

Hazardous Materials Incident Report

Form Approval OMB No. 2137-0039

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 seperate 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. This is to report:		X	A) A hazardous ma	iterial incid	lent			B) An undecla	ared shipme	nt with no rel	ease
			C) A specification c (1) received structure intended to prote	ctural dam	age to	the lading re	tentior	n system or da	amage that i		r to a system
2. Indicate whether this	is:		An initial report	X	A su	pplemental ((follow	v-up) report		Additiona	I Pages
PART II - GENER	AL INCIDEN	T INI	FORMATION								
3. Date of Incident: 12/	22/20		4.	Time of	Incide	nt (use 24-l	hour t	time): <u>11:4</u>	5		
5. Enter National Resp	onse Center Rep	ort Nu	umber (if applicat	ble): <u>129</u>	4821						
6. If you submitted a re	eport to another	Feder	al DOT agency, e	nter the a	agenc	y and repor	rt nun	nber:			
7. Location of Incident:	City: Custer		Count	ty: Whato	com	State:	: WA	ZIP (Code (if kn	own): <u>9824</u> 0)
Street Address/Mile	Marker/Yardnar	ne/Airı	port/Body of Wat	er/River I	Mile <u>S</u>	cenic Sub	111.7	57			
8. Mode of Transportat	tion		Air		High	way	X	Rail		Water	
9. Transportation Phas	е	X	In Transit		Load	ling		Unloading		In Transi	Storage
10. Carrier/Reporter	Name BNSF	Railwa	ay Company								
	Street 2500 L	ou Me	enk Drive								
	City Fort Worl	th					_ Sta	ate <u>TX</u>	ZIP Cod	e <u>76131</u>	
	Federal DOT ID	Num	ber <u>281683</u>			Hazmat	Regis	stration Num	nber <u>0626</u>	15552003X	Z
11. Shipper/Offeror	Name Phillips	s 66-S	avage Services								
	Street <u>14891</u>	NW 42	2nd Street								
	City Trenton						Sta	ate <u>ND</u>	_ ZIP Cod	e <u>58853</u>	
	Waybill/Shippi	ing Pa _l	per <u>245184</u>			Hazmat	Regis	stration Num	nber <u>Unav</u>	ailable	
12 . Origin	Street Same	as shij	pper								
(if different from shipper address)								ate	ZIP Cod	e	
13. Destination	Street 3901 L	Jnick F	₹d.								
	City Ferndale								ZIP Cod	e <u>98248</u>	
14. Proper Shipping Na	ıme of Hazardou	s Mate	erial: PETROLEU	M CRUD	E OIL						
15. Technical/Trade Na											
16. Hazardous Class/ Division: 3	17. l	Numbe	cation er: <u>UN1267</u>		G	icking roup: <u>l</u>				sed: <u>14,287</u>	
		Ü	12764, NA 2020)	_		applicable)				e Measureme	nt Units)
20 . Was the material sh	iipped as a haza	rdous	waste? Yes	s X	No	If yes, prov	vide th	ne EPA Mani	ifest Numb	er:	
21. Is this a Toxic by In	halation (TIH) ma	aterial	?	s X	No	If yes, prov	vide th	ne Hazard Zo	one:		
22. Was the material sh	nipped under an	Exemp	ption, Approval, o	or Compe	tent A	uthority Ce	rtifica	te?	Yes X	No	
If yes, provide the E	xemption, Appr	oval, o	or CA number:								
23. Was this an undecla	ared hazardous r	materia	als shipment?						Yes X	No	
Form DOT F 5800.1 (01	-2004)			Page 1				Repro	oduction o	f this form is	permitted

PART III - PACKAGIN	G INFORMATION						
24. Check Packaging Type (ch	neck only one - if more than one	e, list type of packaging, copy Part III, and cor	mplete for each type:				
☐ Non-bulk	☐ IBC	☐ Cargo tank Motor Vehicle (CTMV)	Tank Car				
☐ Cylinder	☐ RAM	☐ Portable Tank	Other N/A				
that corresponds to the p	articular packaging type checke	found at the end of the instructions. Be sure to ad above. Enter the number of codes as appro- re more than two failure points, provide in th	opriate to describe the incident.				
