



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: A) A hazardous material incident B) An undeclared shipment with no release
 C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: An initial report A supplemental (follow-up) report Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 03/30/23 4. Time of Incident (use 24-hour time): 01:02
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Raymond County: Kandiyohi State: MN ZIP Code (if known): 56282
 Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile Raymond
8. Mode of Transportation Air Highway Rail Water
9. Transportation Phase In Transit Loading Unloading n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
 Street 2500 Lou Menk Drive
 City Fort Worth State TX ZIP Code 76131
 Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offeror Name Vantage Corn Processors LLC
 Street 400 W. Erie Rd
 City Marshall State MN ZIP Code 56258
 Waybill/Shipping Paper 282403 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street ADM Corn Processing
 City Marshall State MN ZIP Code 56258
13. Destination Street 3209 Broadway Blvd. SE
 City Albuquerque State NM ZIP Code 87101
14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.
15. Technical/Trade Name: N/A
- | | | | |
|--|---|---|---|
| 16. Hazardous Class/
Division: <u>3</u> | 17. Identification
Number: <u>UN1987</u>
(E.g. UN2764, NA 2020) | 18. Packing
Group: <u>N/A</u>
(if applicable) | 19. Quantity
Released: <u>1,000</u>
(Include Measurement Units) |
| Liquid Gallon | | | |
20. Was the material shipped as a hazardous waste? Yes No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? Yes No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No
 If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? Yes No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- Non-bulk IBC Cargo tank Motor Vehicle (CTMV) Tank Car
 Cylinder RAM Portable Tank Other N/A

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: 106 How Failed: 308 Causes of Failure: 512
2. What Failed: 121 How Failed: 308 Causes of Failure: 512

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

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Packaging Type: N/A

Material of Construction: N/A

Material of Construction: N/A

Head Type (Drums only): Removable Non - Removable

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 30310 Liquid
Gallon

Package Capacity: 0

Amount in Package: 27213 Liquid
Gallon

Amount in Package: 0

Number in Shipment: 1

Number in Shipment: 0

Number Failed: 1

Number Failed: 0

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

Manufacturer: N/A

Manufacture Date: _____

Serial Number: TILX 192381

Last Test Date: _____

Material of Construction: Unavailable (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: 100 (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: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: Type A Type B Type C Excepted Industrial

Packaging Certification: Self Certified U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): Spillage Fire Explosion Material Entered Waterway/Storm Sewer
 Vapor (Gas) Dispersion Environmental Damage No Release

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

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

32. Damages: Was the total damage cost more than \$500? Yes No

If yes, enter the following information: If no, go to question 33.

Material Loss: \$ 2000 Carrier Damage: \$ 12000 Property Damage: \$ 62000 Response Cost: \$ 100000 Remediation/Cleanup Cost: \$ 30000

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? Yes No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? Yes No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? Yes No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

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 162 Total number of employees evacuated 0 Total Evacuated 162

Duration of the evacuation 9 (hours)

36. Was a major transportation artery or facility closed? Yes No If yes, how many? 15 (hours)

37. Was the material involved in a crash or derailment? Yes No

If yes, provide the following information: Estimated speed (mph): 45 Weather conditions: Clear

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 passenger 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 Baggage area

By surface to/from airport During flight During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

Shipment had not been transported Transported by air (first flight) Transport by air (subsequent flights)

Initial transport by highway to cargo facility Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

fire caused the gaskets to fail. Manway and BOV cap gasket and ball valve seat gasket

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments. (NAR:bottom outlet leaked,manway gasket leaked to due fire)

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Clay Reid Telephone Number: ()
Contact's Title: Dir Haz 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: 04/12/23
Preparer is: Carrier Shipper Facility Other



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PART II - GENERAL INCIDENT INFORMATION

