



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: X-2024071799

2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/02/2024

4. Time of Incident (use 24-hour time):
11:24

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: WATERLOO
County: BLACK HAWK
State: IA

Zip Code: (if known): 50703

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
402 E 4th St.

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: Chicago Central and Pacific Railroad
Street: 17650 SOUTH ASHLAND AVE
City: Homewood
State: IL
Zip Code: 60430

Federal DOT Id Number:

Hazmat Registration Number: 061724550397G

11. Shipper/Offendor:

Name: Poet Bio-Refining Fairbank LLC
Street: 1277 102nd St.
City: FAIRBANK
State: IA
Zip Code: 50629

Waybill/Shipping Paper: 088779

Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 3939 N Webb Rd.
City: WICHITA
State: KS
Zip Code: 67226

14. Proper Shipping Name of Hazardous
Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: ALCOHOLS, N.O.S.

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

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

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

- Fire/EMS Report #:
- Police Report #:
- In-house cleanup:
- Other Cleanup:

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: \$ 0.00
 - Property Damage: \$ 0.00
 - Response Cost: \$ 18,000.00
 - 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:
 - 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? 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:

On Tuesday, July 2, 2024, a CN mechanical performing an inspection observed that the bottom outlet valve appeared to be leaking from tank car # UTLX 210420 along with a strong Ethanol type odor in the area. The employee notified the Waterloo Yard Master who in turn notified the CN Dangerous Goods Team. The tank car was set out to an isolation track (WA90) for inspection by a CN emergency response contractor. A CN emergency response contractor was dispatched to the location for mitigation. The contractor performed an inspection of the tank car and found the bottom outlet valve to be leaking from the threads of the bottom outlet valve cap. It was determined that there was a failure in the sealing surface of the valve seat to include a defective gasket. (The BOV cap was found to be less than tool tight and the BOV in the closed position and pinned upon initial inspection). CN emergency response contractor did observe cable seal to be correctly in place. The BOV cap was removed, and it was observed to be leaking past the closed ball. The BOV valve handle was cycled several times to the open and closed position to free any debris that may have been trapped in the BOV sealing surface potentially causing the leak. The BOV cap was then removed and observed for 20 minutes to ensure there was no further leakage from the valve. It was noted that the BOV cap gasket was deformed and was replaced. The bottom outlet valve cap was then re-installed and tightened with a 36" pipe wrench. Upon tightening the BOV cap, CN emergency response contractor proceeded to place new cable seals on the BOV / Cap.

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 comments provided.

PART VIII – CONTACT INFORMATION

Contact's Name:	Mark Allen
Contact's Title:	Dangerous Goods Officer
Business Name and Address:	CCP 17650 SOUTH ASHLAND AVE HOMEWOOD IL 60430
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Telephone Number:	(219) 702-2633
Fax Number:	
Hazmat Registration Number:	061724550397G
Date:	07/23/2024
Preparer is:	Carrier

11/01/2007