1. What Failed: 121	How Faile	d: 308 Causes of Fai	ilure: <u>512</u>				
2. What Failed:	How Faile	d: Causes of Fai	ilure:				
26a. Provide the packaging ic	lentification markings, if availab	ble.					
Identification Markings:	117R100W						
(Examples: 1A1/Y1.4/150/92/	/USA/RB/93/RL, UN31H1/Y0493/USA	v/M9339/10800/1200, DOT - 105A - 100W (RAIL), DO	T 406 (HIGHWAY), DOT 51, DOT 3-A)				
26b. For Non-bulk, IBC, or no complete the following:	n-specification packaging, if ide	entification markings are incomplete or unava	ailable, see instructions and				
Single Package or Outer	Packaging:	Single Package or Inner P	ackaging (if any):				
Packaging Type: N/A		Packaging Type: N/A					
Material of Construction	: <u>N/A</u>	Material of Construction: N	N/A				
Head Type (Drums only)	: Removable	☐ Non - Removable					
27. Describe the package cap	acity and the quantity:						
Single Package or Outer		Single Package or Inner Pa	ackaging (if any):				
Package Capacity: 19	Liquid 7900 Pound	Package Capacity: <u>0</u>					
Amount in Package: 19	Liquid 6468 Pound	Amount in Package: 0					
Number in Shipment: 1		Number in Shipment: 0	Number in Shipment: 0				
			Number Failed: 0				
28. Provide packaging constr	uction and test information, as	appropriate:					
Manufacturer: N/A		Manufacture Date:					
Serial Number: PROX 1	72323	Last Test Date:	Last Test Date:				
Material of Construction	: <u>Unavailable</u>	(if Tank Car, CTMV, Portable Tank, or Cylin	(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: <u>N/A</u>	Manufacturer: N	·					
29. If the packaging is for Rad	if dioactive Materials, complete th	,	if present and legible)				
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Excep	ted Industrial				
Packaging Certification:	☐ Self Certified	☐ U.S. Certification Certification N					
	_	_					
Nuclide(s) Present: N/A Activity: N/A		Transport Index: N/A Critical Safety Index: N/A					
Active International		Official during much. 1975					
Form DOT F 5800.1 (01-2004)		Page 2 Ren	roduction of this form is permitted				

PART IV - CONSEQUENCES						
30. Result of Incident (check all that apply):	_	Explosion	_	ial Entered Waterway/Storm Sewer		
ЦΛ	/apor (Gas) Dispersion	Environmenta	al Damage	☐ No Release		
31. Emergency Response : The following entities	es responded to the incident:	(Check all t	hat apply)			
∑ Fire/EMS Report # <u>BY20-54274</u>	▼ Police Report # AP20-40	0624	_ ⊠ In-h	nouse cleanup 🗵 Other Cleanup		
32. Damages: Was the total damage cos		✓ Yes	□ No			
, .	o, go to question 33.	_				
Material Loss: Carrier Damage:	Property Damage:	•	nse Cost:	Remediation/Cleanup Cost:		
\$ 2400 \$ 750000 (See damage definitions in the instructions)	<u> </u>	<u> </u>	000	\$ 250000		
33a. Did the hazardous material cause or contribu	te to a human fatality?	☐ Yes	⊠ No			
If yes, enter the number of fatalities resulting	from the hazardous material:					
Fatalities: Employ	yees Resp	ponders		General Public		
33b. Were there human fatalities that did not resu	It from the hazardous materia	al? 🛚 Yes	⊠ No	If yes, how many?		
