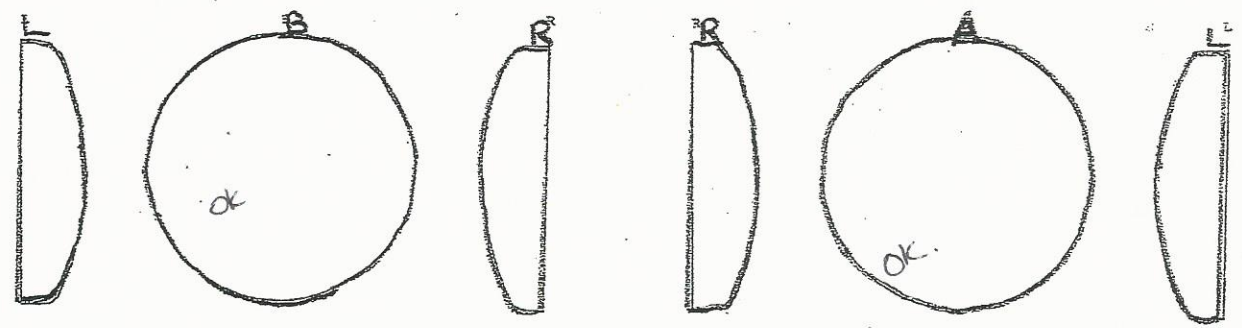
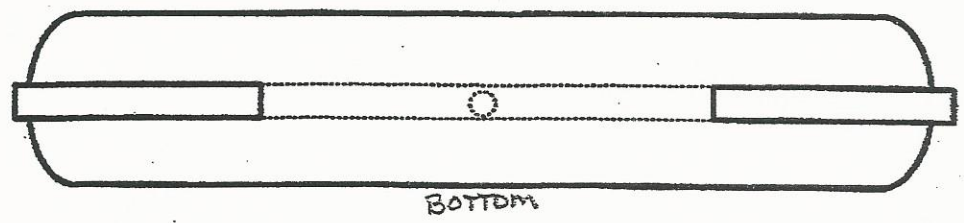
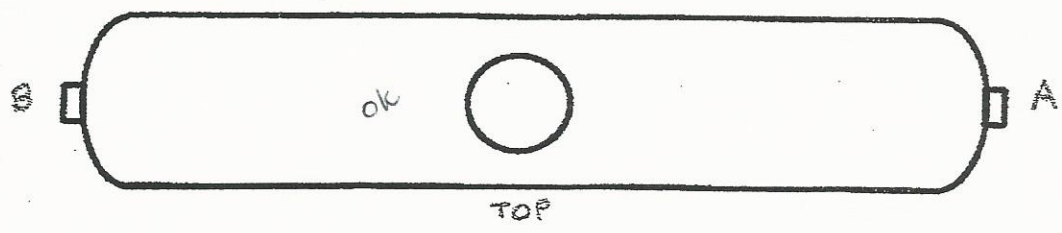
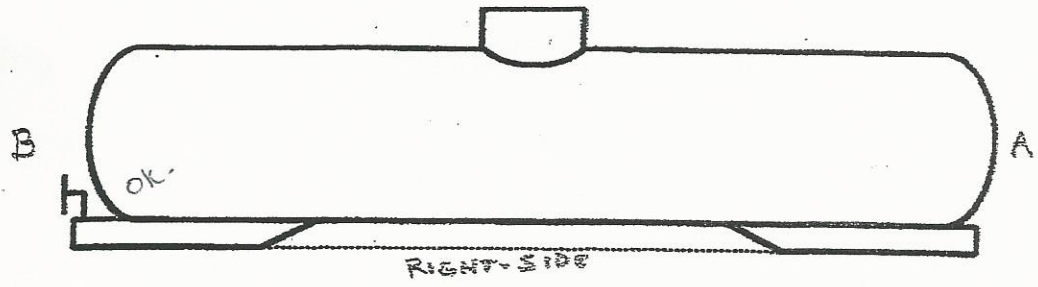
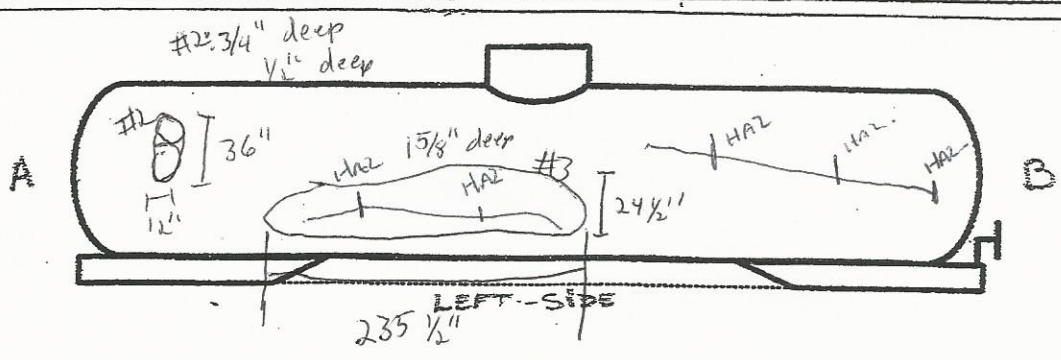
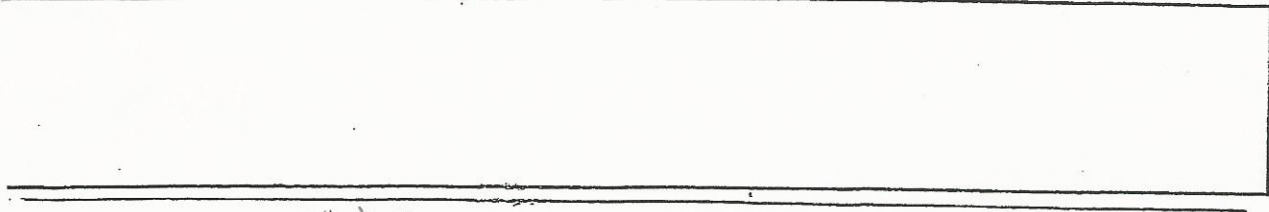


5/1/14

<b>Tank Car Damage Assessment</b>		Car Initials & Number <b>CBTX 742045</b>
<b>Tank Car Characteristics/Features</b>		Material _____
Type of Car: <input checked="" type="checkbox"/> Non-pressure <input type="checkbox"/> Pressure <input type="checkbox"/> Cryogenic <input type="checkbox"/> Other _____		
Specification N <sup>o</sup> : <b>DOT 115 100W1</b>	Tank Test pressure: _____	Tank Capacity: <b>31800</b>
Build Date: <b>09-2012</b>	Underframe: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Stub Sill	
Jacketed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Thermal Protection: <input type="checkbox"/> J Jacketed <input type="checkbox"/> T Sprayed-on	Insulated: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Construction Material: Type/Grade _____ Thickness _____		Stress: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> N

<b>Fittings Damage</b>			<b>Jacket, Tank and Head Damage</b>
Type fitting	Damaged?	Description Damage/Leak	<i>Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).</i>
<input type="checkbox"/> Liquid Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"	
<input type="checkbox"/> Vapor/Air Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	Low TACT	
<input type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Thermometer Well	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Leaking		

0934  
11.5 F  
2 PSI



51114

Tank Car Damage Assessment	Car Initials & Number CTCX 735779
Tank Car Characteristics/Features	Material

Type of Car:    Non-pressure    Pressure    Cryogenic    Other \_\_\_\_\_

Specification N <sup>o</sup> : DOT 11100W1	Tank Test pressure:	Tank Capacity: 30100
--	---------------------	----------------------

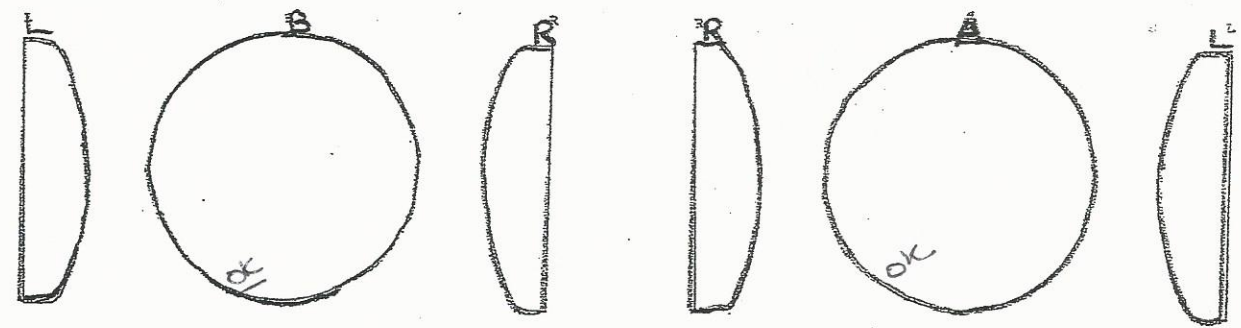
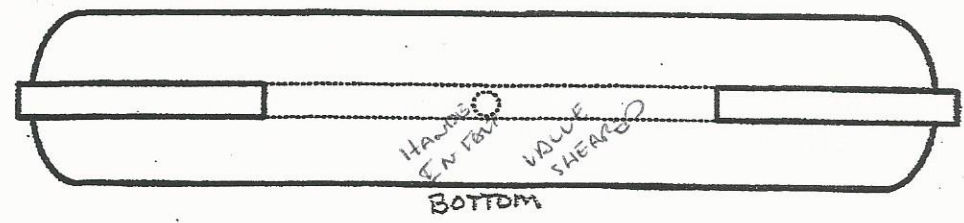
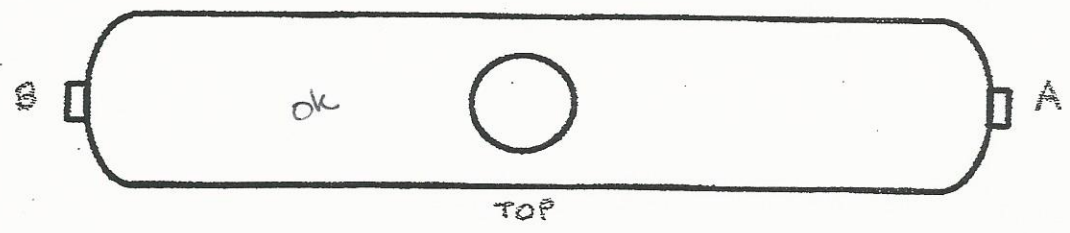
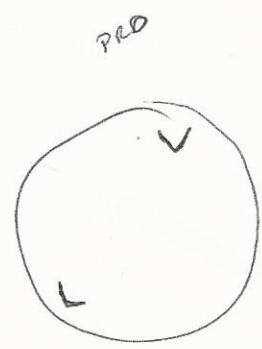
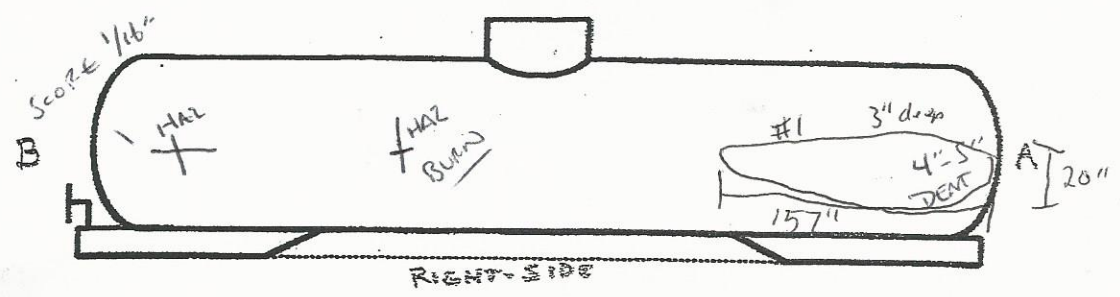
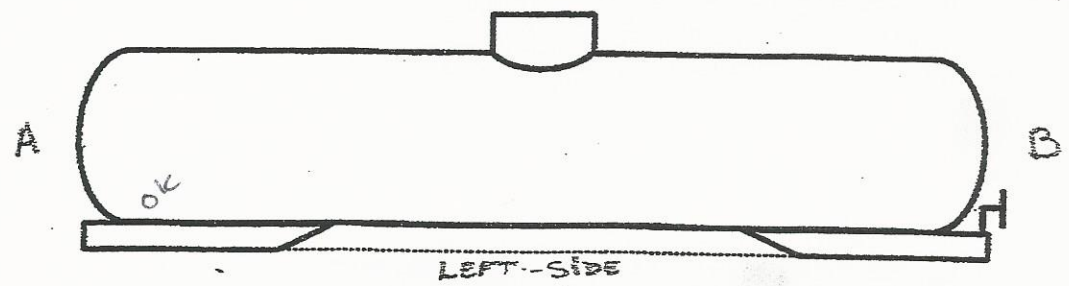
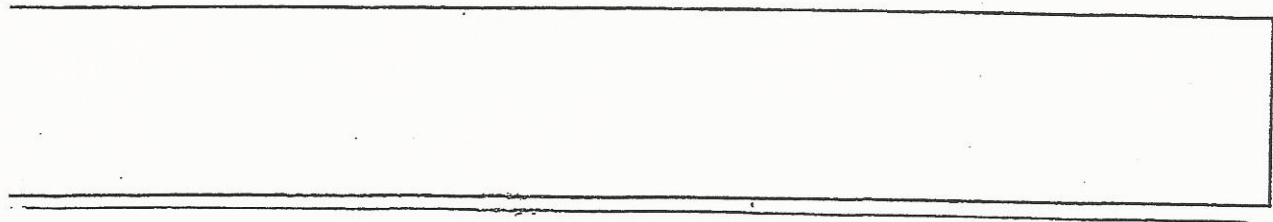
Build Date: 02-2012      Underframe:    Continuous    Stub Sill

Jacketed:    Y    N      Thermal Protection:    Jacketed    T Sprayed-on      Insulated:    Y    N

Construction Material: Type/Grade \_\_\_\_\_ Thickness \_\_\_\_\_      Stress:    T    M    C    O    N

Fittings Damage			Jacket, Tank and Head Damage
Type fitting	Damaged?	Description Damage/Leak	Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).
<input checked="" type="checkbox"/> Liquid Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"	
<input type="checkbox"/> Vapor/Air Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	SHEARED	
<input type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Thermometer Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		

0953  
79.3°F  
4 PSE



51114

# Tank Car Damage Assessment

Car Initials & Number CTCX 743047

## Tank Car Characteristics/Features

Type of Car:  Non-pressure  Pressure  Cryogenic  Other \_\_\_\_\_

Specification N<sup>o</sup>: DOT 115 100W1 Tank Test pressure: Tank Capacity: 31790

Build Date: 05-2012 Underframe:  Continuous  Stub Sill

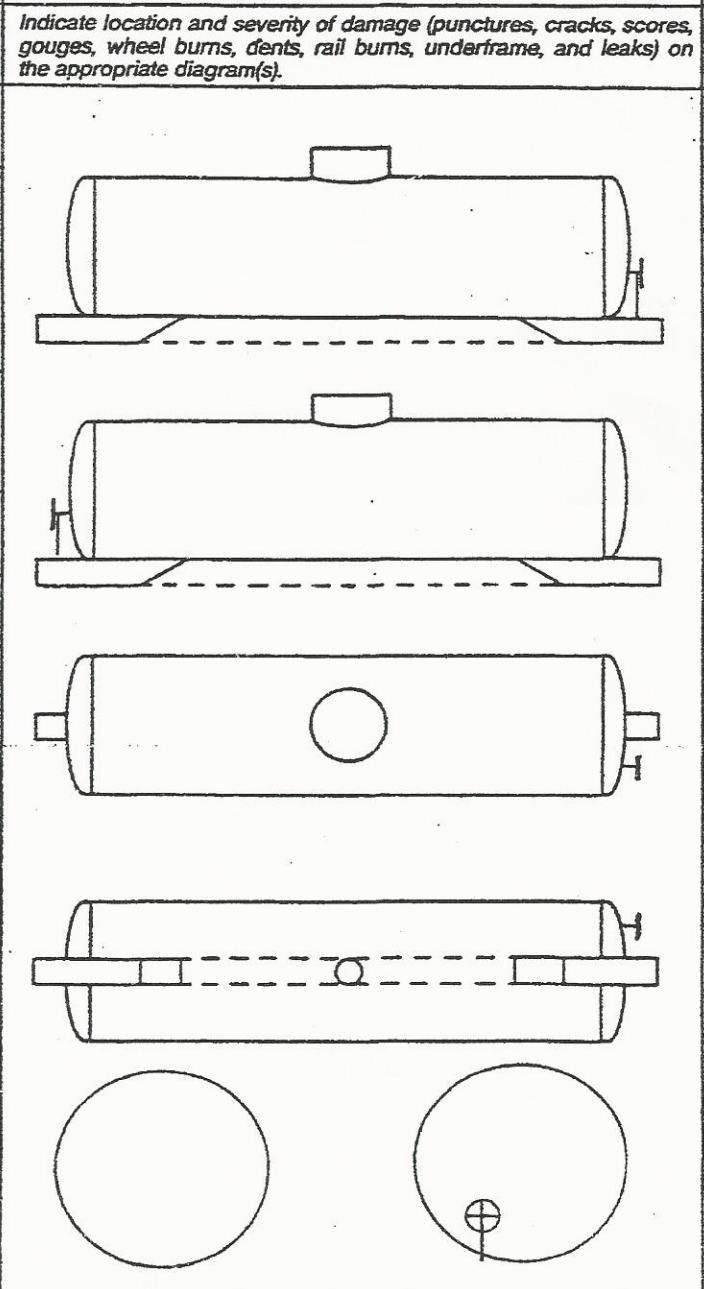
Jacketed:  Y  N Thermal Protection:  J Jacketed  T Sprayed-on Insulated:  Y  N

Construction Material: Type/Grade \_\_\_\_\_ Thickness \_\_\_\_\_ Stress:  T  M  C  O  N

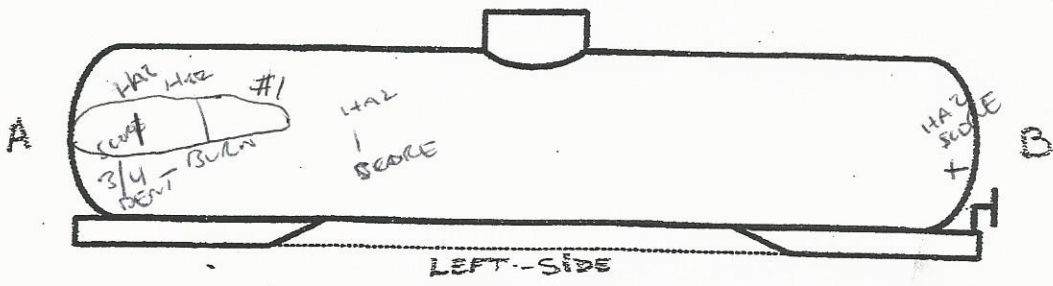
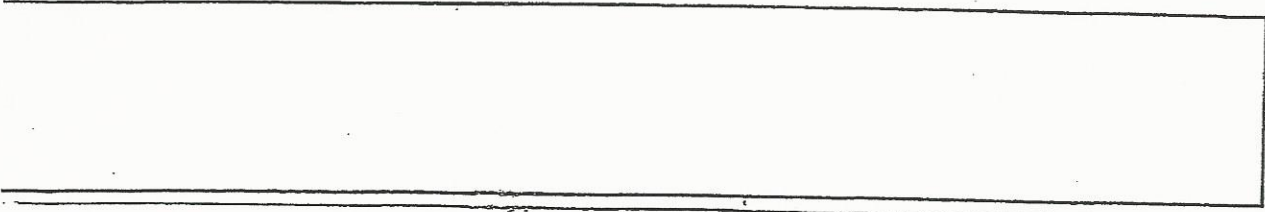
### Fittings Damage