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6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Raymond County: Kandiyohi State: MN ZIP Code (if known): 56282
 Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 11.9
8. Mode of Transportation Air Highway Rail Water
9. Transportation Phase In Transit Loading Unloading n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
 Street 2500 Lou Menk Drive
 City Fort Worth State TX ZIP Code 76131
 Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offeror Name Vantage Corn Processors LLC
 Street 400 W. Erie Rd
 City Marshall State MN ZIP Code 56258
 Waybill/Shipping Paper 323047 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street ADM Corn Processing
 City Marshall State MN ZIP Code 56258
13. Destination Street 3209 Broadway Blvd. SE
 City Albuquerque State NM ZIP Code 87101
14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.
15. Technical/Trade Name: N/A
- | | | | |
|--|---|---|--|
| 16. Hazardous Class/
Division: <u>3</u> | 17. Identification
Number: <u>UN1987</u>
(E.g. UN2764, NA 2020) | 18. Packing
Group: <u>N/A</u>
(if applicable) | 19. Quantity
Released: <u>14.000</u>
(Include Measurement Units) |
| Liquid Gallon | | | |
20. Was the material shipped as a hazardous waste? Yes No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? Yes No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No
 If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? Yes No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- Non-bulk IBC Cargo tank Motor Vehicle (CTMV) Tank Car
 Cylinder RAM Portable Tank Other N/A

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: 150 How Failed: 309 Causes of Failure: 509
 2. What Failed: How Failed: Causes of Failure:

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

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): Removable Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30300 Liquid Gallon

Amount in Package: 27203 Liquid Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

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

Manufacturer: N/A

Manufacture Date: _____

Serial Number: TILX 363092

Last Test Date: _____

Material of Construction: Unavailable (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: 100 (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: N/A Manufacturer: UNKNOWN Model: UNKNOWN
 (if present and legible) (if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: Type A Type B Type C Excepted Industrial

Packaging Certification: Self Certified U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): Spillage Fire Explosion Material Entered Waterway/Storm Sewer
 Vapor (Gas) Dispersion Environmental Damage No Release

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

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

32. Damages: Was the total damage cost more than \$500? Yes No

If yes, enter the following information: If no, go to question 33.

Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ <u>28000</u>	\$ <u>12000</u>	\$ <u>108157</u>	\$ <u>100000</u>	\$ <u>30000</u>

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? Yes No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? Yes No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? Yes No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

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 162 Total number of employees evacuated 0 Total Evacuated 162

Duration of the evacuation 9 (hours)

36. Was a major transportation artery or facility closed? Yes No If yes, how many? 15 (hours)

37. Was the material involved in a crash or derailment? Yes No

If yes, provide the following information: Estimated speed (mph): 45 Weather conditions: Clear

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 passenger 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 Baggage area

By surface to/from airport During flight During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

Shipment had not been transported Transported by air (first flight) Transport by air (subsequent flights)

Initial transport by highway to cargo facility Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

No additional comments.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Clay Reid Telephone Number: () [REDACTED]
Contact's Title: Dir Haz Fax Number: () [REDACTED]
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: [REDACTED] Date: 04/13/23
Preparer is: Carrier Shipper Facility Other _____



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 Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 11.9
8. Mode of Transportation Air Highway Rail Water
9. Transportation Phase In Transit Loading Unloading n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
 Street 2500 Lou Menk Drive
 City Fort Worth State TX ZIP Code 76131
 Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offeror Name Vantage Corn Processors LLC
 Street 400 W. Erie Rd
 City Marshall State MN ZIP Code 56258
 Waybill/Shipping Paper 526870 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street ADM Corn Processing
 City Marshall State MN ZIP Code 56258
13. Destination Street 3209 Broadway Blvd. SE
 City Albuquerque State NM ZIP Code 87101
14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.
15. Technical/Trade Name: N/A
- | | | | |
|--|---|---|---|
| 16. Hazardous Class/
Division: <u>3</u> | 17. Identification
Number: <u>UN1987</u>
(E.g. UN2764, NA 2020) | 18. Packing
Group: <u>N/A</u>
(if applicable) | 19. Quantity
Released: <u>500</u>
(Include Measurement Units) |
| Liquid Gallon | | | |
20. Was the material shipped as a hazardous waste? Yes No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? Yes No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No
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2. What Failed: _____ How Failed: _____ Causes of Failure: _____

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

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Packaging Type: N/A

Material of Construction: N/A

Material of Construction: N/A

Head Type (Drums only): Removable Non - Removable

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 30640 Liquid
Gallon

Package Capacity: 0

Amount in Package: 27591 Liquid
Gallon

Amount in Package: 0

Number in Shipment: 1

Number in Shipment: 0

Number Failed: 1

Number Failed: 0

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

Manufacturer: N/A

Manufacture Date: _____

Serial Number: WFRX 160405

Last Test Date: _____

Material of Construction: Unavailable (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: 100 (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