34. Did the hazardous material cause or contribute	e to personal injury?	☐ Yes	⊠ No			
If yes, enter the number of injuries resulting fr						
Hospitalized (Admitted Only): Employ	yees Resp	ponders		General Public		
Non-Hospitalized: Employ (e.g.: On site first aid or Emergency Room observation	<u> </u>	ponders		General Public		
35. Did the hazardous material cause or contribute to an evacuation? ☑ Yes □ No						
If yes, provide the following information:						
Total number of general public evacuated 120	Total number of en	nployees evac	cuated 0	Total Evacuated 120		
Duration of the evacuation 4 (hours	s)					
36. Was a major transportation artery or facility cl			□ No	If yes, how many? 4 (hours)		
37. Was the material involved in a crash or derails	nent?	⊠ Yes	□ No			
If yes, provide the following information:	Estimated speed (mph): 7	Wea	ther conditi	ons: Snow		
	Vehicle overturn?	☐ Yes	⊠ No			
	Vehicle left roadway/track?	☐ Yes	⊠ No			
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)						
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No			
If yes, was it tendered as cargo, or as passeng	er baggage?					
☐ Cargo	☐ Passenger baggage					
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?						
☐ Air carrier cargo facility	☐ Sort center		☐ Bagga	ge area		
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft		
40. What phase(s) had the shipment already unde	rgone prior to the incident? (Check all that	apply)			
☐ Shipment had not been transported	☐ Transported by air (firs	st flight)	☐ Transp	oort by air (subsequent flights)		
☐ Initial transport by highway to cargo facilit	y Transfer at sort center/	cargo facility				
Form DOT F 5800.1 (01-2004)	Page 3		Re	eproduction of this form is permitted		

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE					
Describe the sequence of events that led to the incident and the actio including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mi necessary.	diagrams should be submitted if needed for clarification. Estimate					
Derailment under investigation						
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE					
procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if the No additional comments. (NAR:209)						
PART VIII- CONTACT INFORMATION						
Contact's Name (Type or Print): <u>James</u> Farner	Telephone Number: ()					
Contact's Title: Mgr Haz Mat	Fax Number: ()					
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):					
2600 Lou Menk Drive, Fort Worth, Texas 76131 E-mail Address:	062615552003XZ					
	Date: <u>01/08/21</u>					
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	Other					
Form DOT F 5800.1 (01-2004) Page	4 Reproduction of this form is permitted					



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PART I - REPORT	TYPE										
1. This is to report:		X	A) A hazardous n	material incid	dent			B) An undecla	ared shipme	ent with no re	elease
			C) A specification (1) received str intended to pro	ructural dam	age to	the lading re	tentio	n system or da	amage that	requires repa	
2. Indicate whether this	is:	X	An initial report		A sı	ıpplemental ((follow	v-up) report		Addition	nal Pages
PART II - GENER	AL INCIDEN	IT IN	FORMATIO	N							
3. Date of Incident: 12/	22/20			4. Time of	Incide	nt (use 24-l	hour	time): <u>11:4</u>	5		
5. Enter National Resp	onse Center Rep	ort N	umber (if applic	able): <u>129</u>	4821						
6. If you submitted a re	eport to another	Fede	ral DOT agency,	, enter the	agenc	y and repoi	rt nur	nber:			
7. Location of Incident:	City: Custer		Cou	ınty: Whate	com	State:	: <u>WA</u>	ZIP (Code (if kn	iown): <u>982</u> 4	40
Street Address/Mile	Marker/Yardnaı	me/Aiı	rport/Body of W	ater/River	Mile S	cenic Sub	111.7	57			
8. Mode of Transportat	tion		Air		High	ıway	X	Rail] Water	
9. Transportation Phas	е	X	In Transit		Load	ling		Unloading		In Trans	sit Storage
10. Carrier/Reporter	Name BNSF	Railw	vay Company								
	Street 2500 L	ou M	enk Drive								
	City Fort Wor	th					St	ate <u>TX</u>	ZIP Cod	le <u>76131</u>	
	Federal DOT II) Num	nber <u>281683</u>			Hazmat	Regis	stration Num	nber <u>0626</u>	315552003	ΚZ
11. Shipper/Offeror	Name <u>Phillip</u>	s 66-S	Savage Services	3							
	Street <u>14891</u>	NW 4	2nd Street								
	City Trenton						St	ate <u>ND</u>	_ ZIP Cod	le <u>58853</u>	
	Waybill/Shipp	ing Pa	aper <u>245181</u>			_ Hazmat	Regis	stration Num	nber <u>Unav</u>	/ailable	