### Jacket, Tank and Head Damage

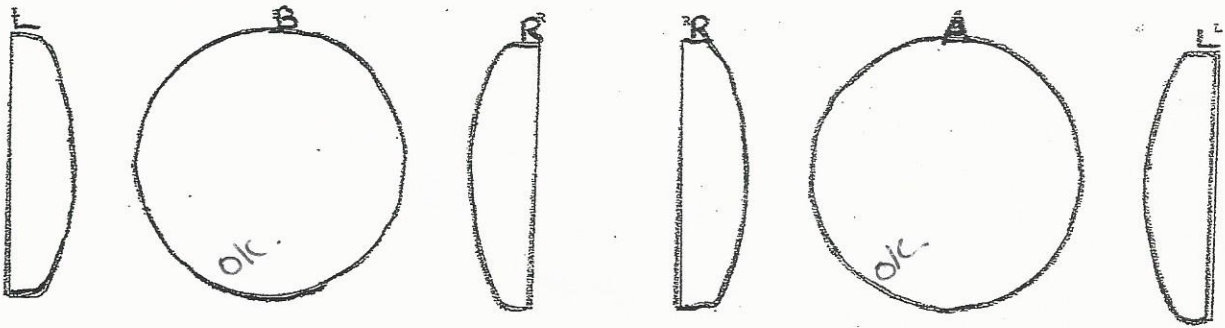
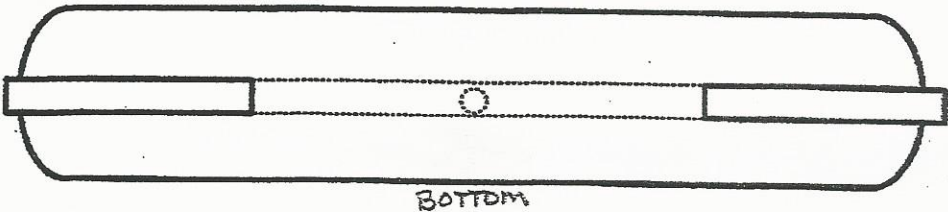
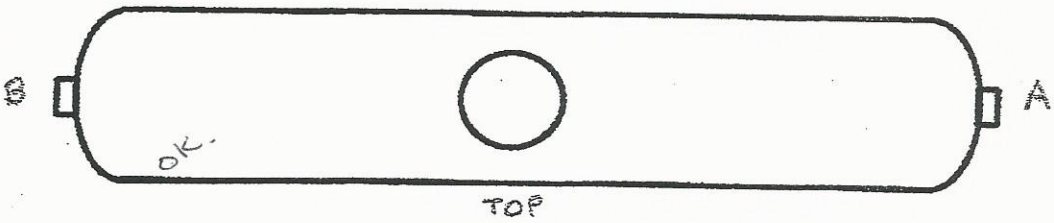
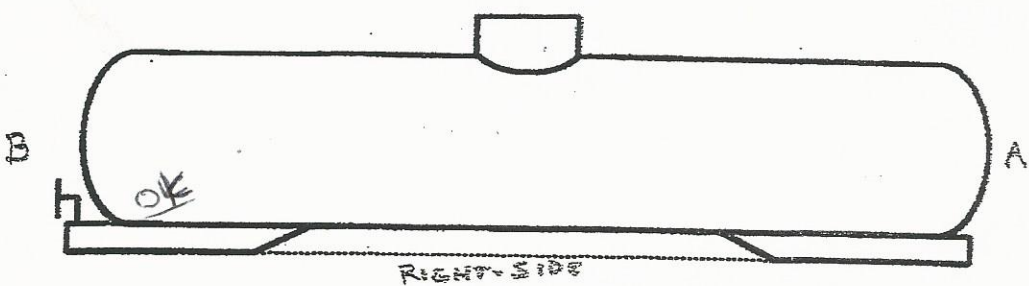
Type fitting	Damaged?	Description Damage/Leak
<input checked="" type="checkbox"/> Liquid Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"
<input checked="" type="checkbox"/> Vapor/Air Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	EN Treat
<input checked="" type="checkbox"/> Pressure Relief Device Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Thermo-meter Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	



1005 HRS.  
4 PSI  
79.3 F



#1; 3/8" deep  
 9 3/4" wide  
 45" long

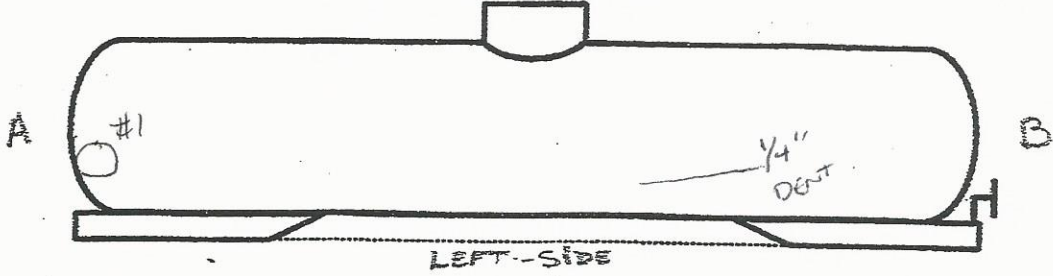
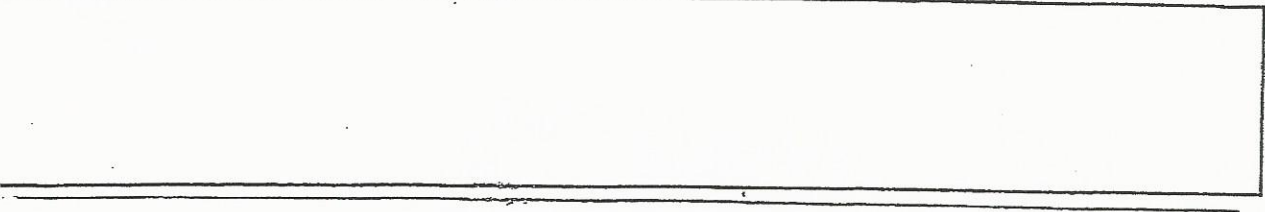


5/1/14

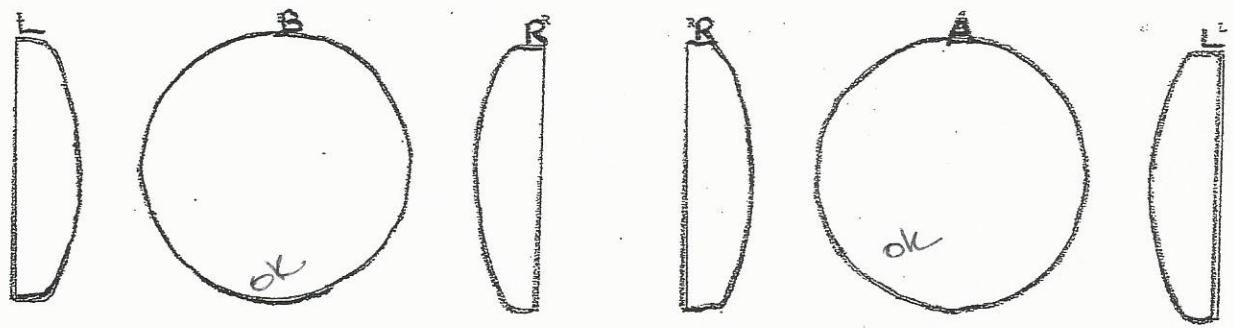
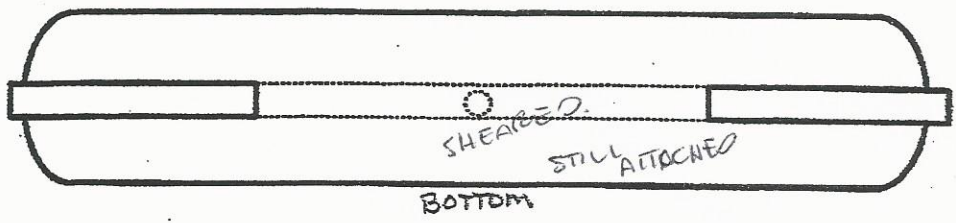
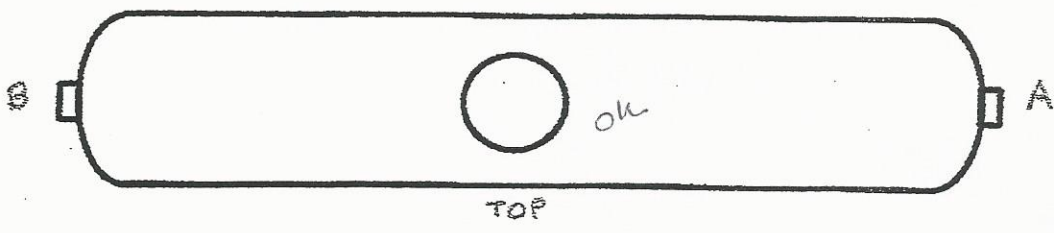
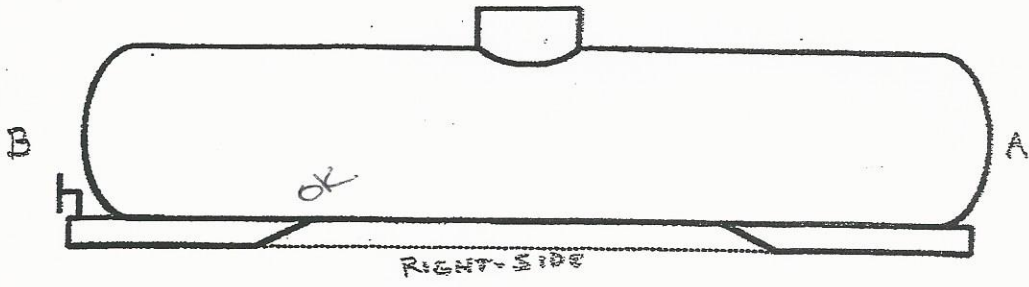
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<b>Tank Car Characteristics/Features</b>		Material _____
Type of Car: <input checked="" type="checkbox"/> Non-pressure <input type="checkbox"/> Pressure <input type="checkbox"/> Cryogenic <input type="checkbox"/> Other _____		
Specification N <sup>o</sup> : <b>DOT 111A 100W11</b>	Tank Test pressure: _____	Tank Capacity: <b>30090</b>
Build Date: <b>02-2012</b>	Underframe: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Stub Sill	
Jacketed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Thermal Protection: <input type="checkbox"/> J Jacketed <input type="checkbox"/> T Sprayed-on	Insulated: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Construction Material: Type/Grade _____ Thickness _____		Stress: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> N

<b>Fittings Damage</b>			<b>Jacket, Tank and Head Damage</b>
Type fitting	Damaged?	Description Damage/Leak	<i>Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).</i>
<input checked="" type="checkbox"/> Liquid Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"	
<input checked="" type="checkbox"/> Vapor/Air Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	TORN OFF	
<input type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Thermometer Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		

1023 HAS.  
6 PSI  
79.1 PF



#1: 10 1/2" wide  
 7 1/2" long  
 1/8" deep



REMOVED  
 FROM  
 P.R.D

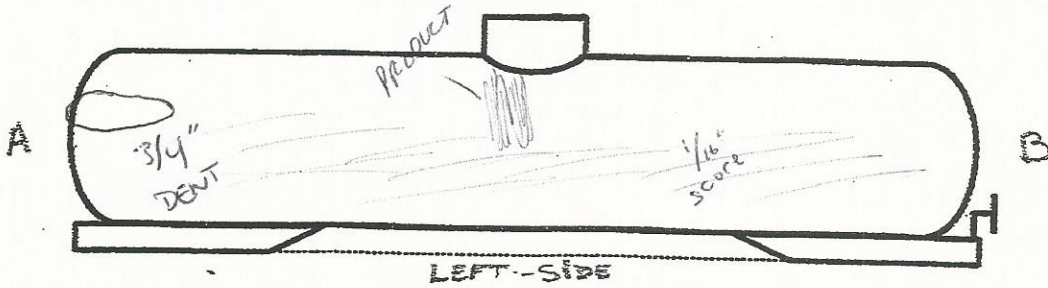
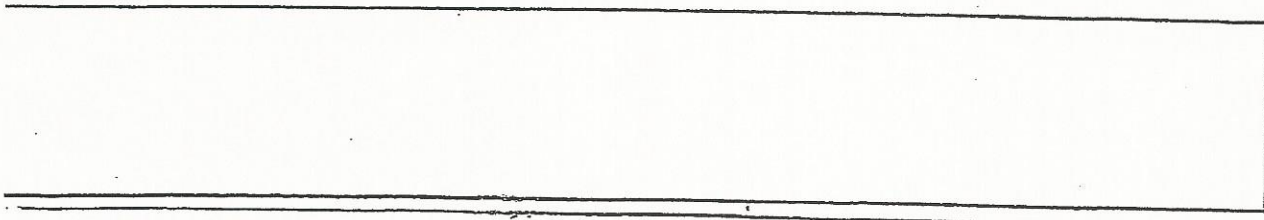


51114

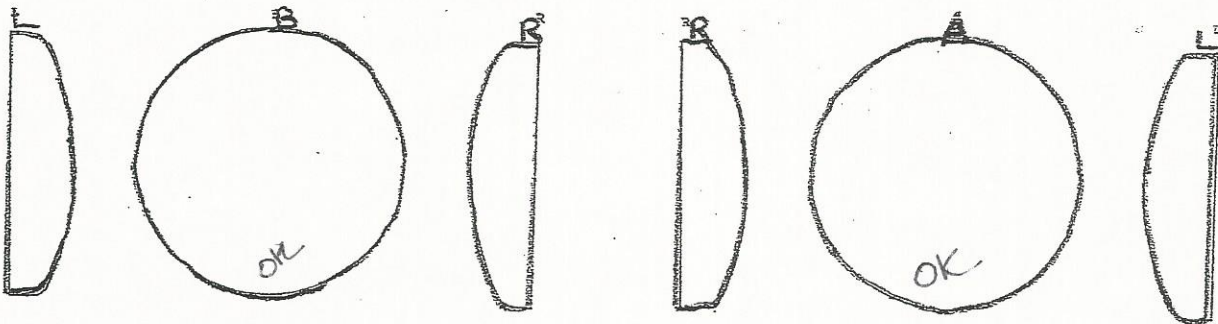
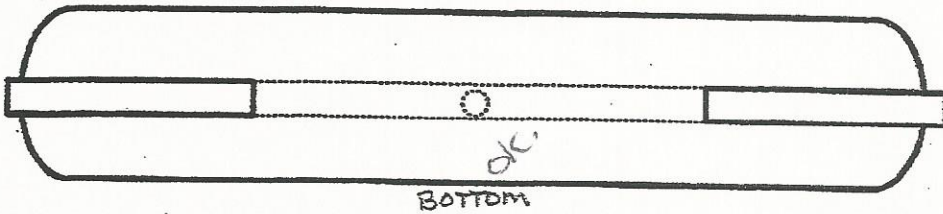
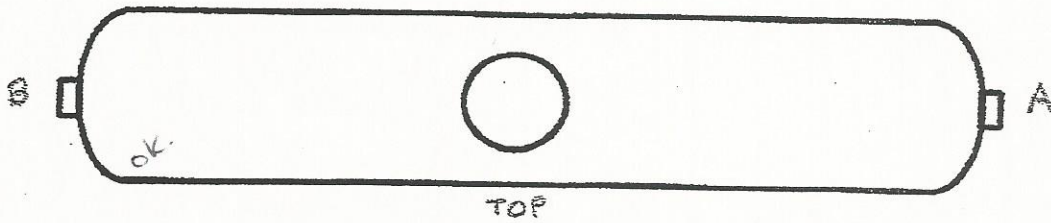
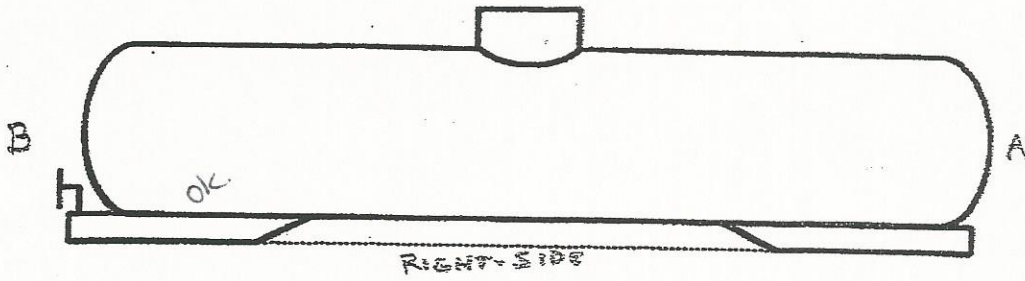
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<b>Tank Car Characteristics/Features</b>		Material
Type of Car: <input checked="" type="checkbox"/> Non-pressure <input type="checkbox"/> Pressure <input type="checkbox"/> Cryogenic <input type="checkbox"/> Other _____		
Specification N <sup>o</sup> : DOT 115 100W1	Tank Test pressure:	Tank Capacity: 31820
Build Date: 09-2012	Underframe: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Stub Sill	
Jacketed: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Thermal Protection: <input checked="" type="checkbox"/> J Jacketed <input checked="" type="checkbox"/> T Sprayed-on	Insulated: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
Construction Material: Type/Grade _____ Thickness _____		Stress: <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> O <input checked="" type="checkbox"/> N

Fittings Damage			Jacket, Tank and Head Damage
Type fitting	Damaged?	Description Damage/Leak	Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).
<input checked="" type="checkbox"/> Liquid Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking	3"	
<input checked="" type="checkbox"/> Vapor/Air Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking	IN TACT	
<input checked="" type="checkbox"/> Pressure Relief Device Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking	ABSORBERS PADS IN PLACE	
<input type="checkbox"/> Vacuum Relief Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking		
<input type="checkbox"/> Thermo-meter Well	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Leaking		

