCATION AT 20515 HARMONY ROAD MARENGO ILLINOIS. THE TANKS WERE NUMBERS 1507 AND 1510 AND WERE BOTH 1450 GALLON TANKS AND PICKED UP BY MR.FIDLER IN MID AFTERNOON. MR. FIDLER PROCEED WEST ON HARMONY ROAD TO THE INTERSECTION OF HARMONY ROAD AND ROUTE 23 SOUTH OF MARENGO. HE PROCEEDED IN THE DIRECTION OF THE FARM SOUTH ON ROUTE 23 TOWARDS THE ROUTE 23 AND ROUTE 72 INTERSECTION EAST OF GENOA.

SOMETHING HAPPENED ON ROUTE 23 ABOUT A MILE NORTH OF THE INTERSECTION OF ROUTE 72 WHERE THE ACCIDENT OCCURRED. ONE NURSE TANK ENDED UP OFF THE RUNNING GEAR AND SOMEWHAT UPSIDE DOWN IN THE WEST DITCH. THE OTHER TANK ENDED UP WITH THE FRONT AXLE REMOVED BUT WAS LAYING ON ITS SIDE. MR. FIDLER NOTIFIED AUTHORITIES AND NOTIFIED CONSERV. HE STATED THAT THERE WAS SOME RELEASING AND STAYED AT A SAFE DISTANCE. JEFF KIMMEL RESPONDED FOR CONSERV TO THE LOCATION OF THE ACCIDENT. I WAS NOTIFIED OF THE ACCIDENT WHEN JEFF WAS ON SCENE. JEFF COMMUNICATED TO MR. FIDLER THAT THE PROPER NOTIFICATIONS NEEDED TO BE MADE AND GAVE HIM THE LOCAL, STATE AND FEDERAL RESPONSE TELEPHONE NUMBERS. THE ARRIVING AUTHORITIES BLOCKED A SECTION OF ROUTE 23 OFF TO TRAFFIC. THE AUTHORITIES REQUESTED MUTUAL AID FROM THE HAZMAT TEAM FROM DEKALB. JEFF SURVEYED THE SCENE FROM A SAFE DISTANCE AND COMMUNICATED THAT IT APPEARED THE TANK IN THE DITCH WAS RELEASING VAPOR FROM THE LIQUID WITHDRAWAL VALVE FROM FRONT OF THE TANK BUT COULD NOT GET CLOSE ENOUGH AT THIS TIME.

JEFF STAYED AT A SAFE DISTANCE AND TOLD AUTHORITIES HE WOULD BE AVAILABLE FOR CONSULTATION FOR THE HAZMAT TEAM. DEKALB HAZMAT ARRIVED ON SCENE AND SURVEYED SITUATION. AFTER A PERIOD OF TIME THEY CONSULTED WITH JEFF. THEY DECIDED TO LEAVE SCENE. CONFIRMATION HAS BEEN MADE THAT IT IS THE LIQUID WITHDRAWAL VALVE WHERE THE VAPOR IS RELEASING FROM IT WAS ALSO NOTED THAT ROLL CAGE THAT PROTECTS THIS VALVE WAS SEVERELY DAMAGED. IT IS MY UNDERSTANDING AT THIS POINT WE WERE ASKED TO SAFELY CLEAR SCENE. JEFF HAS MANY YEARS OF HANDS ON EXPERIENCE WITH ANHYDROUS AMMONIA. HE ALSO PROVIDES TRAINING TO FIREFIGHTERS IN REGARDS TO ANHYDROUS AMMONIA AND HE IS ALSO A FIREFIGHTER HIMSELF. HIS PLAN IS TO USED A VAPOR PUMP ON BOTH TANKS TO REMOVE AS MUCH ANHYDROUS AMMONIA AS POSSIBLE. HE MOBILIZES HIS EMPLOYEE GROUP AND EQUIPMENT TO TRY TO ACCOMPLISH THIS TASK.