12 . Origin	Street Same	as sh	ipper								
(if different from shipper address)								ate	ZIP Cod	le	
13. Destination	Street 3901 I	Jnick	Rd.								
	City Ferndale								ZIP Cod	le <u>98248</u>	
14. Proper Shipping Na	ıme of Hazardou	ıs Mat	erial: PETROLE	UM CRUD	E OIL				_		
15. Technical/Trade Na											
16. Hazardous Class/ Division: 3	17 . l	Numb	ication er: <u>UN1267</u>		G	acking roup: <u>l</u>				sed: <u>68,33</u> 4	
			N2764, NA 2020)			applicable)				de Measurem	nent Units)
20 . Was the material sh	iipped as a haza	rdous	waste?	Yes X	No	If yes, prov	vide tl	he EPA Mani	ifest Numl	oer:	
21. Is this a Toxic by In	halation (TIH) m	ateria	l? 🔲 \	Yes X	No	If yes, prov	vide tl	he Hazard Zo	one:		
22. Was the material sh	ipped under an	Exem	ption, Approval,	, or Compe	tent A	uthority Ce	ertifica	ite?	Yes X	No	
If yes, provide the E	xemption, Appr	oval,	or CA number: _								
23. Was this an undecla	ared hazardous	materi	ials shipment?						Yes X	No	
Form DOT F 5800.1 (01	-2004)			Page '	1			Repro	oduction o	f this form	is permitted

PART III - PACKAG	NG INFORMATION						
24. Check Packaging Type	(check only one - if more tha	n one, list type of packaging, cop	y Part III, and complete for each type:				
☐ Non-bulk	□ ІВС	☐ Cargo tank Motor Veh	icle (CTMV) 🗵 Tank Car				
☐ Cylinder	☐ RAM	☐ Portable Tank	☐ Other N/A				
that corresponds to the	e particular packaging type c	hecked above. Enter the number o	uctions. Be sure to enter the codes from the list of codes as appropriate to describe the incident. nts, provide in this format in part VI.				
1. What Failed: <u>1(</u>	<u>)4</u> How	Failed: <u>309</u>	Causes of Failure: 509				
2. What Failed:	How	Failed:	Causes of Failure:				
26a. Provide the packaging	g identification markings, if a	vailable.					