1042 HRS  
76.3 °F  
6 PSI



#1 1/2" deep  
45" long  
7 1/2" wide

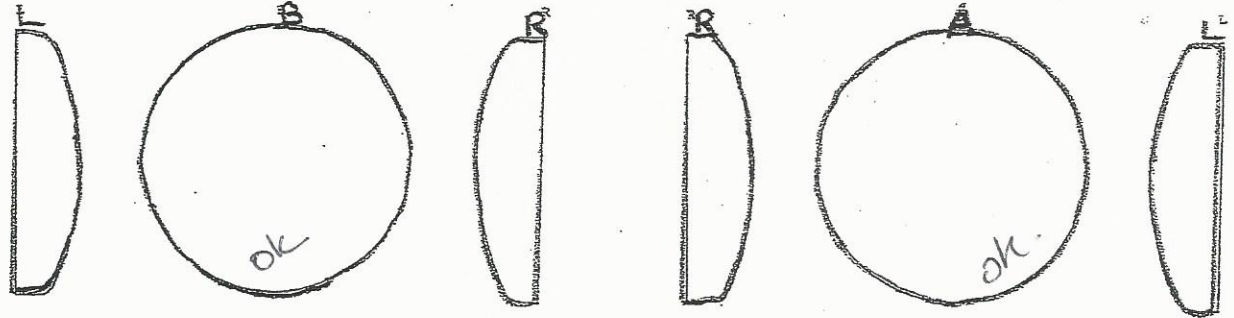
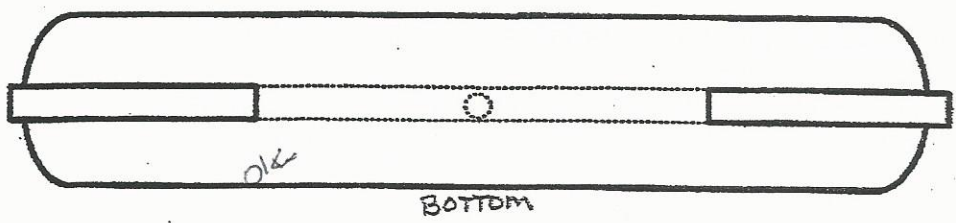
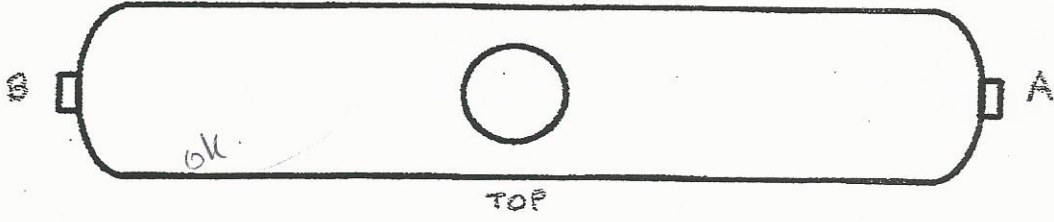
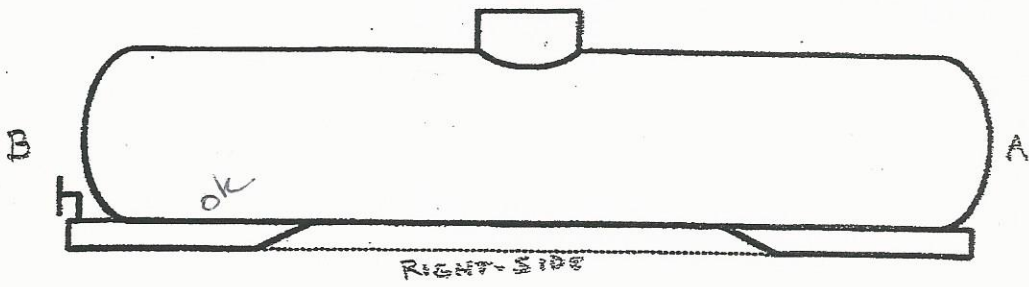
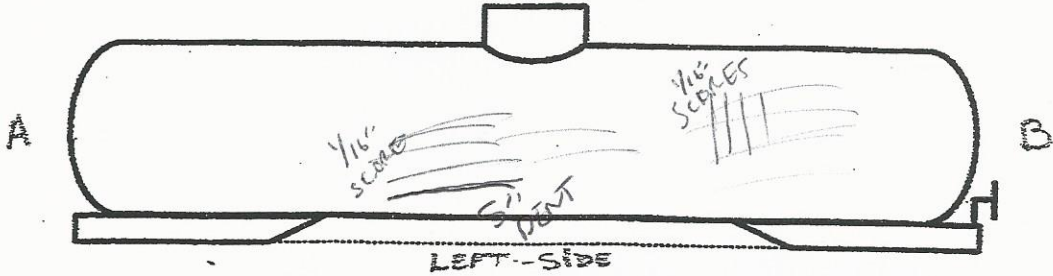
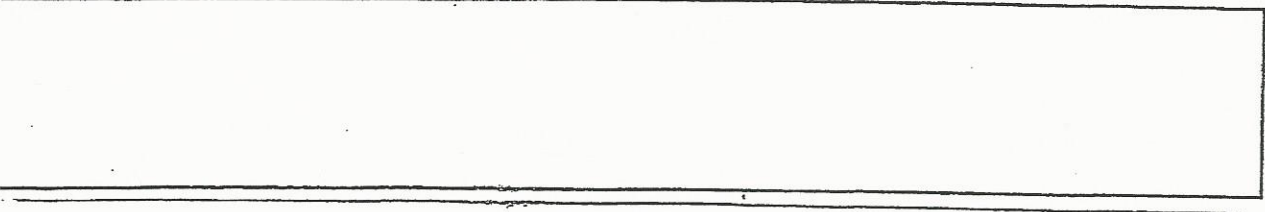


51114

<b>Tank Car Damage Assessment</b>		Car Initials & Number CBTY 736244
<b>Tank Car Characteristics/Features</b>		Material
Type of Car: <input checked="" type="checkbox"/> Non-pressure <input type="checkbox"/> Pressure <input type="checkbox"/> Cryogenic <input type="checkbox"/> Other _____		
Specification No: DOT 111A 100w1	Tank Test pressure:	Tank Capacity: 30070
Build Date: 04-2012	Underframe: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Stub Sill	
Jacketed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Thermal Protection: <input checked="" type="checkbox"/> Jacketed <input type="checkbox"/> T Sprayed-on	Insulated: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Construction Material: Type/Grade _____ Thickness _____		Stress: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> N

Fittings Damage			Jacket, Tank and Head Damage
Type fitting	Damaged?	Description Damage/Leak	Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).
<input checked="" type="checkbox"/> Liquid Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Vapor/Air Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	Low TACT	
<input type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Thermometer Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		

1054 HRS.  
81.5 °F  
7 PSI



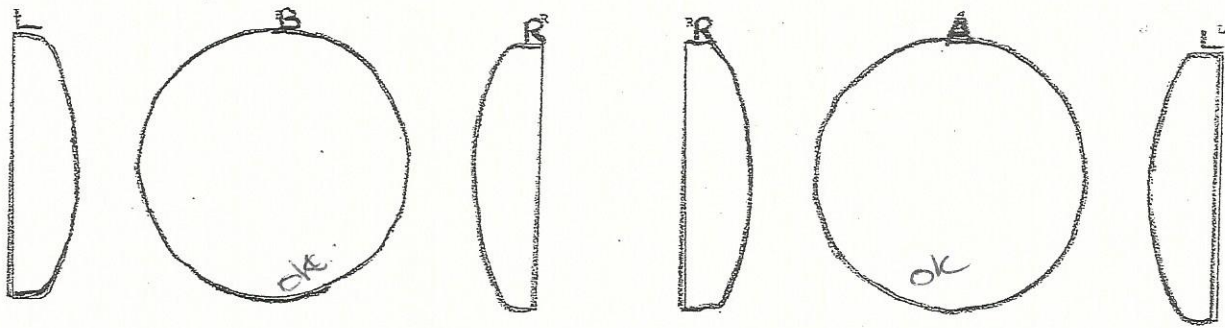
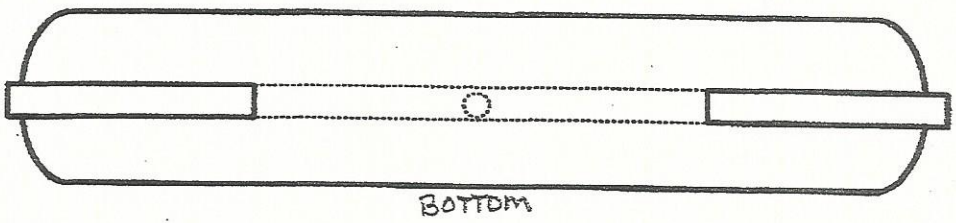
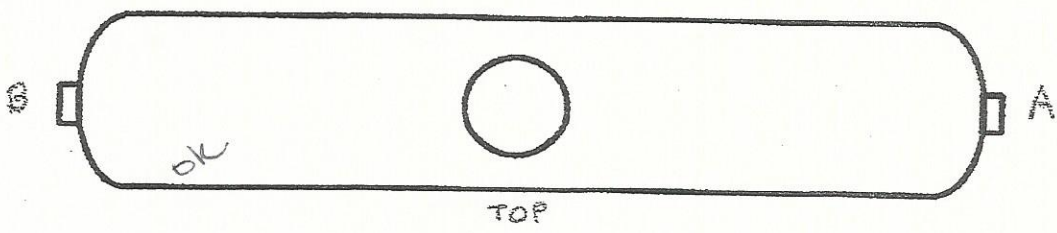
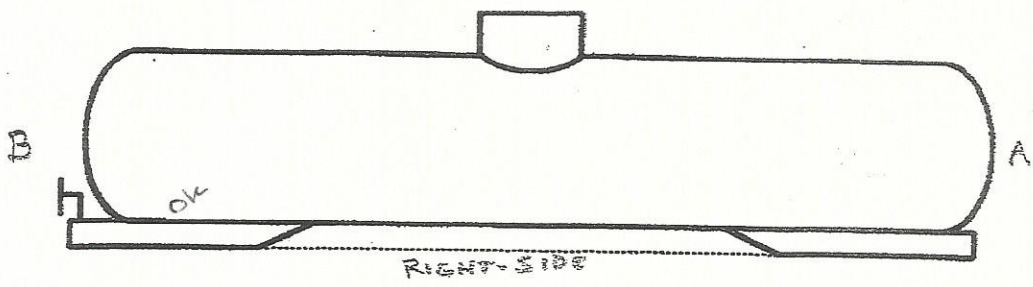
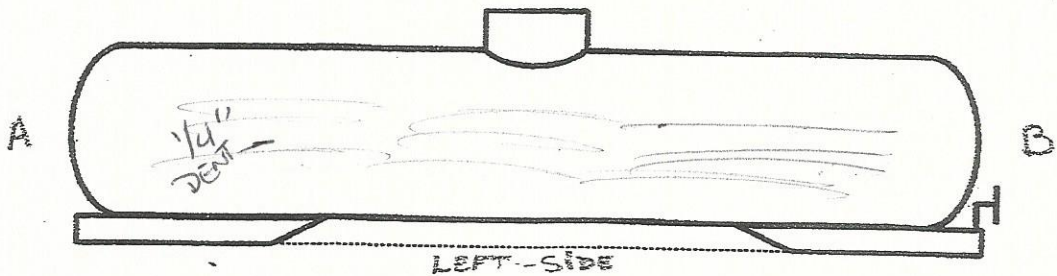
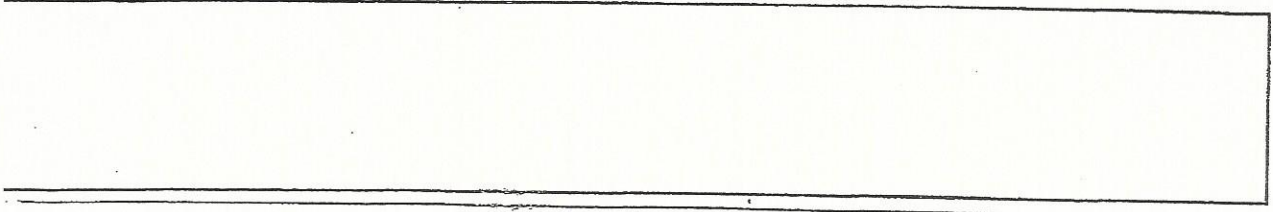
5/11/14

<b>Tank Car Damage Assessment</b>	Car Initials & Number CBTX 741725
<b>Tank Car Characteristics/Features</b>	Material

Type of Car: <input type="checkbox"/> Non-pressure <input type="checkbox"/> Pressure <input type="checkbox"/> Cryogenic <input type="checkbox"/> Other _____		
Specification N <sup>o</sup> : DOT 11 5100 W1	Tank Test pressure:	Tank Capacity: 31800
Build Date: 07-2012	Underframe: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Stub Sill	
Jacketed: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Thermal Protection: <input checked="" type="checkbox"/> J Jacketed <input type="checkbox"/> T Sprayed-on	Insulated: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Construction Material: Type/Grade _____ Thickness _____		Stress: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> N

Fittings Damage			Jacket, Tank and Head Damage
Type fitting	Damaged?	Description Damage/Leak	Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).
<input checked="" type="checkbox"/> Liquid Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"	
<input checked="" type="checkbox"/> Vapor/Air Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	IN TACT	
<input checked="" type="checkbox"/> Pressure Relief Device Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Thermo-meter Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		

1110 WES  
BS-70-F  
7 PSI



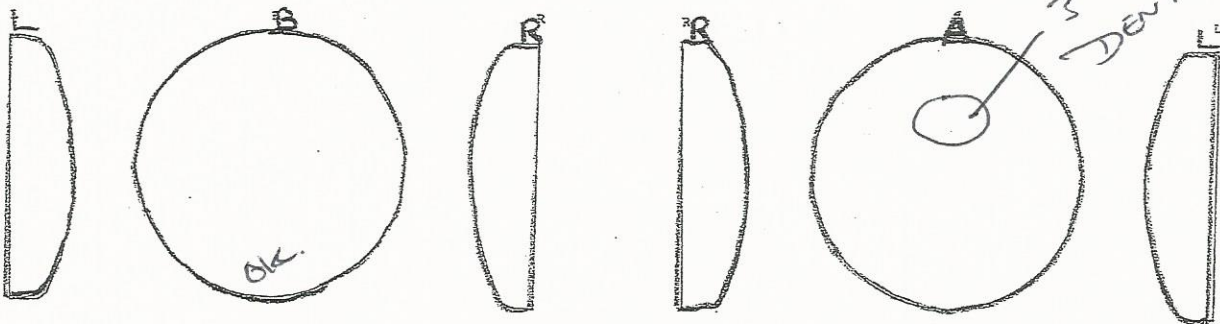
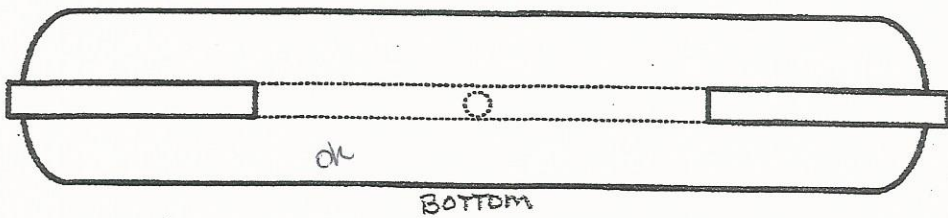
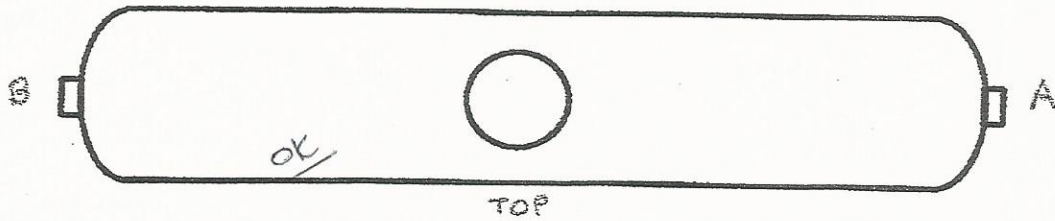
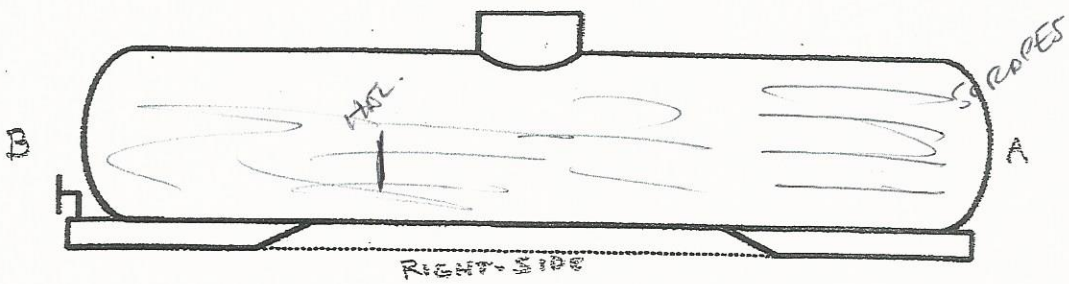
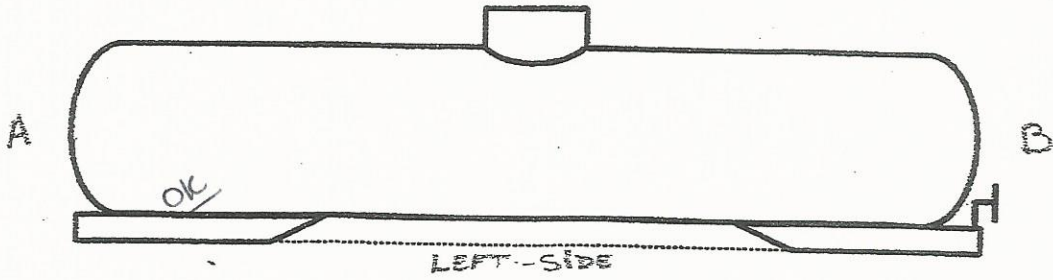
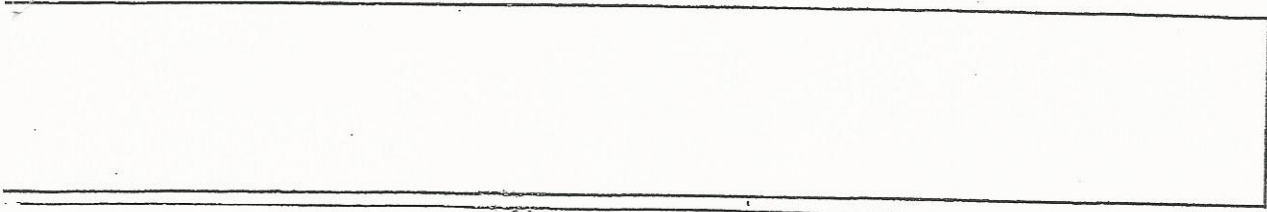
5/1/14

<b>Tank Car Damage Assessment</b>	Car Initials & Number <b>CBTX 741844</b>
<b>Tank Car Characteristics/Features</b>	Material _____

Type of Car: <input checked="" type="checkbox"/> Non-pressure <input type="checkbox"/> Pressure <input type="checkbox"/> Cryogenic <input type="checkbox"/> Other _____		
Specification No: <b>DOT 111S 100W1</b>	Tank Test pressure: _____	Tank Capacity: <b>31870</b>
Build Date: <b>8-2012</b>	Underframe: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Stub Sill	
Jacketed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Thermal Protection: <input checked="" type="checkbox"/> Jacketed <input type="checkbox"/> T Sprayed-on	Insulated: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Construction Material: Type/Grade _____ Thickness _____		Stress: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> N

Fittings Damage			Jacket, Tank and Head Damage
Type fitting	Damaged? <input type="checkbox"/> Leaking	Description Damage/Leak	<i>Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).</i>
<input checked="" type="checkbox"/> Liquid Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"	
<input checked="" type="checkbox"/> Vapor/Air Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	IN TACT	
<input checked="" type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Thermo-meter Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		