TWO EMPTY ANHYDROUS AMMONIA NURSE TANKS WERE BROUGHT TO THE SCENE TO TRANSFER THIS PRODUCT IN TO. A WHEEL LOADER IS ALSO BROUGHT TO SCENE TO REMOVE DAMAGE EQUIPMENT FROM ROADWAY. THE PROCESS IS STARTED TO REMOVE PRODUCT FROM TANKS. AUTHORITIES EXPRESS CONCERN ABOUT THE LENGTH OF TIME THIS PROCESS IS TAKING. THIS PROCEDURES TAKES AN EXTENDED AMOUNT OF TIME. ONCE THE UPRIGHT TANK WAS EMPTIED THAT TANK WAS REMOVED FROM THE ROADWAY TO ADJACENT FIELD. THE DAMAGED TANK HAS THE LIQUID WITHDRAWAL VALVE SHEARED OFF AT THIS POINT THE VALVE IS DESIGNED TO SHEAR AT RIGHT ABOVE THE BUILT IT EXCESS FLOW VALVE.

THESE VALVES ARE DESIGNED WITH AN EXCESS FLOW VALVE BUILT INTO THEM WHICH WORKED CORRECTLY IN THIS ACCIDENT. THEY ARE NOT DESIGNED FOR COMPLETE CLOSURE. THE TWO BODIES OF THE VALVE ARE DESIGNED TO EQUALIZE THE PRESSURE BETWEEN THEM THUS THE REASON FOR VAPOR TO BE RELEASING. THE LIQUID WITHDRAWAL VALVE PIPE NORMALLY REACHES TO THE BOTTOM OF THE TANK TO REMOVE ALL OF THE LIQUID FROM THE TANK. IN THIS CASE WITH THE TANK LAYING THE INVERTED POSITION THAT PIPE WAS EXTENDING INTO THE VAPOR SPACE OF THE TANK.

JEFF FORCED THE LIQUID OUT OF THIS TANK BY USING HIS VAPOR PUMP BY FORCING PRESSURE INTO THE TANK AND HOOKING HIS LIQUID WITHDRAWAL HOSE TO THE OTHER VAPOR VALVE ON THE TANK AND ATTACHING THE HOSE ANOTHER TANK. THIS PROCEDURE HAS TO BE DONE VERY CAREFULLY. THE OPERATOR HAS TO MAKE SURE THEY DO NOT REMOVE TOO MUCH PRESSURE FROM TANK OR THE EXCESS FLOW VALVE COULD OPEN. A DECISION HAS TO BE MADE OF WHEN THEY HAVE REMOVED ENOUGH PRODUCT FROM TANK WITHOUT PLACING ANY UNDUE RISK TO PEOPLE WORKING AROUND THIS TANK.

ONCE JEFF FELT HE HAD REMOVED AS MUCH PRODUCT SAFELY FROM TANK THAT HE COULD, HE MADE DECISION TO MOVE TANK INTO FIELD ABOUT ONE QUARTER MILE FROM ROAD. IT WAS LATE AND DARK WHEN THEY HAD FINISHED BUT HE ESTIMATES HE RECOVERED 52% OF WHAT WAS IN THE TANK RESTING ON GROUND. THAT CONSIDERED, I ESTIMATE ABOUT 407 GALLON WERE RELEASED. $(1450 \text{ GALLON} \times .85) = 1232.5 \times .33 = 407$

ON APRIL 23 REMOVAL OF THE DAMAGE EQUIPMENT STARTED AND BEING RETURNED TO THE MARENGO LOCATION.

THE IMPORTANT PART OF ALL THIS IS IT APPEARS THAT THE SAFETY EQUIPMENT IN THIS INCIDENT WORKED THEY WAY IT WAS DESIGNED AND NO ONE WAS INJURED.

THIS IS MY UNDERSTANDING OF EVENTS ON 04/22/2013 AND 04/23/2014.

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:

NO DESCRIPTION INCLUDED.

PART VIII – CONTACT INFORMATION

Contact's Name: RON FIDLER
Contact's Title: OWNER-FARMER
Business Name and Address: RUN FIDLER
17439 BASE LINE RD SYCAMORE IL 60178
E-mail Address:
Telephone Number: 815 739 8505
Fax Number:
Hazmat Registration Number:
Date: 04/28/2014
Preparer is: Carrier

01/01/1993