Identification Marking	gs: <u>117R100W</u>						
(Examples: 1A1/Y1.4/150	/92/USA/RB/93/RL, UN31H1/Y049	3/USA/M9339/10800/1200, DOT - 105A	- 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)				
26b. For Non-bulk, IBC, or complete the following		, if identification markings are inco	omplete or unavailable, see instructions and				
Single Package or Ou	ter Packaging:	Single Pa	ckage or Inner Packaging (if any):				
Packaging Type: N/A	1	Packaging	g Type: N/A				
Material of Construct	ion: <u>N/A</u>	Material o	of Construction: N/A				
Head Type (Drums or	nly): Removable	☐ Non - Removable					
27. Describe the package of	capacity and the quantity:						
Single Package or Ou			ckage or Inner Packaging (if any):				
Package Capacity:	197900 Liqu	uid und Package (Capacity: 0				
Amount in Package:	197900 Liqu Pou	nd Amount i	Amount in Package: 0				
Number in Shipment	: 1	Number i	Number in Shipment: 0				
Number Failed: 1		Number F	Number Failed: 0				
28. Provide packaging con	struction and test informatio	n, as appropriate:					
Manufacturer: N/A		Manufact	ure Date:				
Serial Number: PPR	(172933	Last Test	Last Test Date:				
Material of Construct	ion: <u>Unavailable</u>	(if Tank Car, CTMV, Por	(if Tank Car, CTMV, Portable Tank, or Cylinder)				
Design Pressure:		(if Tank Car, CTMV, Por	table Tank)				
Shell Thickness:		(if Tank Car, CTMV, Por	(if Tank Car, CTMV, Portable Tank)				
Head Thickness:		(if Tank Car, CTMV)	(if Tank Car, CTMV)				
Service Pressure:		(if Cylinder)					
If valve or device faile	ed:						
Type: N/A	Manufactui	•	Model: N/A				
29. If the packaging is for	Radioactive Materials, compl	(if present and legible) ete the following:	(if present and legible)				
Packaging Category:	☐ Type A	☐ Type B ☐ Type	C ☐ Excepted ☐ Industrial				
Packaging Certification	on: Self Certified	U.S. Certification	Certification Number N/A				
Nuclide(s) Present: N	/A	Transport Index:	N/A				
Activity: N/A		Critical Safety Inc					
Form DOT F 5800.1 (01-20	04)	Page 2	Reproduction of this form is permitted				

PART IV - CONSEQUENCES						
30. Result of Incident (check all that apply): 区 S	Spillage 🗵 Fire	☐ Explosion	☐ Materi	al Entered Waterway/Storm Sewer		
	apor (Gas) Dispersion	☐ Environmenta	al Damage	☐ No Release		
31. Emergency Response : The following entitie	s responded to the incid	dent: (Check all t	that apply)			
☐ Fire/EMS Report # <u>BY20-54274</u>	☐ Police Report #		_ ln-h	ouse cleanup 🗵 Other Cleanup		
32. Damages: Was the total damage cos	t more than \$500?	▼ Yes	□ No			
If yes, enter the following information:	o, go to question 33.					
Material Loss: Carrier Damage:	Property Dama		nse Cost:	Remediation/Cleanup Cost:		
\$ 11621 \$ 750000 (See damage definitions in the instructions)	<u> </u>	\$ <u>500</u>	000	\$ 250000		
33a. Did the hazardous material cause or contribu	te to a human fatality?	☐ Yes	⊠ No			
If yes, enter the number of fatalities resulting f	rom the hazardous mat	erial:				
Fatalities: Employ	vees	Responders		General Public		
33b. Were there human fatalities that did not resu	It from the hazardous m	naterial?	⊠ No	If yes, how many?		
34. Did the hazardous material cause or contribute	e to personal injury?	☐ Yes	⊠ No			
If yes, enter the number of injuries resulting fr	om the hazardous mate	rial:				
Hospitalized (Admitted Only): Employ	vees	Responders		General Public		
Non-Hospitalized: Employ (e.g.: On site first aid or Emergency Room observation		Responders		General Public		
35. Did the hazardous material cause or contribute to an evacuation? ☑ Yes □ No						
If yes, provide the following information:		_	_			
Total number of general public evacuated 120	Total number	of employees evad	cuated 0	Total Evacuated 120		
Duration of the evacuation 4 (hours	<u> </u>					
36. Was a major transportation artery or facility cl		⊠ Yes	□ No	If yes, how many? 4 (hours)		
37. Was the material involved in a crash or derailn	nent?		□ No			
If yes, provide the following information:	Estimated speed (mph): <u>7</u> Wea	ther condition	ons: Snow		
	Vehicle overturn?	☐ Yes	⊠ No			
	Vehicle left roadway/tr	ack?	⊠ No			
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)						
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No			
If yes, was it tendered as cargo, or as passeng	er baggage?					