1158 HRS  
81.5 ° F  
9954



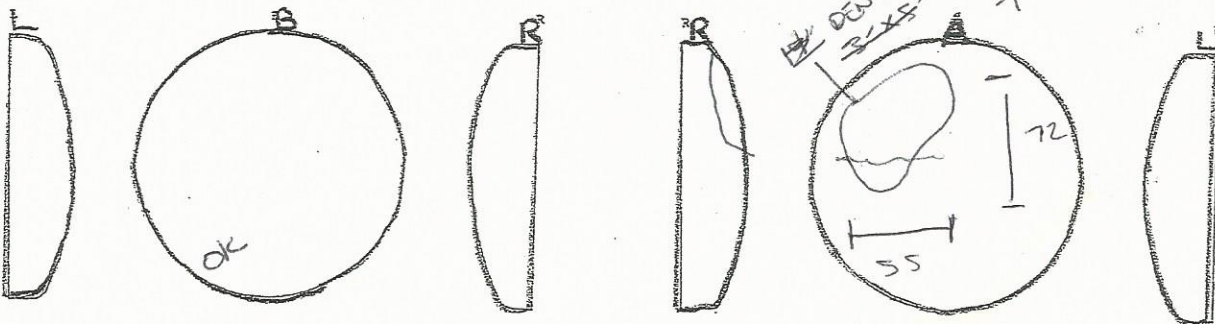
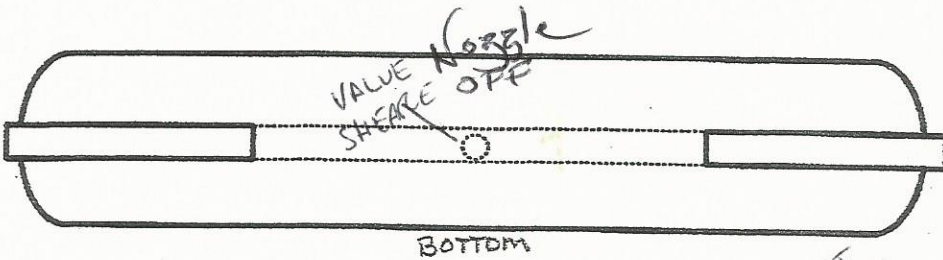
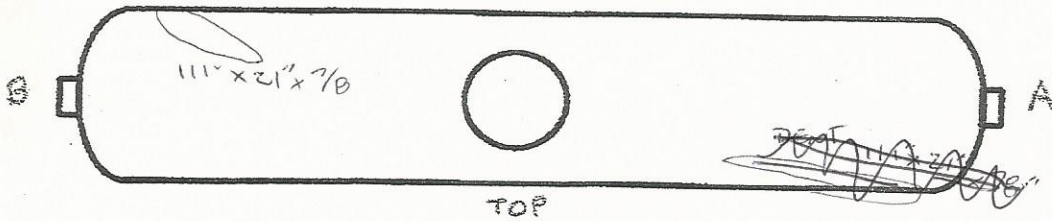
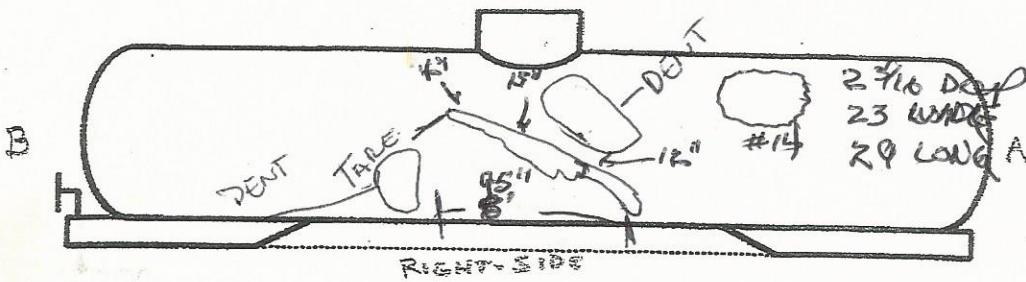
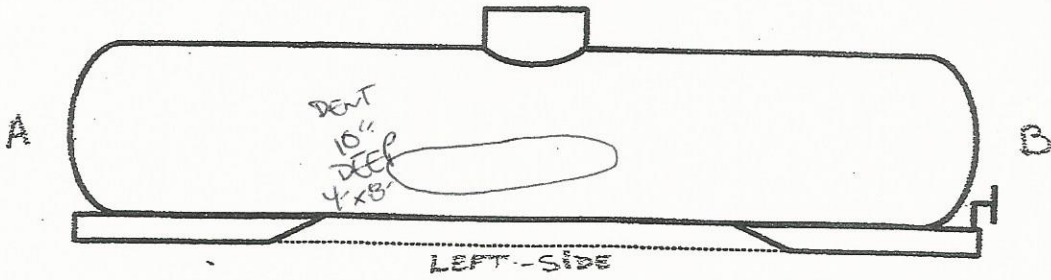


5/2/14

<b>Tank Car Damage Assessment</b>		Car Initials & Number CBTX 7417R
<b>Tank Car Characteristics/Features</b>		Material CUMMINS OIL
Type of Car: <input checked="" type="checkbox"/> Non-pressure <input type="checkbox"/> Pressure <input type="checkbox"/> Cryogenic <input type="checkbox"/> Other _____		
Specification N <sup>o</sup> : 1118100W1	Tank Test pressure:	Tank Capacity: 31820
Build Date: 07-2012	Underframe: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Stub Sill	
Jacketed: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Thermal Protection: <input checked="" type="checkbox"/> J Jacketed <input type="checkbox"/> T Sprayed-on	Insulated: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Construction Material: Type/Grade _____ Thickness _____		Stress: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> N

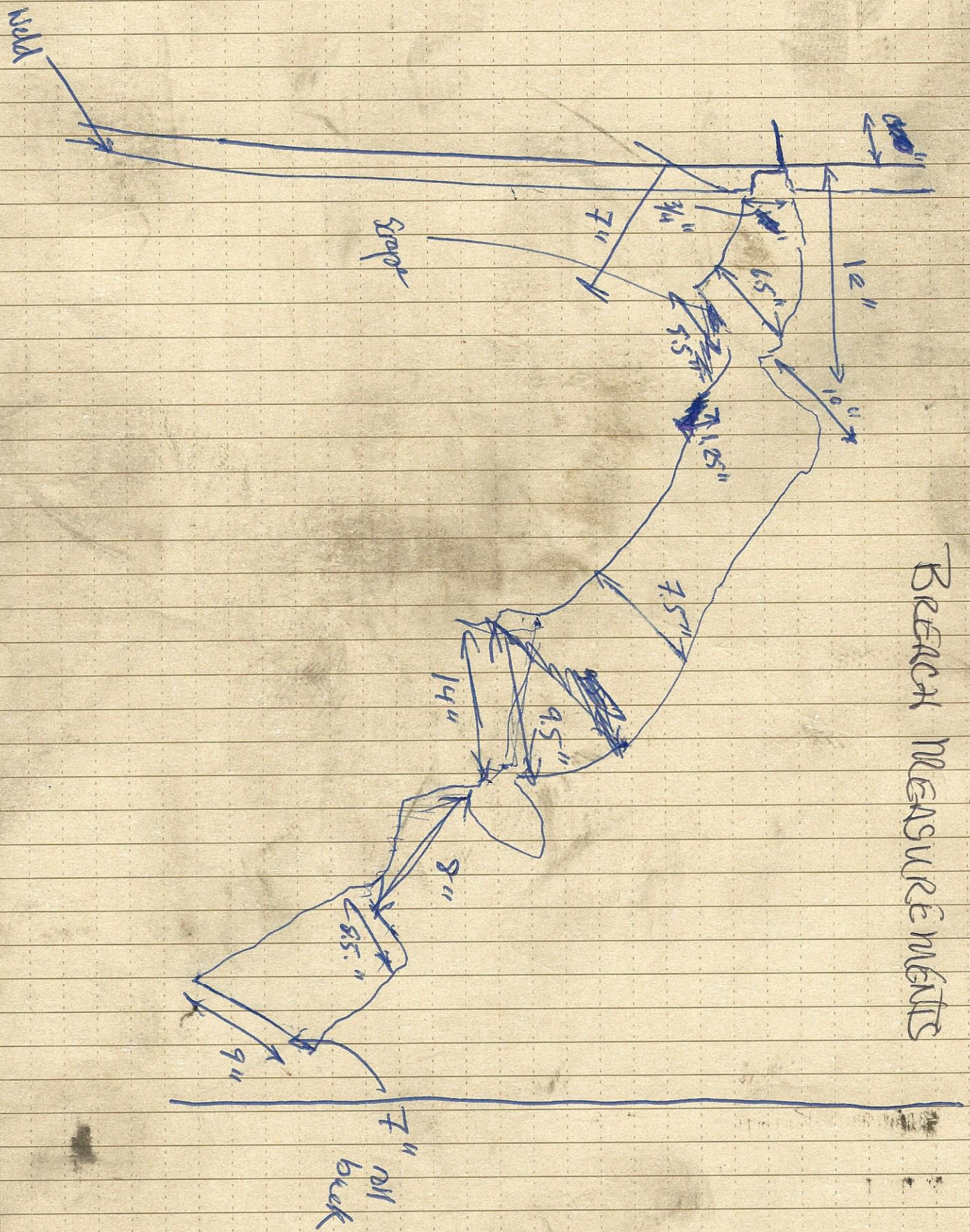
<b>Fittings Damage</b>			<b>Jacket, Tank and Head Damage</b>
Type fitting	Damaged?	Description Damage/Leak	<i>Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).</i>
<input checked="" type="checkbox"/> Liquid Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"	
<input checked="" type="checkbox"/> Vapor/Air Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	SHEARED BALL CLOSED.	
<input type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Thermometer Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		

CBTX 741712



CBTX 741712

OBTX 741712  
BREACH MEASUREMENTS





44

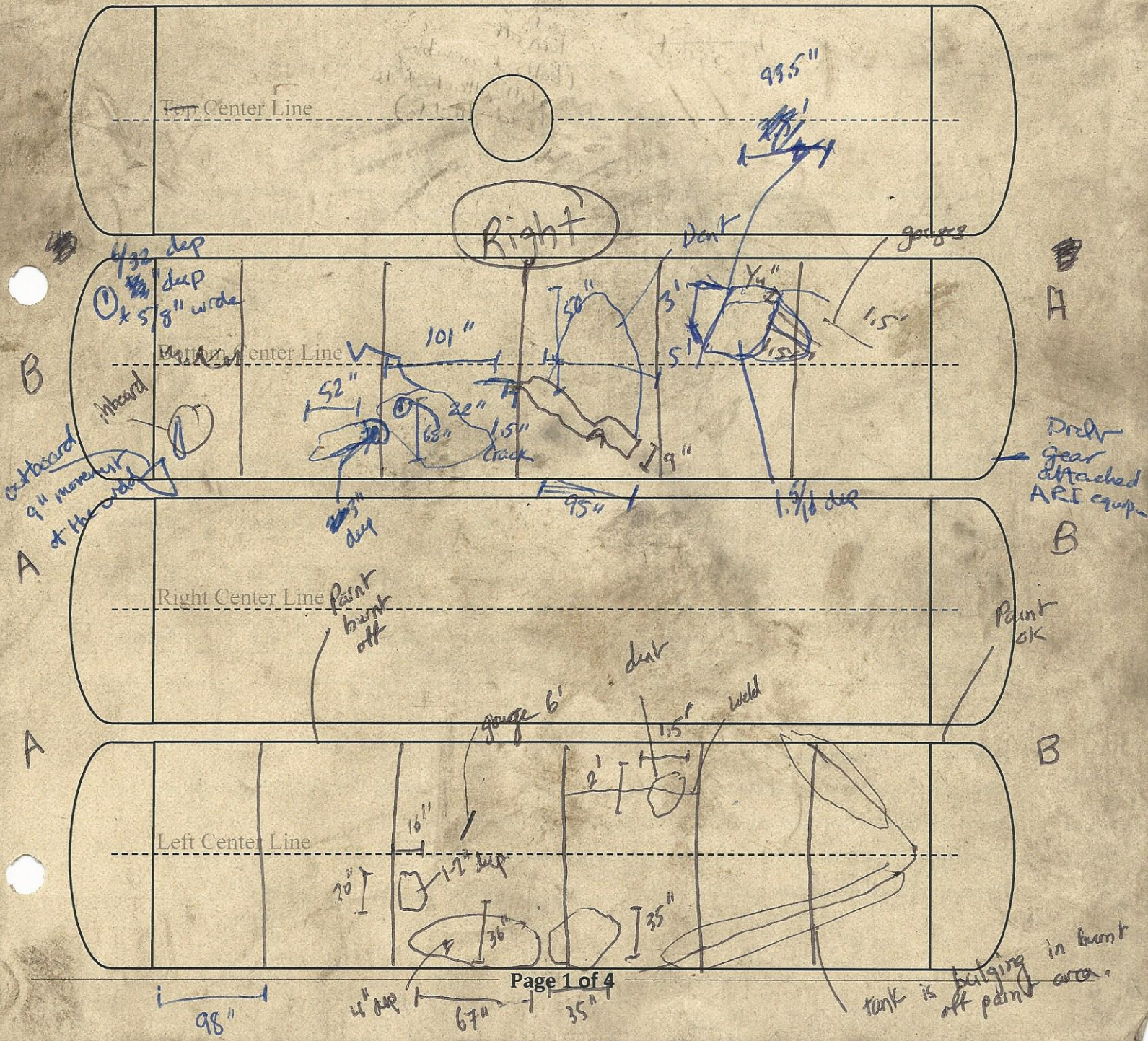
National Transportation Safety Board  
Tank Car Damage Assessment Form

Reporting Marks	CBTX 741712		Car Location City/State	
Date inspected		Railroad	DOT Specification	DOT111
Last Contained			Was product released?	YES
(Indicate One)	Jacket	NO	Does car contain product	NO
Car builder	ARI	Stub Sill Design	Built Date	7-2012
Capacity (GAL)			LD Limit (LB)	

Indicate number on figures below within damaged areas. (sketched in by inspector)

A-END

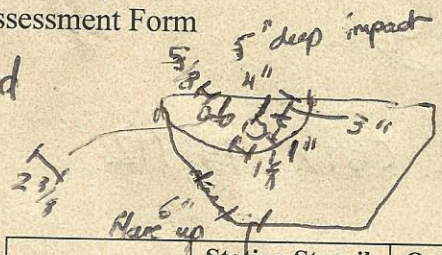
~~Left~~ Right





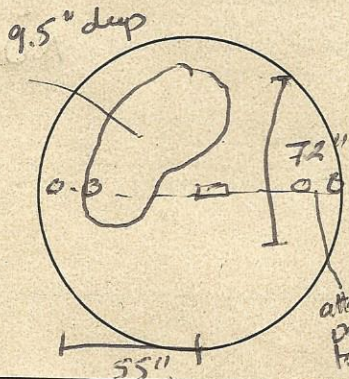
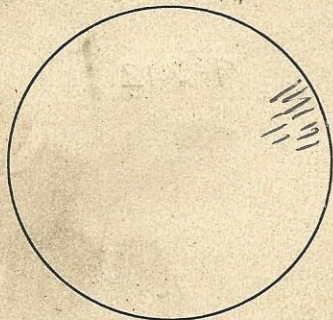
National Transportation Safety Board  
Tank Car Damage Assessment Form

Half-height head shield



B-Head

A-Head



	Station	Stencil	Qual.	Due
Tank Qual.				
Thickness			upward bend	
Serv. Equip.				
PRD				
Lining				
Rule 88				
Stub Sill				

attachment pad torn off  
(bolts & assembly still attached to head shield)

Comments:

**TANK OR JACKET DAMAGE**

1. Document estimated location of damage on Figures located on page 1 of this report and document dimensions coinciding with number below. (photos should be numbered and attached to coincide with numbers below)

1.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
2.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
3.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
4.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
5.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
6.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
7.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
8.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			

- Was this tank car exposed to fire?
- How long was the car exposed to fire?
- What percentage/locations of the tank were exposed to fire? Indicate location in figures on page 1.
- What material burned to create the fire that the car was exposed to?
- To what degree did the car roll? Initially  degrees and stopped at
- Distance traveled from track center? B-end? \_\_\_\_\_ A-end? \_\_\_\_\_ Center? \_\_\_\_\_



National Transportation Safety Board  
Tank Car Damage Assessment Form

8. Brief description of details of surfaces tank was exposed after derailment? E.g. mud, track, rocks, etc...

**VALVE DAMAGE**

Utilize Form TCAD-1.2 and supplement description as indicative of damage below:

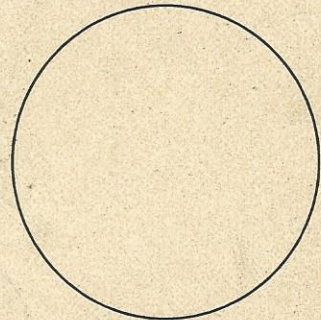
**TOP**

1. Number of damaged valves? \_\_\_\_\_ Document station stencil if other than qual. Decal \_\_\_\_\_

a	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
b	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
c	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
d	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
e	Type of damaged valve?		Manufacturer?		Cause?	
	Gasket Type?		O-ring type?		Serial Number	

Sketch in dome or dual housing arrangement information in relation to valve location in provided figure. Valve Lettering should coincide with lettering above, along with any attached pictures.

A-End



**BOTTOM**

2. Description of damage? Valve, Coils etc... \_\_\_\_\_ Document station stencil if other than qual. Decal \_\_\_\_\_

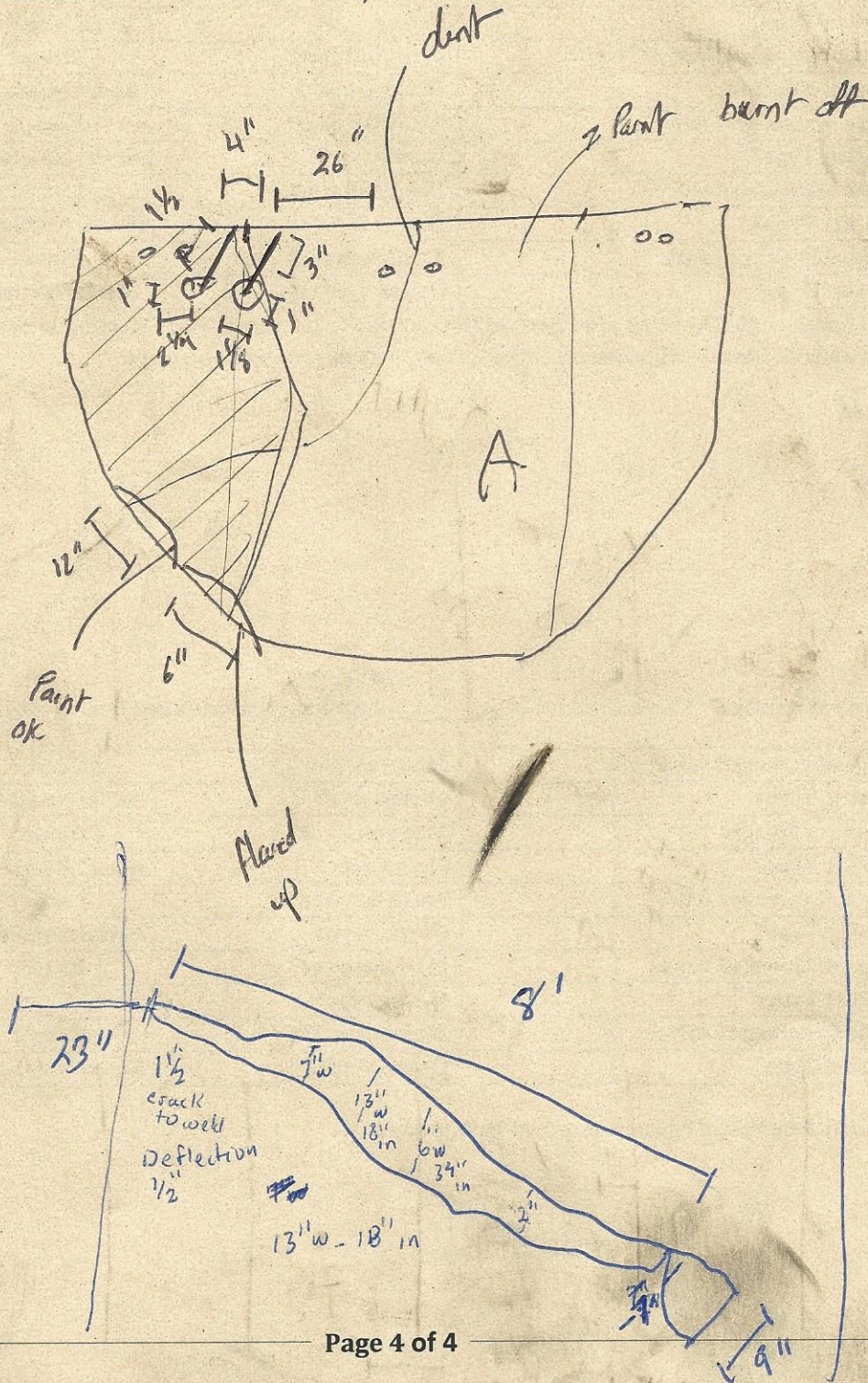
a	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
b	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
c	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
d	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
e	Type of damaged valve?		Manufacturer?		Cause?	
	Gasket Type?		O-ring type?		Serial Number	