☐ Cargo	☐ Passenger bagga	ge				
39. Where did the incident occur (if unknown, chec	ck the appropriate box f	or the location wh	ere the incid	lent was discovered)?		
☐ Air carrier cargo facility	☐ Sort center		☐ Baggag	ge area		
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft		
40. What phase(s) had the shipment already unde	rgone prior to the incide	ent? (Check all that	t apply)			
☐ Shipment had not been transported	☐ Transported by a	ir (first flight)	☐ Transp	ort by air (subsequent flights)		
☐ Initial transport by highway to cargo facility	/ ☐ Transfer at sort co	enter/cargo facility				
Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted		

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE					
Describe the sequence of events that led to the incident and the actio including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate				
Derailment of seven cars with cause currently under investigation					
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE				
Where you are able to do so, suggest or describe changes (such as a procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if No additional comments. (NAR:649)	r improvement to hazardous materials transportation beyond the				
PART VIII- CONTACT INFORMATION					
Contact's Name (Type or Print): <u>James</u> Farner	Telephone Number: ()				
Contact's Title: Mgr Haz Mat	Fax Number: ()				
Business Name and Address: BNSF Railway Company 2600 Leu Mark Drive, Fort Worth, Toyon 76121	Hazmat Registration Number (if not already provided):				
2600 Lou Menk Drive, Fort Worth, Texas 76131 E-mail Address:	<u>062615552003XZ</u> Date: <u>01/07/21</u>				
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	□ Other				
Form DOT F 5800.1 (01-2004) Page	4 Reproduction of this form is permitted				



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PART I - REPORT	ТҮРЕ						
1. This is to report:	☒	A) A hazardous mater	ial incident		B) An undecl	ared shipment	with no release
		C) A specification carg (1) received structu intended to protect	ral damage t	o the lading rete	ention system or d	amage that req	terials that uires repair to a system
2. Indicate whether this	s is:	An initial report	□ A	supplemental (f	ollow-up) report		Additional Pages
PART II - GENER	AL INCIDENT IN	NFORMATION					
3. Date of Incident: 12/	22/20	4 . Ti	me of Incid	ent (use 24-h	our time): <u>11:</u> 4	1 5	
5. Enter National Resp	onse Center Report I	Number (if applicable): <u>129482</u>	1			
6. If you submitted a re	eport to another Fed	eral DOT agency, ent	er the agen	cy and report	number:		
7. Location of Incident	: City: Custer	County:	Whatcom	State: \	WA ZIP	Code (if know	vn): <u>98240</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water,	River Mile	Scenic Sub 1	11.757		
8. Mode of Transporta	tion 🔲	Air	☐ Hiç	ghway 🛚 🖸	X Rail		Water
9. Transportation Phas	e 🗵	In Transit	☐ Lo	ading [☐ Unloading		In Transit Storage
10 . Carrier/Reporter	Name BNSF Rail	way Company					
	Street 2500 Lou N	lenk Drive					
	City Fort Worth				State TX	ZIP Code	76131
	Federal DOT ID Nu	mber <u>281683</u>		Hazmat F	Registration Nur	mber <u>062615</u>	552003XZ
11. Shipper/Offeror	Name Phillips 66-	Savage Services					
	Street <u>14891 NW</u>	42nd Street					
	City Trenton				State ND	ZIP Code	58853
	Waybill/Shipping F	aper <u>245182</u>		Hazmat F	Registration Nur	nber <u>Unavail</u>	able
12 . Origin	Street Same as s	hipper					
(if different from shipper address)						_ ZIP Code	
13. Destination	Street 3901 Unick	Rd.					
	·					ZIP Code	98248
14. Proper Shipping Na	ame of Hazardous Ma	terial: <u>PETROLEUM</u>	CRUDE OI	L			
15. Technical/Trade Na	me: N/A						
16 . Hazardous Class/ Division: <u>3</u>		ification ber: <u>UN1267</u> JN2764, NA 2020)	(Packing Group: <u>l</u> if applicable)			d: 142,991 Pound Measurement Units)
20 . Was the material sh	nipped as a hazardou	s waste? Yes	X No	If yes, provi	de the EPA Man	ifest Number	:
21. Is this a Toxic by In	halation (TIH) materi	al? Yes	⊠ No	If yes, provi	de the Hazard Z	one:	
22 . Was the material sh	nipped under an Exer	nption, Approval, or (Competent	Authority Cert	tificate?	Yes X	No
	xemption, Approval,			<u> </u>			
23. Was this an undecla	ared hazardous mate	rials shipment?				Yes 🗵	No
Form DOT F 5800.1 (01	-2004)		Page 1		Repr	oduction of tl	nis form is permitted

PART III - PACKAGING	INFORMATION						
24. Check Packaging Type (chec	ck only one - if more than or	ne, list type of packagin	ıg, copy Part III,	and complete for each type:			
☐ Non-bulk	☐ IBC	☐ Cargo tank Mot	or Vehicle (CTM	V) 🔲 Tank Car			
☐ Cylinder	☐ RAM	☐ Portable Tank		Other N/A			
	icular packaging type check	ed above. Enter the nu	ımber of codes a	Be sure to enter the codes from the list as appropriate to describe the incident. de in this format in part VI.			
1. What Failed: 104	How Fail	ed: <u>308</u>	Cause	es of Failure: 509			
2. What Failed:	How Fail	ed:	Cause	es of Failure:			
26a. Provide the packaging iden	ntification markings, if availa	able.					
Identification Markings: 11	7R100W						
(Examples: 1A1/Y1.4/150/92/US	SA/RB/93/RL, UN31H1/Y0493/US	A/M9339/10800/1200, DOT	Γ - 105A - 100W (R	AIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non-complete the following:	specification packaging, if ic	lentification markings a	are incomplete o	or unavailable, see instructions and			
Single Package or Outer Pa	ackaging:	Sir	ngle Package or	Inner Packaging (if any):			
Packaging Type: N/A		Pa	ckaging Type: 1	N/A			
Material of Construction: N	I/A	Ma	iterial of Constr	uction: <u>N/A</u>			
Head Type (Drums only):	☐ Removable	☐ Non - Removab	le				
27. Describe the package capac	ity and the quantity:						
Single Package or Outer Pa		Sir	ıgle Package or	Inner Packaging (if any):			
Package Capacity: 1979	Liquid 00 Pound	Pac	ckage Capacity:	0			
Amount in Package: 1964	Liquid 68 Pound	Am	nount in Packag	e: <u>0</u>			
Number in Shipment: 1		Nu	Number in Shipment: 0				
28. Provide packaging construc	tion and test information, as	s appropriate:					
Manufacturer: N/A		Ma	ınufacture Date:				
Serial Number: PPRX 172	745	Las	Last Test Date:				
Material of Construction: <u>U</u>	navailable	(if Tank Car, CTI	(if Tank Car, CTMV, Portable Tank, or Cylinder)				
Design Pressure:		(if Tank Car, CT	(if Tank Car, CTMV, Portable Tank)				
Shell Thickness:		(if Tank Car, CT	(if Tank Car, CTMV, Portable Tank)				
Head Thickness:		(if Tank Car, CT	(if Tank Car, CTMV)				
Service Pressure:		(if Cylinder)					
If valve or device failed:							
Type: <u>N/A</u>	Manufacturer:			Model: <u>N/A</u>			
29. If the packaging is for Radio		if present and legible) he following:		(if present and legible)			
Packaging Category:	☐ Type A	☐ Type B ☐	Type C	Excepted Industrial			
Packaging Certification:	☐ Self Certified	U.S. Certificatio	n Certific	ation Number <u>N/A</u>			
Nuclide(s) Present: N/A		Transport	Index: N/A				
Activity: N/A			ifety Index: N/A				
Form DOT F 5800.1 (01-2004)		Page 2		Reproduction of this form is permitted			

PART IV - CONSEQUENCES						