Other information or description deemed pertinent by inspector:



National Transportation Safety Board  
Tank Car Damage Assessment Form

Inspector's Name \_\_\_\_\_



5/11/14

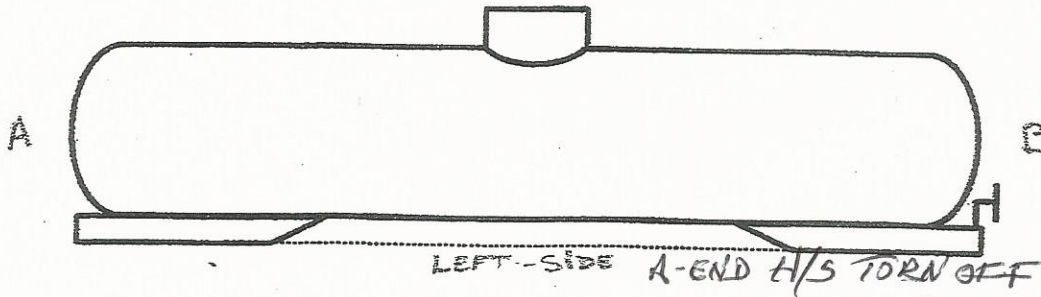
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<b>Tank Car Characteristics/Features</b>		Material CRUDE OIL
Type of Car: <input checked="" type="checkbox"/> Non-pressure <input type="checkbox"/> Pressure <input type="checkbox"/> Cryogenic <input type="checkbox"/> Other _____		
Specification N <sup>o</sup> : 1115100w1	Tank Test pressure:	Tank Capacity: 51820
Build Date: 07-2012	Underframe: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Stub Sill	
Jacketed: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Thermal Protection: <input checked="" type="checkbox"/> J Jacketed <input type="checkbox"/> T Sprayed-on	Insulated: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Construction Material: Type/Grade _____ Thickness _____		Stress: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> N

Fittings Damage			Jacket, Tank and Head Damage
Type fitting	Damaged?	Description Damage/Leak	<i>Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).</i>
<input checked="" type="checkbox"/> Liquid Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"	
<input checked="" type="checkbox"/> Vapor/Air Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	intact	
<input type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Thermo-meter Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		

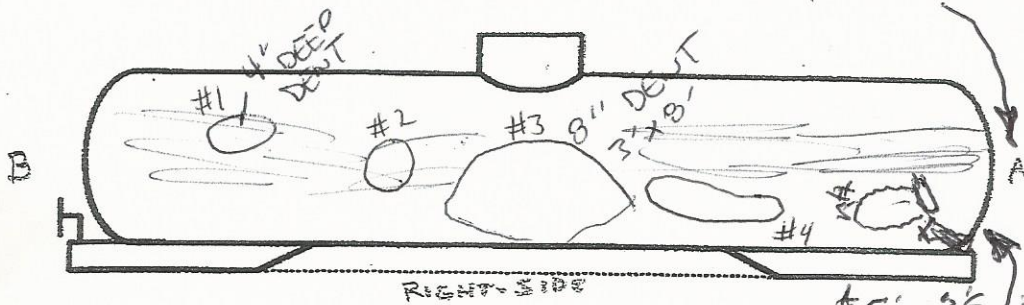
1210 H<sub>2</sub>O  
BPSE  
83.2°F



CBTX 741720



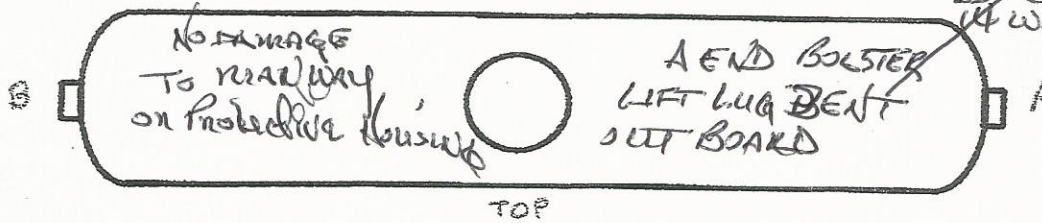
#1: 1" deep  
 30" ~~wide~~ long  
 17 1/2" ~~long~~ wide



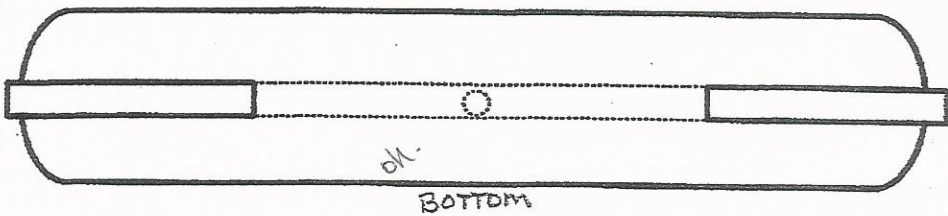
#2: 1 1/4" deep  
 18 1/4" wide  
 19" long

#3: 4 1/2" deep  
 57" ~~wide~~ long  
 117" ~~long~~ wide

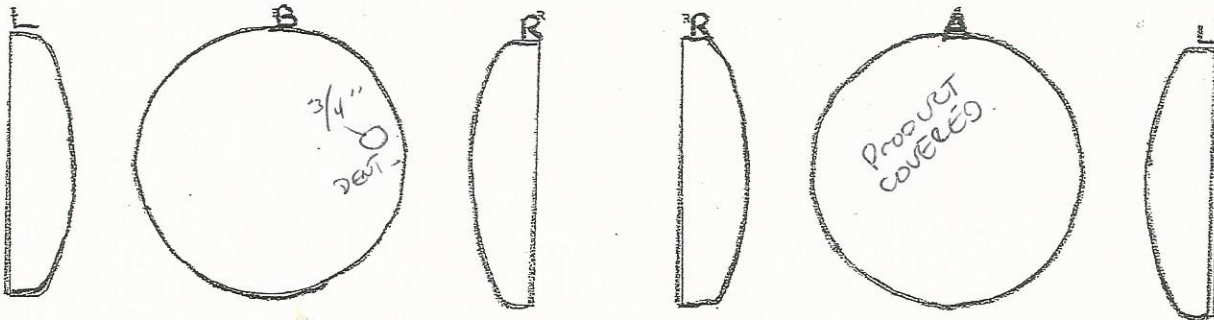
#5: 2 1/2" deep  
 23" long  
 14" wide



#4: 1" deep  
 12" wide  
 47 1/4" long



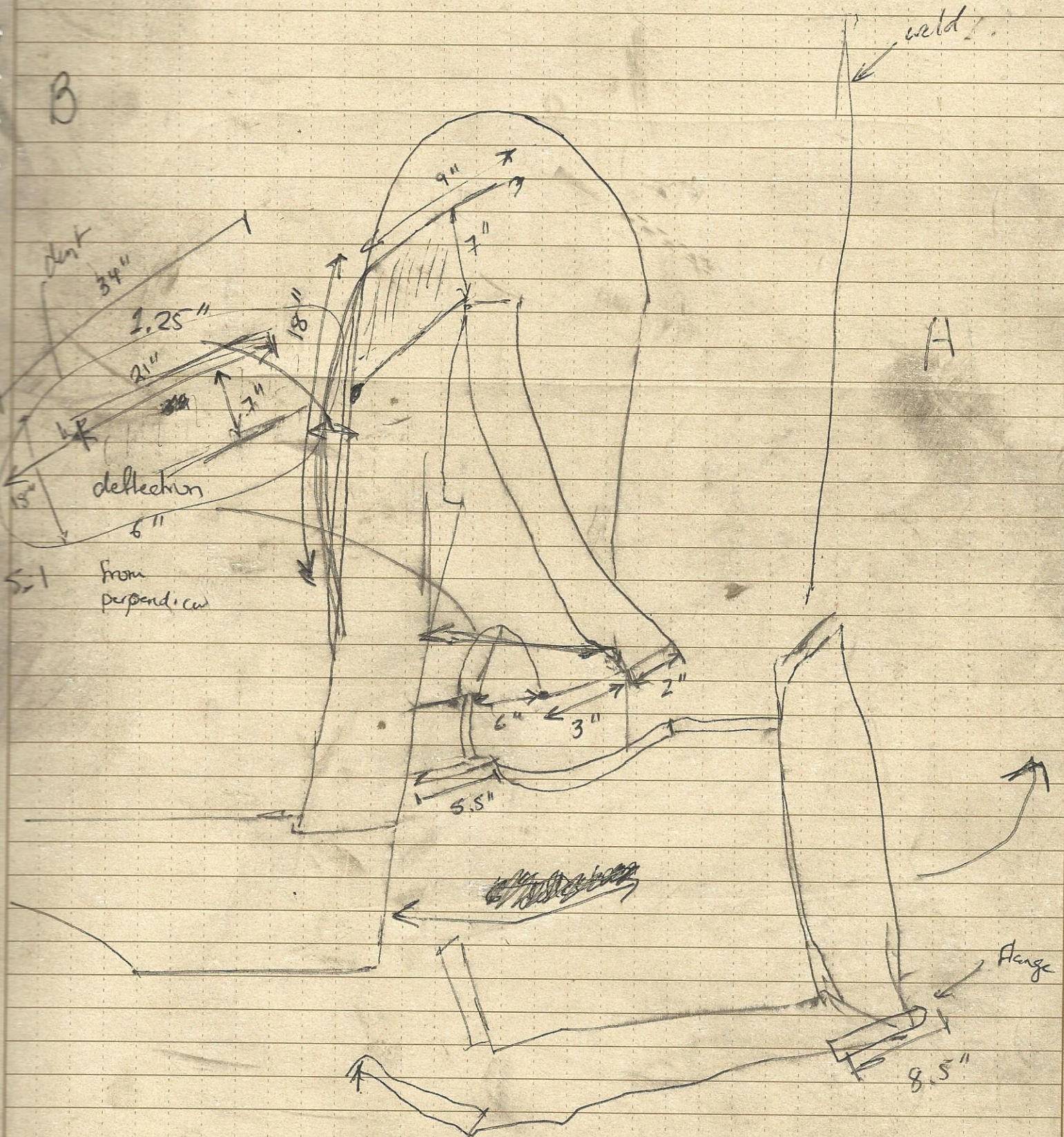
Right side bolster partially dislodged from tank, 1 1/4" off tank.  
 18 1/2" long.



Gladstone - field.

CB TX 741720

B





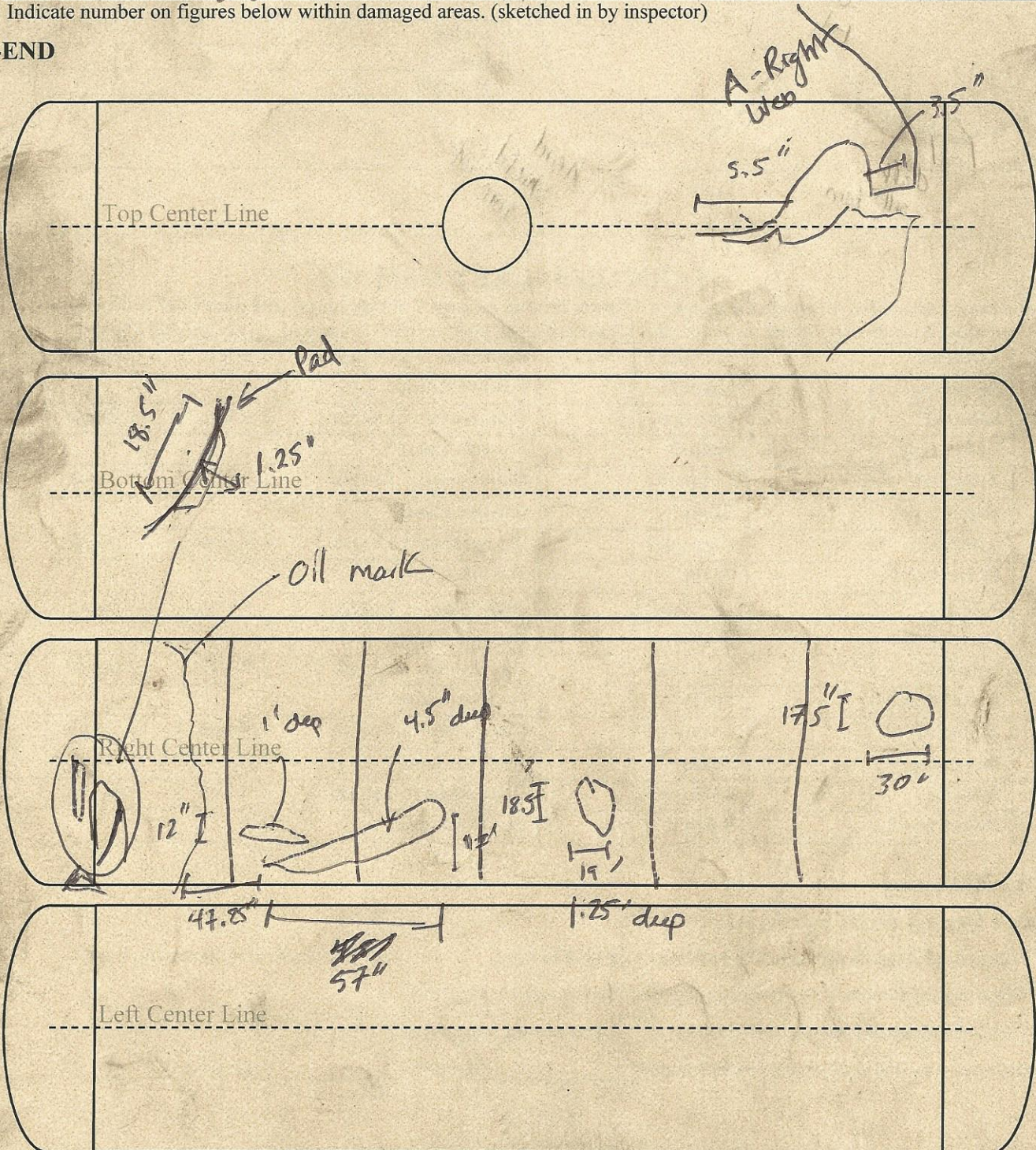
National Transportation Safety Board  
Tank Car Damage Assessment Form

45

Reporting Marks	CBTX 741720		Car Location City/State		
Date inspected		Railroad	DOT Specification	DOT 111S100W1	
Last Contained			Was product released?	NO	
(Indicate One)	Jacket		Does car contain product	Yes	
Car builder	ARI	Stub Sill Design	Built Date	7-2012	
Capacity (GAL)	31820		LD Limit (LB)		

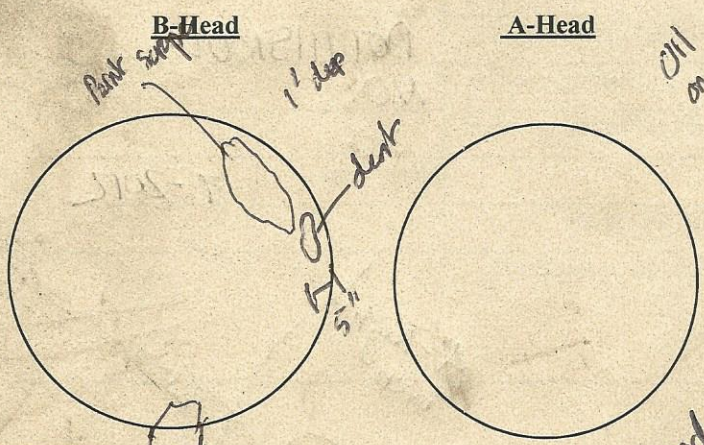
Indicate number on figures below within damaged areas. (sketched in by inspector)

A-END





National Transportation Safety Board  
Tank Car Damage Assessment Form



	Station Stencil	Qual.	Due
Tank Qual.			
Thickness			
Serv. Equip.			
PRD			
Lining			
Rule 88			
Stub Sill			

Comments:

*dent*  
*all horn*  
*Oil on A end*  
*Head shield off horn*

**TANK OR JACKET DAMAGE**

1. Document estimated location of damage on Figures located on page 1 of this report and document dimensions coinciding with number below. (photos should be numbered and attached to coincide with numbers below)

1.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
2.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
3.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
4.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
5.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
6.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
7.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			
8.	Affected?	Location?	Dimensions:	Length	Width	Depth
-	Defect type?	Shape?	Possible Cause?			

- Was this tank car exposed to fire?
- How long was the car exposed to fire?
- What percentage/locations of the tank were exposed to fire? Indicate location in figures on page 1.
- What material burned to create the fire that the car was exposed to?
- To what degree did the car roll? Initially  degrees and stopped at
- Distance traveled from track center? B-end? \_\_\_\_\_ A-end? \_\_\_\_\_ Center? \_\_\_\_\_



National Transportation Safety Board  
Tank Car Damage Assessment Form

8. Brief description of details of surfaces tank was exposed after derailment? E.g. mud, track, rocks, etc...

**VALVE DAMAGE**

Utilize Form TCAD-1.2 and supplement description as indicative of damage below:

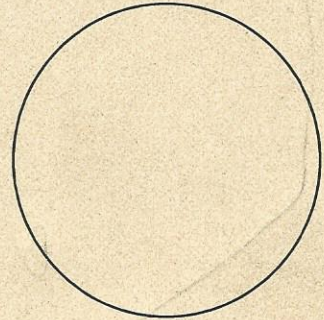
**TOP**

1. Number of damaged valves? \_\_\_\_\_ Document station stencil if other than qual. Decal \_\_\_\_\_

a	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
b	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
c	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
d	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
e	Type of damaged valve?		Manufacturer?		Cause?	
	Gasket Type?		O-ring type?		Serial Number	

Sketch in dome or dual housing arrangement information in relation to valve location in provided figure. Valve Lettering should coincide with lettering above, along with any attached pictures.

A-End



**BOTTOM**

2. Description of damage? Valve, Coils etc... \_\_\_\_\_ Document station stencil if other than qual. Decal \_\_\_\_\_

a	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
b	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
c	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
d	Type of damaged valve?		Manufacturer?		Cause?	
-	Gasket Type?		O-ring type?		Serial Number	
e	Type of damaged valve?		Manufacturer?		Cause?	
	Gasket Type?		O-ring type?		Serial Number	

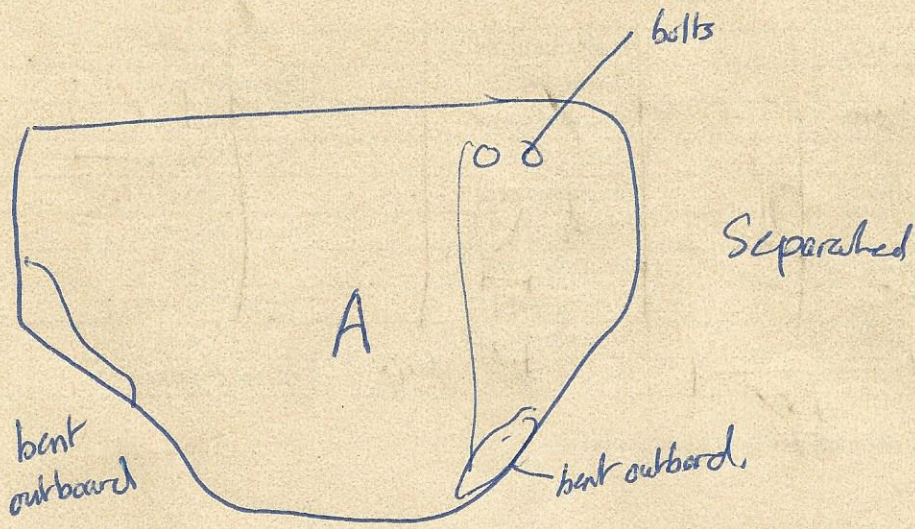
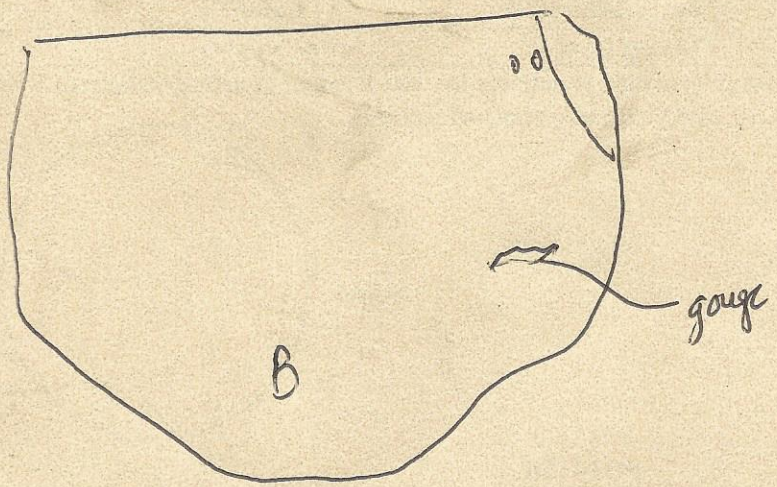
Other information or description deemed pertinent by inspector:



National Transportation Safety Board  
Tank Car Damage Assessment Form

[Empty rectangular box for drawing or notes]

Inspector's Name \_\_\_\_\_

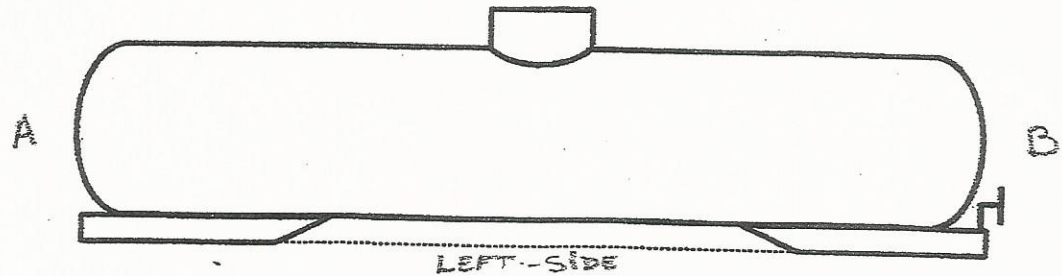
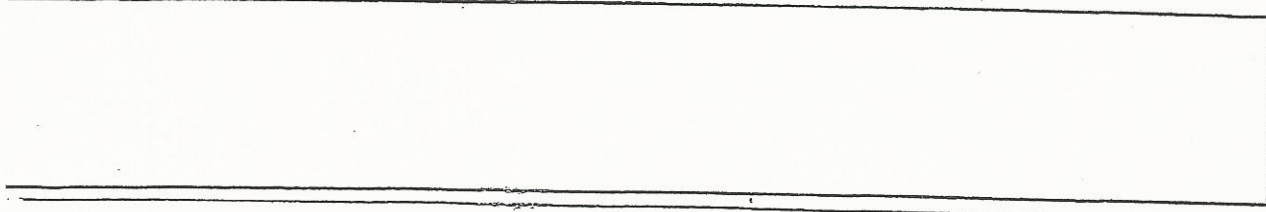


<h1>Tank Car Damage Assessment</h1>	Car Initials & Number <b>CBTX 741672</b>
<h2>Tank Car Characteristics/Features</h2>	Material

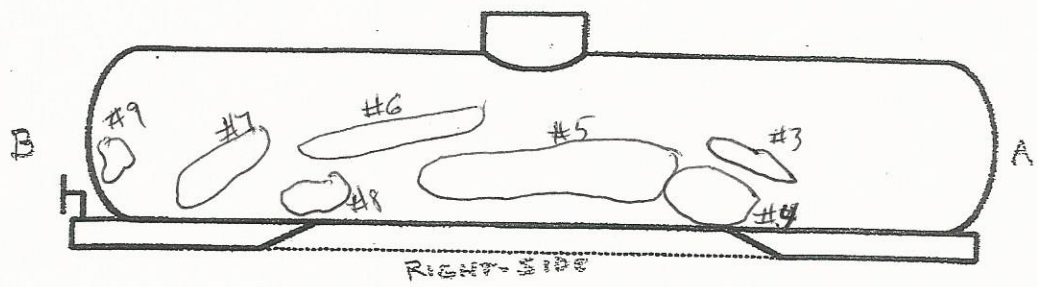
Type of Car: <input checked="" type="checkbox"/> Non-pressure <input type="checkbox"/> Pressure <input type="checkbox"/> Cryogenic <input type="checkbox"/> Other _____			
Specification No: <b>111510041</b>		Tank Test pressure:	Tank Capacity: <b>31820</b>
Build Date: <b>07-2012</b>		Underframe: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Stub Sill	
Jacketed: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Thermal Protection: <input checked="" type="checkbox"/> J Jacketed <input type="checkbox"/> T Sprayed-on		Insulated: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Construction Material: Type/Grade _____ Thickness _____			Stress: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> N

Fittings Damage			Jacket, Tank and Head Damage
Type fitting	Damaged?	Description Damage/Leak	<i>Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).</i>
<input checked="" type="checkbox"/> Liquid Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"	
<input checked="" type="checkbox"/> Vapor/Air Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	valve and handle are intact	
<input type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Thermometer Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		

1433  
11 psig  
77.2°F

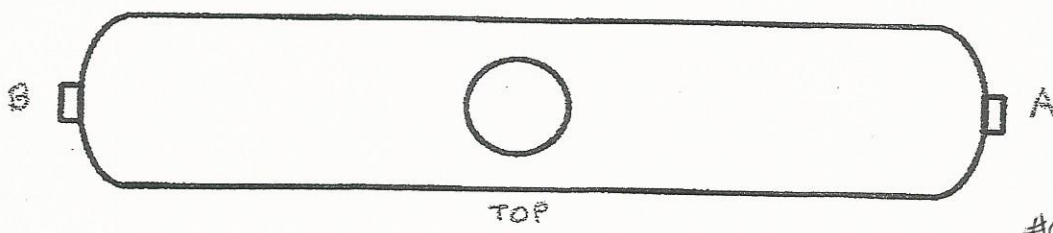


#1: 27" long  
39" wide  
4" deep



#2: 14 1/2" wide  
19 1/2" long  
2" deep

#3: 9" long  
57" wide  
3/8" deep

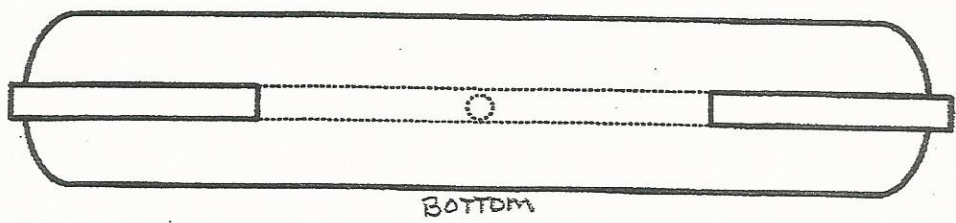


#4: 65" long  
44" wide  
3" deep

#5: 190" long  
46" wide  
3 1/2" deep

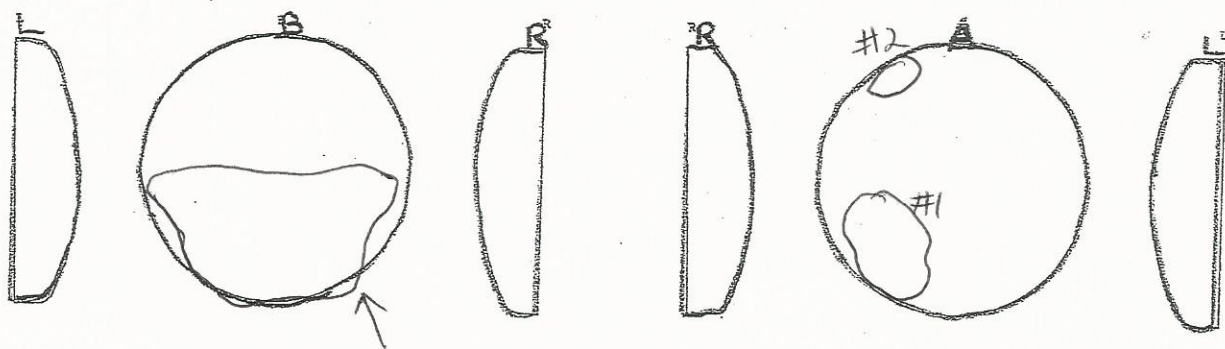
#6: 132" long  
14 1/2" wide  
7/8" deep

#7: 115" long  
38" wide  
4" deep



#8: 46" long  
16" wide  
1 1/4" deep

#9: 13" long  
14" wide  
1 3/4" deep



Bent out



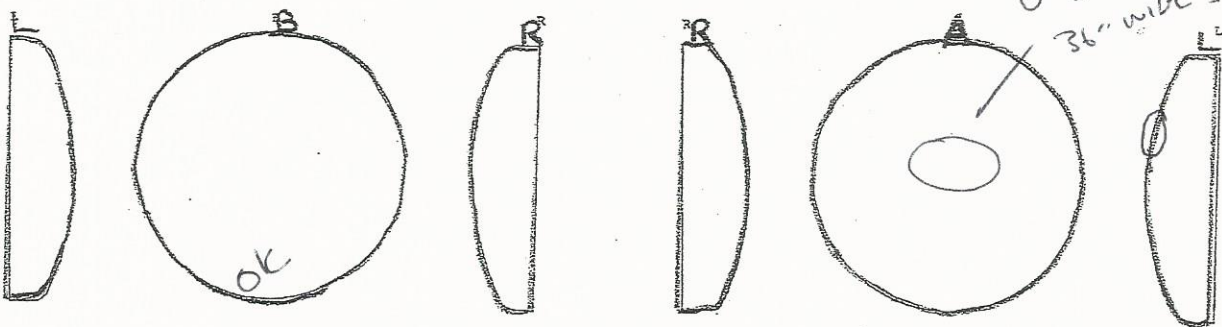
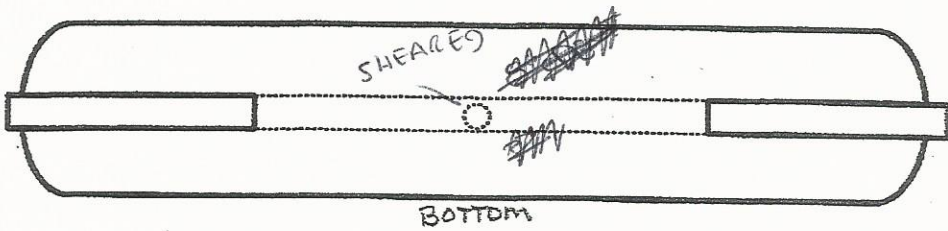
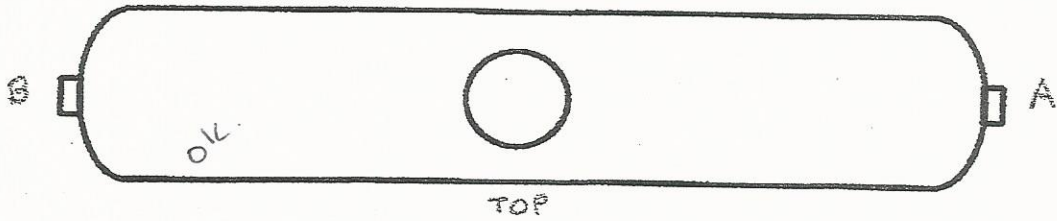
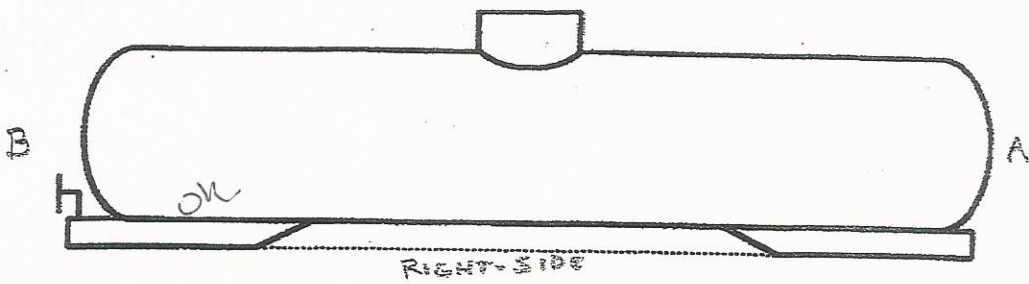
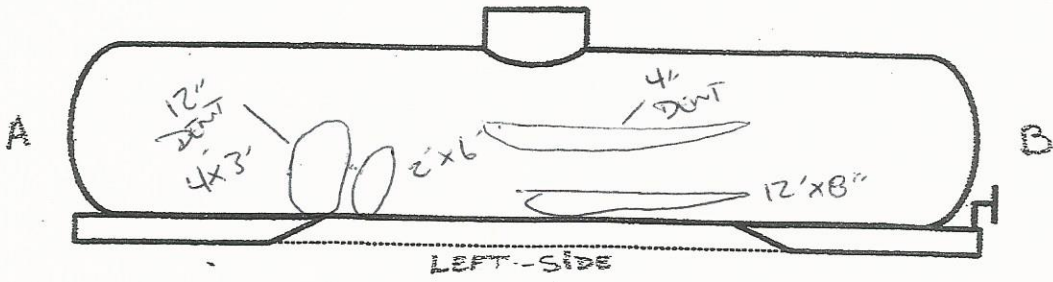
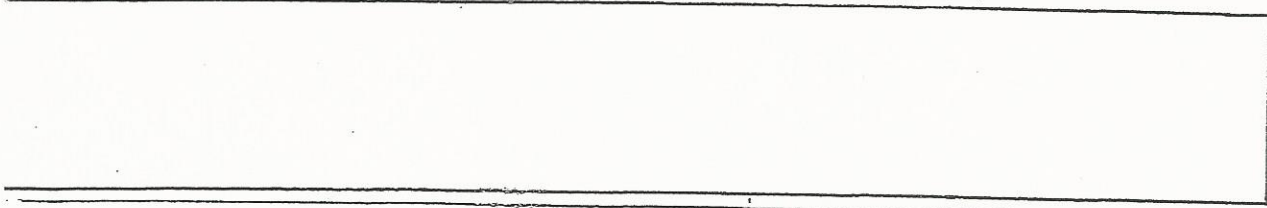
CTCX

<b>Tank Car Damage Assessment</b>	Car Initials & Number <b>743023</b>
<b>Tank Car Characteristics/Features</b>	Material

Type of Car: <input checked="" type="checkbox"/> Non-pressure <input type="checkbox"/> Pressure <input type="checkbox"/> Cryogenic <input type="checkbox"/> Other _____		
Specification N <sup>o</sup> : <b>DOT 111 S 100W1</b>	Tank Test pressure:	Tank Capacity: <b>31830</b>
Build Date: <b>05-2012</b>	Underframe: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Stub Sill	
Jacketed: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Thermal Protection: <input type="checkbox"/> J Jacketed <input type="checkbox"/> T Sprayed-on	Insulated: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Construction Material: Type/Grade _____ Thickness _____		Stress: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> N

Fittings Damage			Jacket, Tank and Head Damage
Type fitting	Damaged?	Description Damage/Leak	Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).
<input checked="" type="checkbox"/> Liquid Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"	
<input checked="" type="checkbox"/> Vapor/Air Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	SHEARED OFF	
<input type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Thermometer Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		

824 HAS.  
4PSE  
62.5 F.



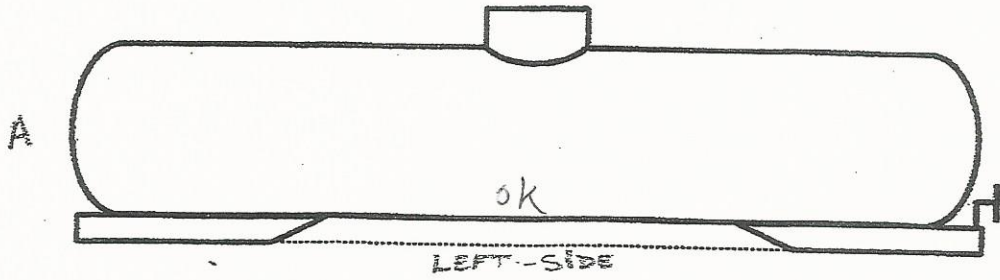
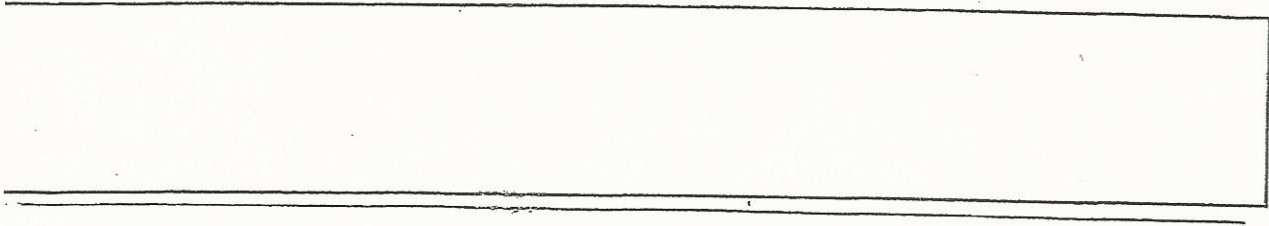
5/3/14

Tank Car Damage Assessment	Car Initials & Number <b>CBTX 743190</b>
Tank Car Characteristics/Features	Material

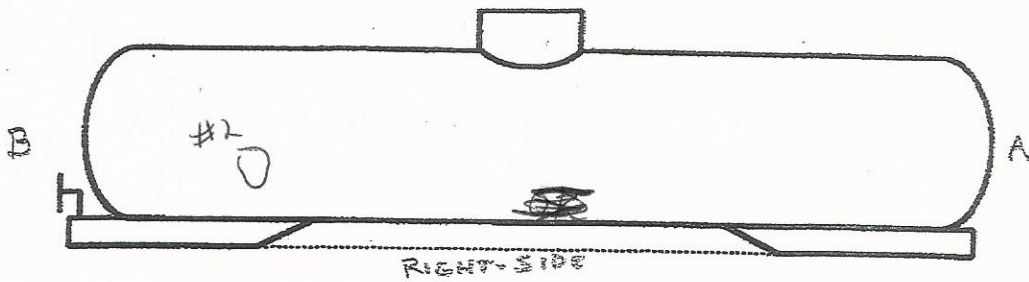
Type of Car: <input checked="" type="checkbox"/> Non-pressure <input type="checkbox"/> Pressure <input type="checkbox"/> Cryogenic <input type="checkbox"/> Other _____			
Specification N°: <b>1115100w1</b>	Tank Test pressure:	Tank Capacity: <b>31830</b>	
Build Date: <b>04-2013</b>	Underframe: <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Stub Sill		
Jacketed: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Thermal Protection: <input checked="" type="checkbox"/> J Jacketed <input checked="" type="checkbox"/> T Sprayed-on	Insulated: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Construction Material: Type/Grade _____ Thickness _____		Stress: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> N	