30. Result of Incident (check all that apply):	_	Explosion	_	ial Entered Waterway/Storm Sewer		
ПΛ	/apor (Gas) Dispersion 🔲 E	Environmenta	al Damage	☐ No Release		
31. Emergency Response : The following entities	es responded to the incident:	(Check all t	hat apply)			
	▼ Police Report # <u>AP20-40</u>	0624	_ 🔲 ln-h	ouse cleanup 🗵 Other Cleanup		
32. Damages: Was the total damage cos		▼ Yes	□ No			
, .	o, go to question 33.	_				
Material Loss: Carrier Damage:	Property Damage:	•	nse Cost:	Remediation/Cleanup Cost:		
\$ 20427 \$ 750000 (See damage definitions in the instructions)	<u> </u>	<u> </u>	000	\$ 250000		
33a. Did the hazardous material cause or contribu	te to a human fatality?	☐ Yes	⊠ No			
If yes, enter the number of fatalities resulting t	from the hazardous material:					
Fatalities: Employ	yees Resp	oonders		General Public		
33b. Were there human fatalities that did not resu	It from the hazardous materia	al? 🛘 Yes	⊠ No	If yes, how many?		
34. Did the hazardous material cause or contribute	e to personal injury?	☐ Yes	⊠ No			
If yes, enter the number of injuries resulting fr	om the hazardous material:					
Hospitalized (Admitted Only): Employ	yees Resp	oonders		General Public		
Non-Hospitalized: Employ (e.g.: On site first aid or Emergency Room observation		oonders		General Public		
35. Did the hazardous material cause or contribute to an evacuation? ☑ Yes □ No						
If yes, provide the following information:			_			
Total number of general public evacuated 120	Total number of em	nnlovees evad	cuated 0	Total Evacuated 120		
Duration of the evacuation 4 (hours		.,,,	<u> </u>	<u>120</u>		
36. Was a major transportation artery or facility cl			□ No	If yes, how many? 4 (hours)		
37. Was the material involved in a crash or derailr	ment?	⊠ Yes	□ No			
If yes, provide the following information:	Estimated speed (mph): 7	Weat	ther conditi	ons: Snow		
	Vehicle overturn?	☐ Yes	⊠ No			
	Vehicle left roadway/track?	☐ Yes	⊠ No			
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)						
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No			
If yes, was it tendered as cargo, or as passeng	er baggage?					
☐ Cargo	☐ Passenger baggage					
39. Where did the incident occur (if unknown, che	ck the appropriate box for the	e location whe	ere the inci	dent was discovered)?		
☐ Air carrier cargo facility	☐ Sort center		☐ Bagga	ge area		
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft		
40. What phase(s) had the shipment already unde	rgone prior to the incident? ((Check all that	apply)			
☐ Shipment had not been transported	☐ Transported by air (firs	st flight)	☐ Transp	ort by air (subsequent flights)		
☐ Initial transport by highway to cargo facility	_	_	·	-		
Form DOT F 5800.1 (01-2004)	Page 3		Re	production of this form is permitted		

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the actio including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mi necessary.	diagrams should be submitted if needed for clarification. Estimate
Derailment of unit train currently under investigation	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac	
procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if i	r improvement to hazardous materials transportation beyond the
No additional comments. (NAR:649)	lecessary.
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): <u>James</u> Farner	Telephone Number: ()
Contact's Title: Mgr Haz Mat	Fax Number: ()
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
2600 Lou Menk Drive, Fort Worth, Texas 76131	062615552003XZ
E-mail Address:	Date: <u>01/08/21</u>
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	Other
Form DOT F 5800.1 (01-2004) Page	4 Reproduction of this form is permitted