Fittings Damage			Jacket, Tank and Head Damage
Type fitting	Damaged? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Leaking	Description Damage/Leak	Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).
<input checked="" type="checkbox"/> Liquid Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"	
<input checked="" type="checkbox"/> Vapor/Air Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"	
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	valve and handle intact	
<input type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Thermometer Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking		

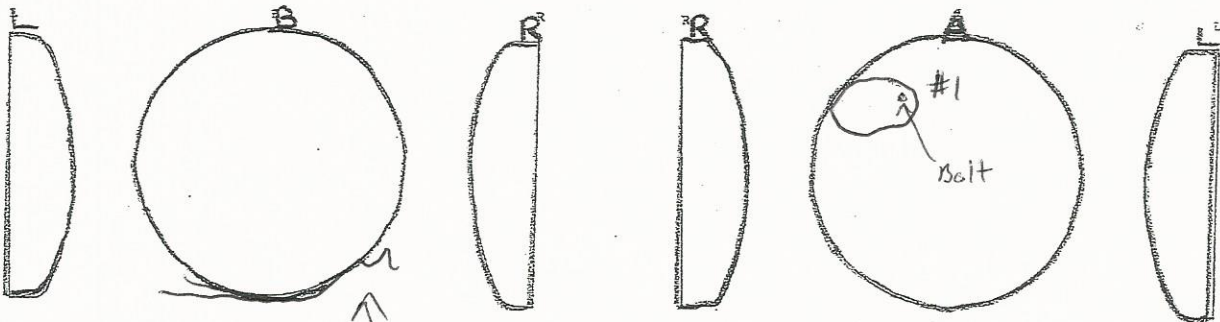
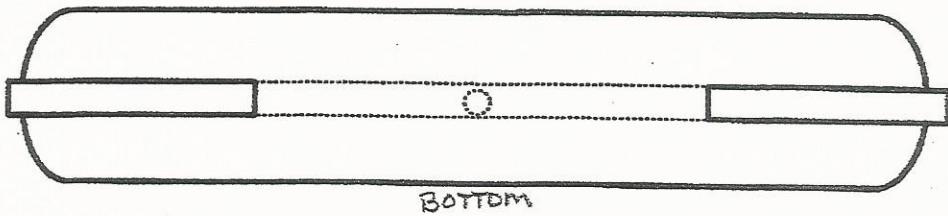
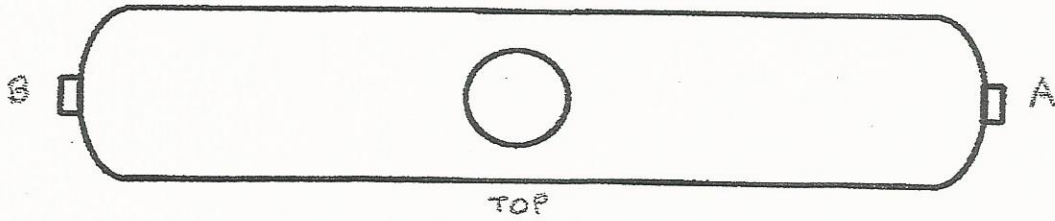
1400 hrs  
14 psi  
85.4 °F



#1: 24 1/2" wide  
 32 1/2" long  
 2 3/8" deep



#2: 7" long  
 13" wide  
 5/8" deep



↑  
 Cat walk  
 damage

5/3/14

# Tank Car Damage Assessment

Car Initials & Number **CBTX 743197**

## Tank Car Characteristics/Features

Material

Type of Car:  Non-pressure  Pressure  Cryogenic  Other \_\_\_\_\_

Specification No: **1115100w1**

Tank Test pressure:

Tank Capacity: **31910**

Build Date: **04-2013**

Underframe:  Continuous  Stub Sill

Jacketed:

Thermal Protection:  Jacketed  Sprayed-on

Insulated:

Construction Material: Type/Grade \_\_\_\_\_ Thickness \_\_\_\_\_

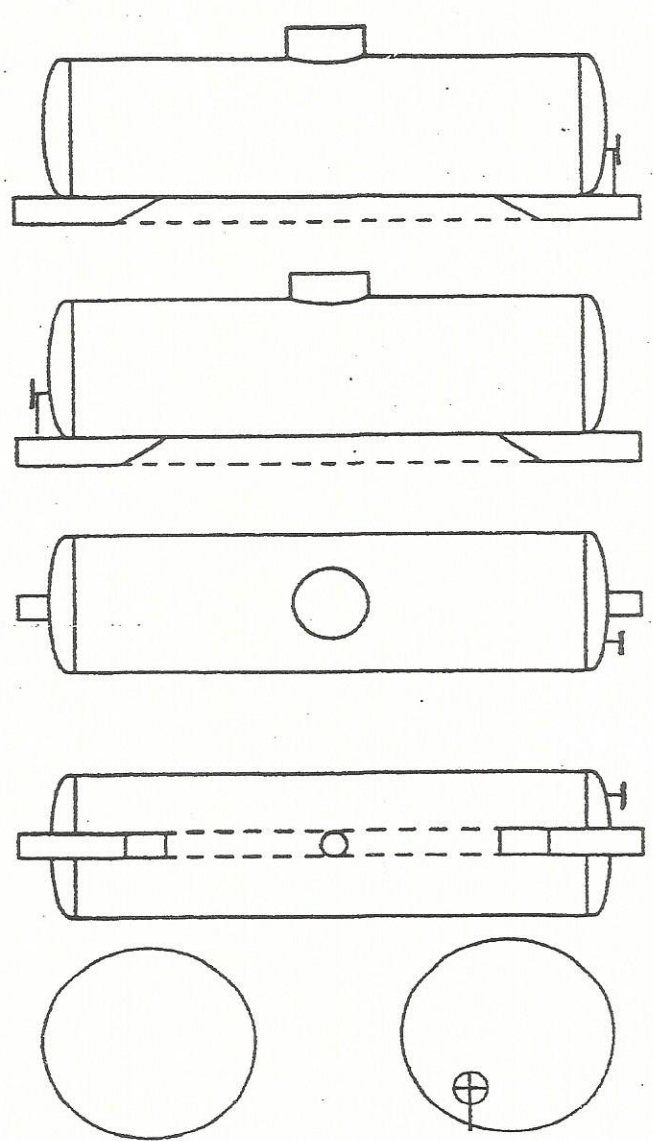
Stress:

### Fittings Damage

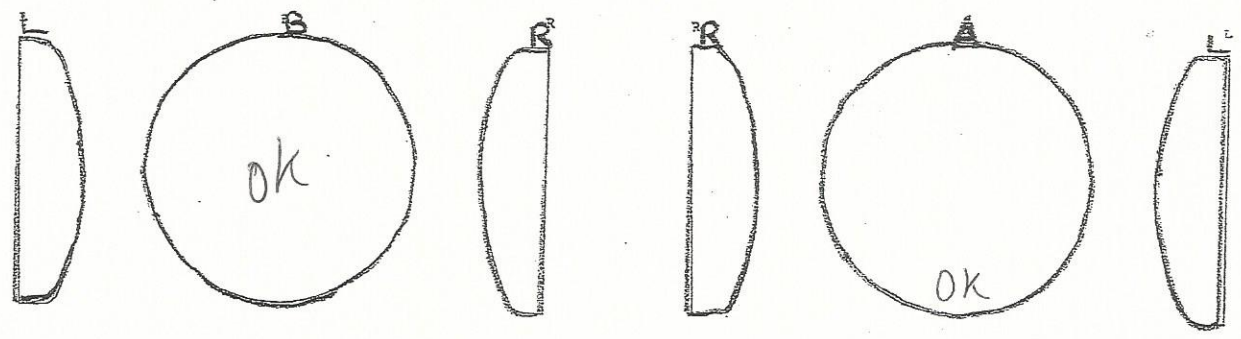
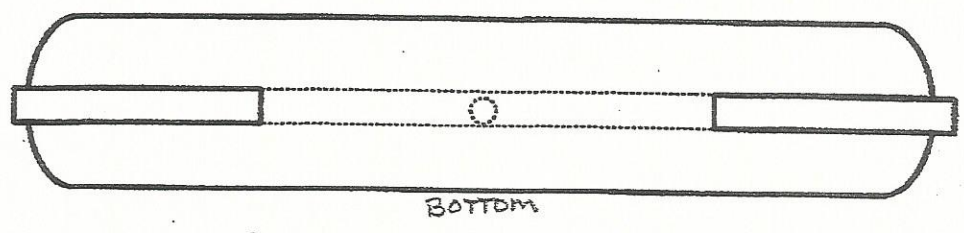
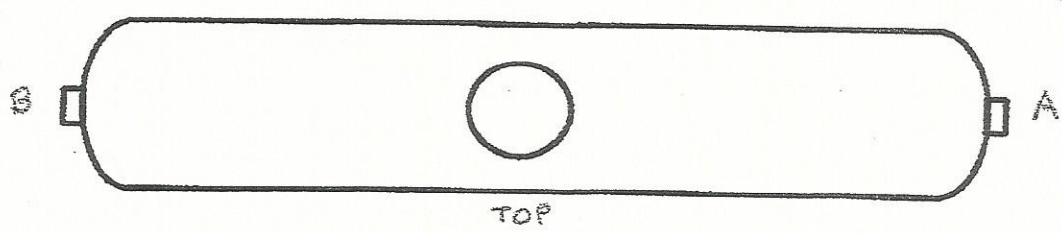
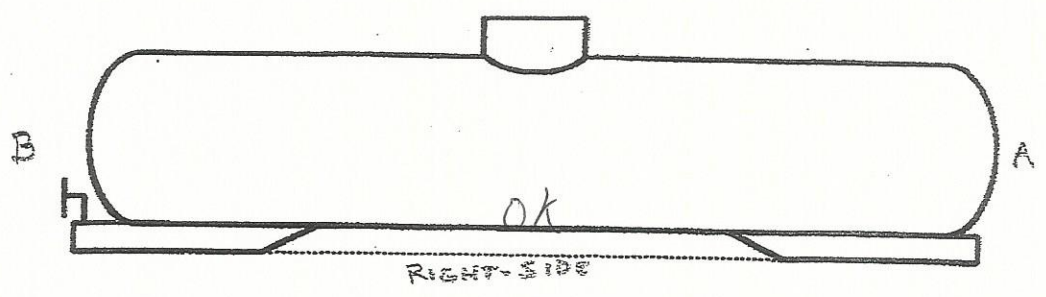
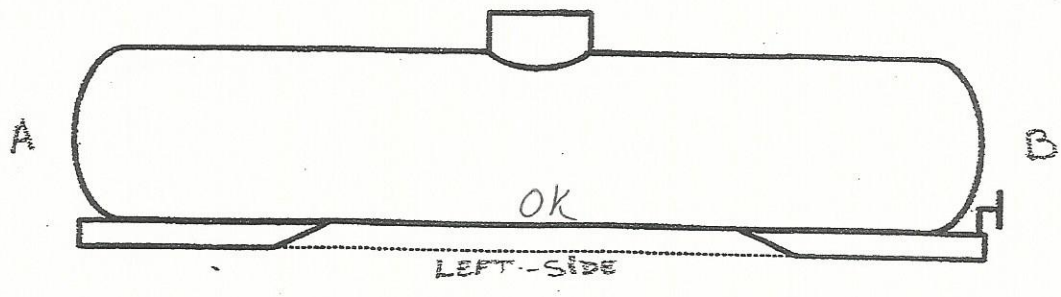
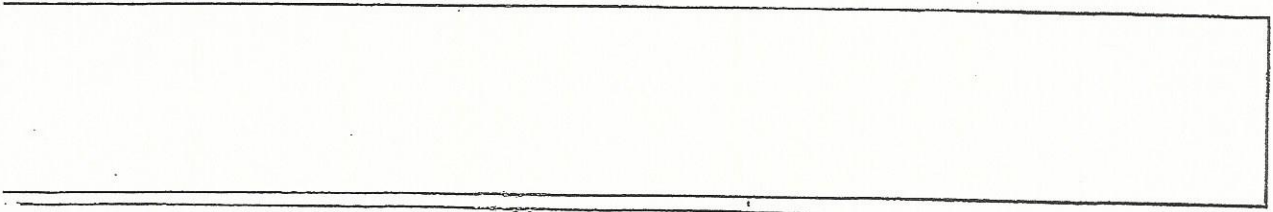
### Jacket, Tank and Head Damage

Type fitting	Damaged?	Description Damage/Leak
<input checked="" type="checkbox"/> Liquid Valve	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	3"
<input checked="" type="checkbox"/> Vapor/Air Valve	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	2"
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	intact
<input type="checkbox"/> Pressure Relief Device Type: _____	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	
<input type="checkbox"/> Vacuum Relief Valve	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	
<input type="checkbox"/> Gauging Device Type: _____	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	
<input type="checkbox"/> Manway Cover Plate	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	
<input type="checkbox"/> Fill Hole	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	
<input type="checkbox"/> Sample Line	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	
<input type="checkbox"/> Thermo-meter Well	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	
<input type="checkbox"/> Washout	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	
<input type="checkbox"/> Sump	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	
<input type="checkbox"/> Other Type: _____	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Leaking	

Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).



1325 hrs  
74.2°F  
12 psi



# Tank Car Damage Assessment

Car Initials & Number

CBTX 743147

## Tank Car Characteristics/Features

Material

Type of Car:  Non-pressure  Pressure  Cryogenic  Other \_\_\_\_\_

Specification N<sup>o</sup>: 1115106W1

Tank Test pressure:

Tank Capacity: 31820

Build Date: 03-2013

Underframe:  Continuous  Stub Sill

Jacketed:  Y  N

Thermal Protection:  J Jacketed  T Sprayed-on

Insulated:  Y  N

Construction Material: Type/Grade \_\_\_\_\_ Thickness \_\_\_\_\_

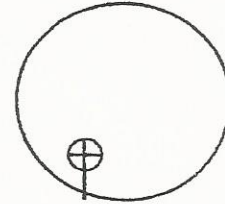
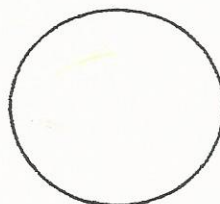
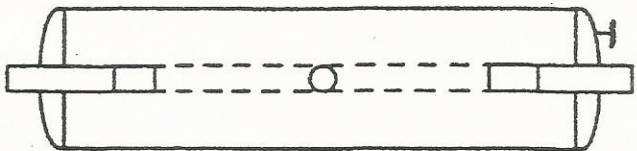
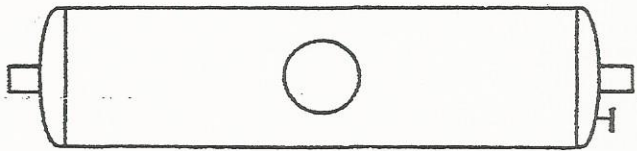
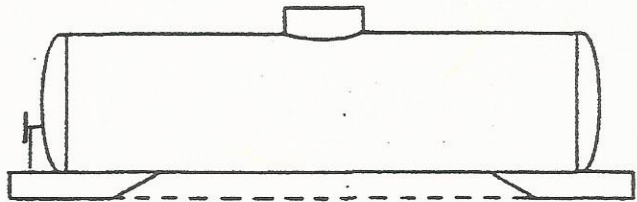
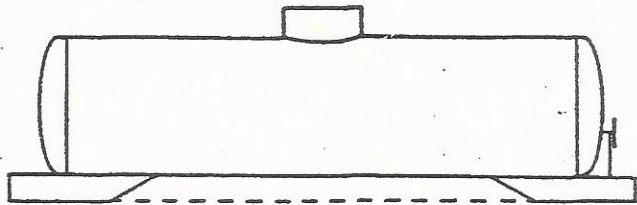
Stress:  T  M  C  O  N

### Fittings Damage

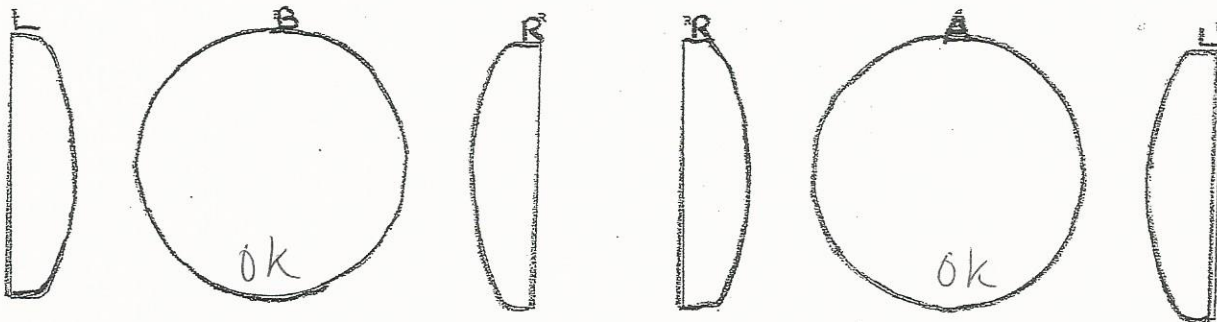
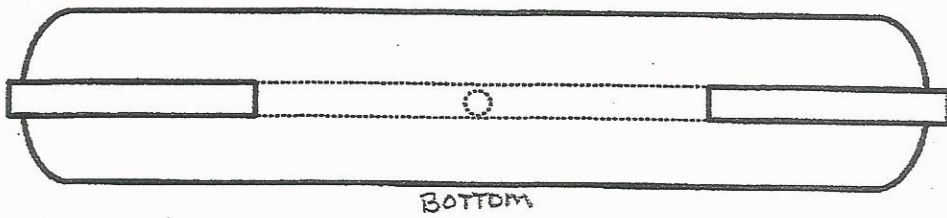
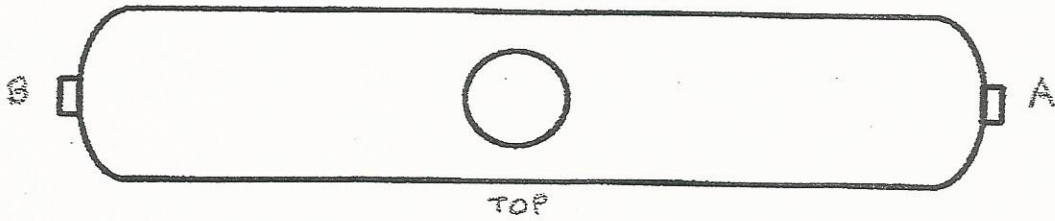
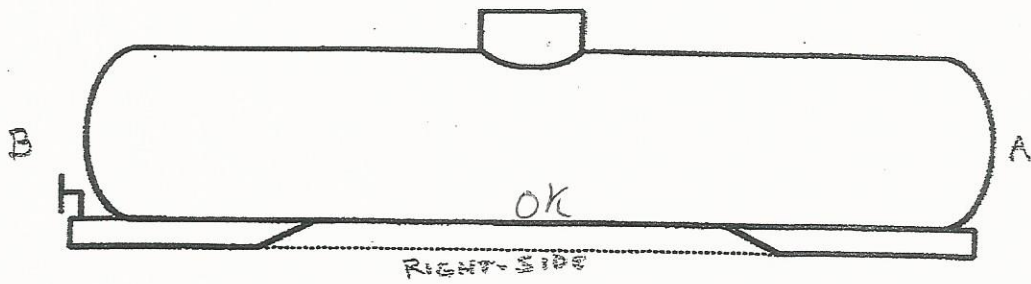
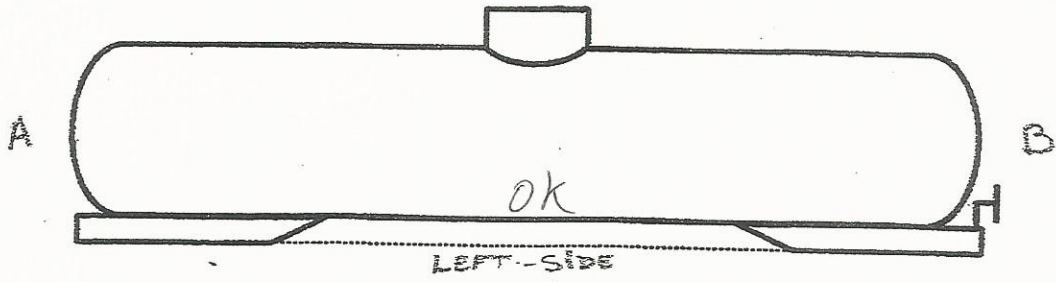
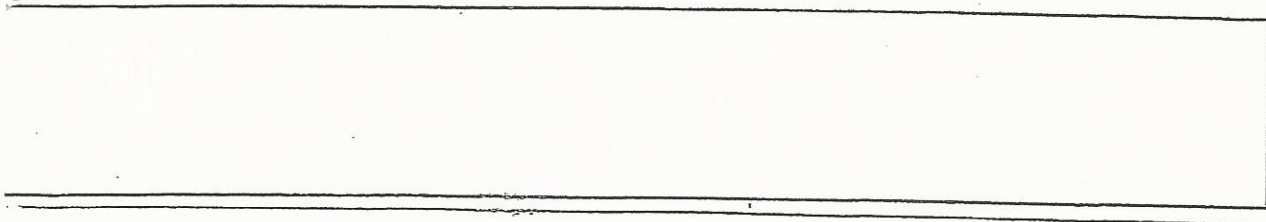
### Jacket, Tank and Head Damage

Type fitting	Damaged?	Description Damage/Leak
<input checked="" type="checkbox"/> Liquid Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"
<input checked="" type="checkbox"/> Vapor/Air Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"
<input checked="" type="checkbox"/> Bottom Outlet Type: _____	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	intact
<input type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Thermometer Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	

Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).



1453 hrs  
85.5 °F  
15 psi





5/3/14

# Tank Car Damage Assessment

Car Initials & Number **GATX 286291**

## Tank Car Characteristics / Features

Material

Type of Car:  Non-pressure  Pressure  Cryogenic  Other \_\_\_\_\_

Specification No: *burnt off 1115120W1*  Tank Test pressure: \_\_\_\_\_ Tank Capacity: **31760**

Build Date: *burnt off CW* Underframe:  Continuous  Stub Sill

Jacketed:  Y  N Thermal Protection:  J Jacketed  T Sprayed-on Insulated:  Y  N

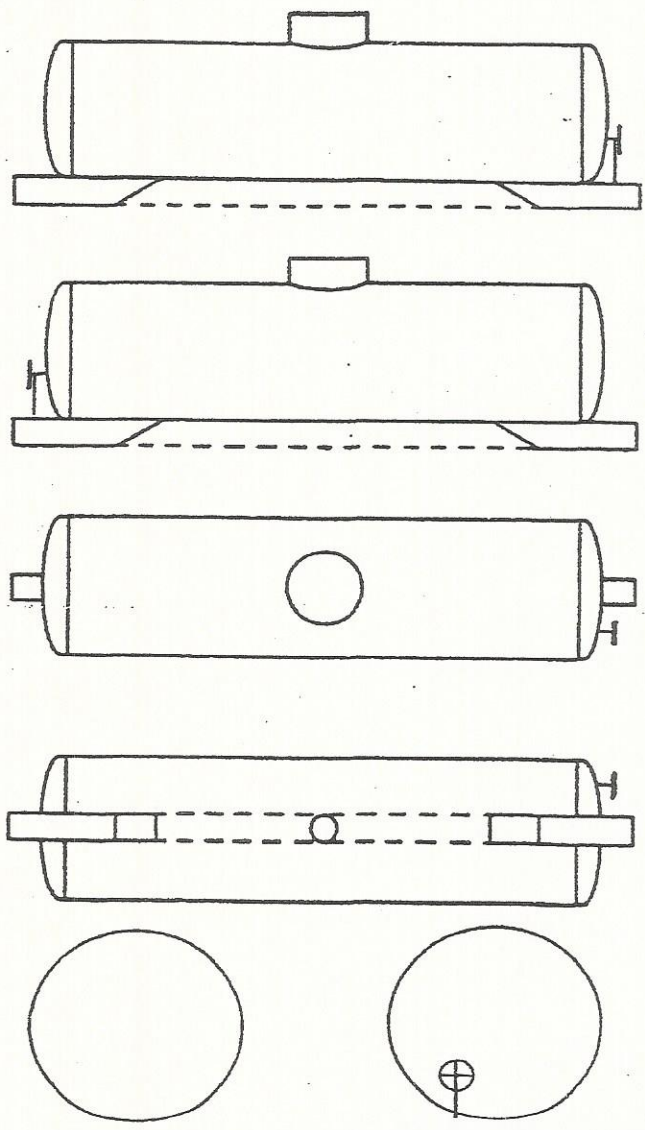
Construction Material: Type/Grade \_\_\_\_\_ Thickness \_\_\_\_\_ Stress:  T  M  C  O  N

### Fittings Damage

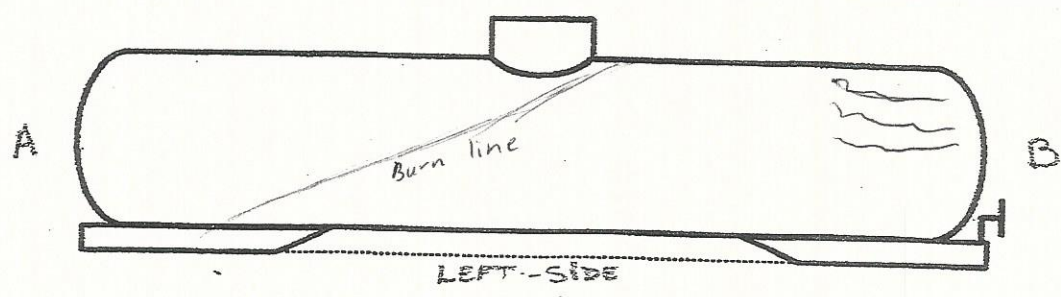
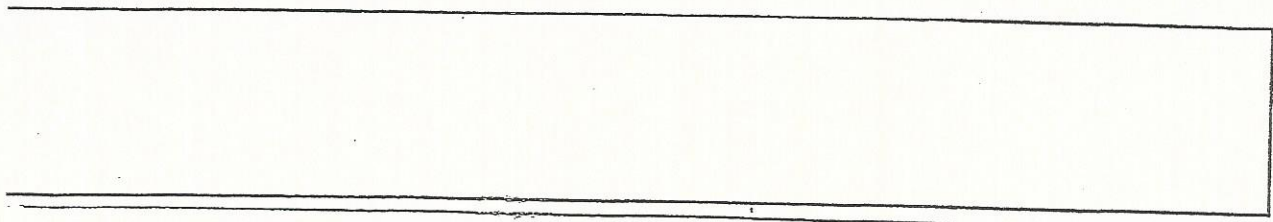
### Jacket, Tank and Head Damage

Type fitting	Damaged?	Description Damage/Leak
<input checked="" type="checkbox"/> Liquid Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	3"
<input checked="" type="checkbox"/> Vapor/Air Valve	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	2"
<input type="checkbox"/> Bottom Outlet Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Pressure Relief Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Vacuum Relief Valve	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Gauging Device Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Manway Cover Plate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Fill Hole	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Sample Line	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Thermometer Well	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Washout	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Sump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	
<input type="checkbox"/> Other Type: _____	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Leaking	

Indicate location and severity of damage (punctures, cracks, scores, gouges, wheel burns, dents, rail burns, underframe, and leaks) on the appropriate diagram(s).

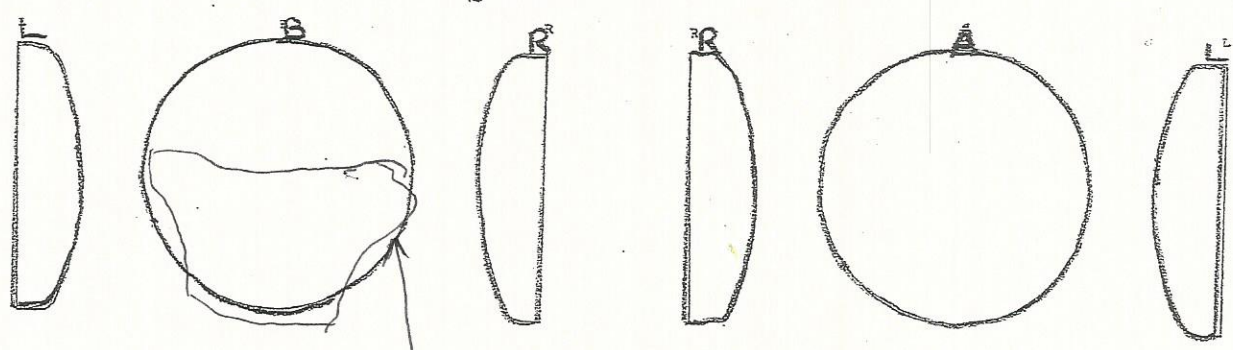
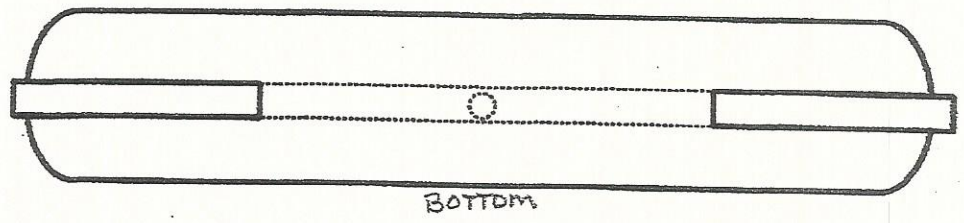
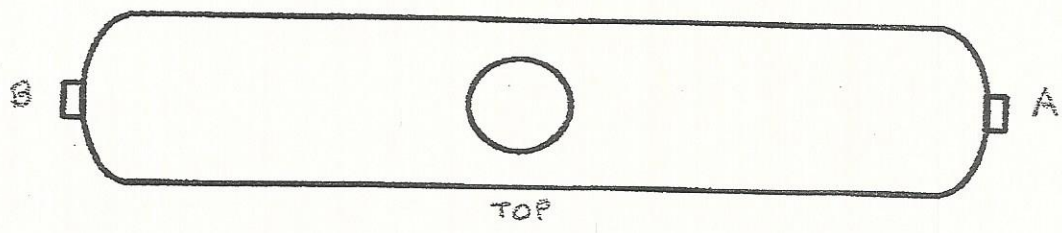
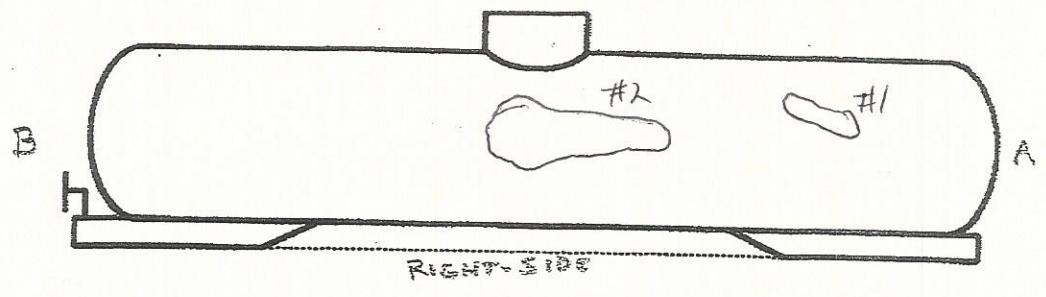


1350 hrs.  
8.4.4°F  
12 psi



#1: 44" long  
 6 1/2" wide  
 1/8" deep

#2: 120" long  
 43" wide  
 1 1/2" deep



head shield  
 bent out

CAB 146.1

RIVER



GATX 286291

CBTX 741672

CBTX 741725

CBTX 741848

CBTX 741725

CBTX 741848

CBTX 736244

CBTX 741712 (Trinity)

CTCX 743047

CBTX 741925

CTCX 735779

CTCX 735774

CTCX 735779

CTCX 735774

CBTX 742045

35

34

34

34

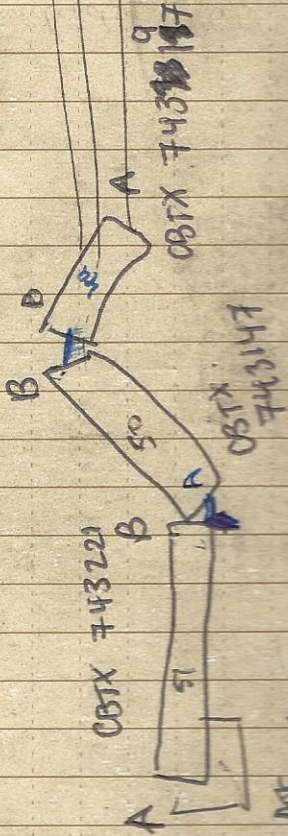
CTCX 743023

BoW nozzle shared. A linking from ground line

GATX 286291 (Trinity)

Self Cost Armes

RIVER



CBTX 743220

CBTX 743197

CBTX 743147

not accurate.

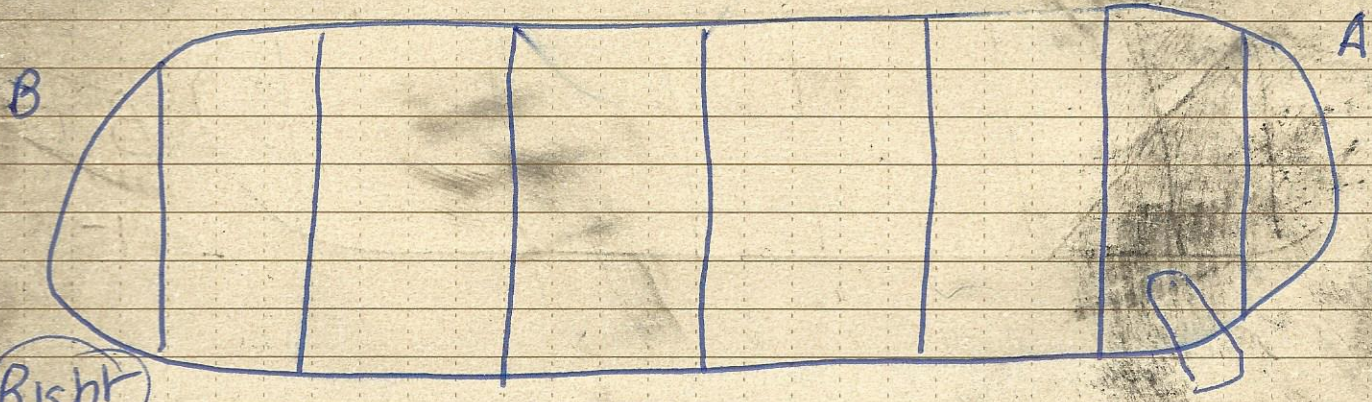
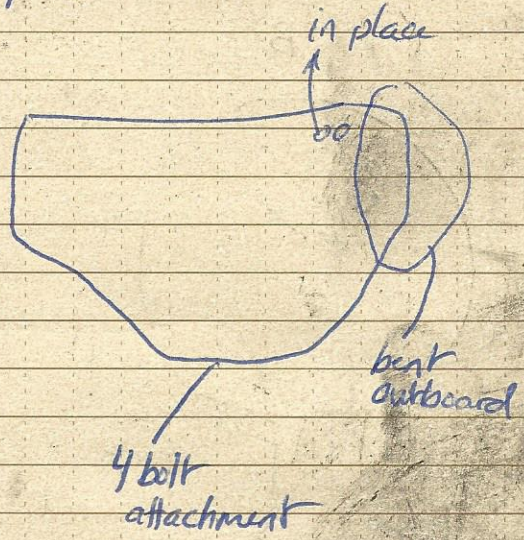
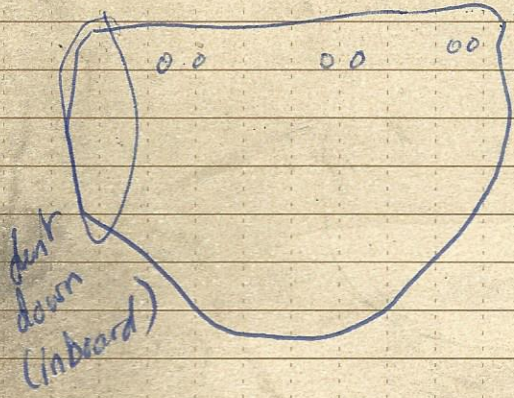
Dennis Campbell

Lipson

43

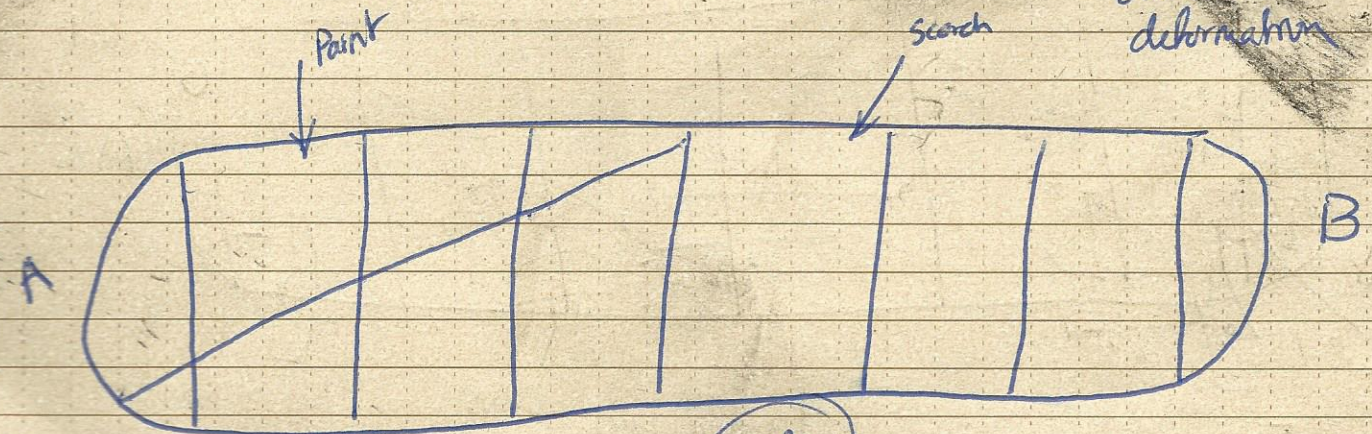
GATX 286291

Capacity 31760



Right

outboard deformation



Left