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If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN
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Activity: N/A Critical Safety Index: N/A

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30. Result of Incident (check all that apply): Spillage Fire Explosion Material Entered Waterway/Storm Sewer
 Vapor (Gas) Dispersion Environmental Damage No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)
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32. Damages: Was the total damage cost more than \$500? Yes No
If yes, enter the following information: If no, go to question 33.
Material Loss: \$ 1000 Carrier Damage: \$ 12000 Property Damage: \$ 116566 Response Cost: \$ 100000 Remediation/Cleanup Cost: \$ 30000
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? Yes No
If yes, enter the number of fatalities resulting from the hazardous material:
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Non-Hospitalized: Employees _____ Responders _____ General Public _____
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If yes, provide the following information: Estimated speed (mph): 45 Weather conditions: Clear
Vehicle overturn? Yes No
Vehicle left roadway/track? Yes No

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If yes, was it tendered as cargo, or as passenger baggage?
 Cargo Passenger baggage

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 Air carrier cargo facility Sort center Baggage area
 By surface to/from airport During flight During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)
 Shipment had not been transported Transported by air (first flight) Transport by air (subsequent flights)
 Initial transport by highway to cargo facility Transfer at sort center/cargo facility

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fire caused the gasket to fail - heat failure

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No additional comments. (NAR:manway leaked due to fire exposure)

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Clay Reid Telephone Number: ()
Contact's Title: Dir Haz 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: 04/13/23
Preparer is: Carrier Shipper Facility Other



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: A) A hazardous material incident B) An undeclared shipment with no release
 C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: An initial report A supplemental (follow-up) report Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 03/30/23 4. Time of Incident (use 24-hour time): 01:22
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Raymond County: Kandiyohi State: MN ZIP Code (if known): 56282
 Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 11.9
8. Mode of Transportation Air Highway Rail Water
9. Transportation Phase In Transit Loading Unloading n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
 Street 2500 Lou Menk Drive
 City Fort Worth State TX ZIP Code 76131
 Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offeror Name Vantage Corn Processors LLC
 Street 400 W. Erie Rd
 City Marshall State MN ZIP Code 56258
 Waybill/Shipping Paper 282404 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street ADM Corn Processing
 City Marshall State MN ZIP Code 56258
13. Destination Street 3209 Broadway Blvd. SE
 City Albuquerque State NM ZIP Code 87101
14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.
15. Technical/Trade Name: N/A
- | | | | |
|--|---|---|--|
| 16. Hazardous Class/
Division: <u>3</u> | 17. Identification
Number: <u>UN1987</u>
(E.g. UN2764, NA 2020) | 18. Packing
Group: <u>N/A</u>
(if applicable) | 19. Quantity
Released: <u>14.000</u>
(Include Measurement Units) |
|--|---|---|--|
20. Was the material shipped as a hazardous waste? Yes No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? Yes No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No
 If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? Yes No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- Non-bulk IBC Cargo tank Motor Vehicle (CTMV) Tank Car
- Cylinder RAM Portable Tank Other N/A

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: 150 How Failed: 309 Causes of Failure: 509

2. What Failed: How Failed: Causes of Failure:

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

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Packaging Type: N/A

Material of Construction: N/A

Material of Construction: N/A

Head Type (Drums only): Removable Non - Removable

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 30590 Liquid
Gallon

Package Capacity: 0

Amount in Package: 27546 Liquid
Gallon

Amount in Package: 0

Number in Shipment: 1

Number in Shipment: 0

Number Failed: 1

Number Failed: 0

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

Manufacturer: N/A

Manufacture Date: _____

Serial Number: WFRX 160411

Last Test Date: _____

Material of Construction: Unavailable (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: 100 (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: N/A Manufacturer: UNKNOWN Model: UNKNOWN
(if present and legible) (if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: Type A Type B Type C Excepted Industrial

Packaging Certification: Self Certified U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): Spillage Fire Explosion Material Entered Waterway/Storm Sewer
 Vapor (Gas) Dispersion Environmental Damage No Release

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

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

32. Damages: Was the total damage cost more than \$500? Yes No

If yes, enter the following information: If no, go to question 33.

Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ <u>28000</u>	\$ <u>12000</u>	\$ <u>116566</u>	\$ <u>100000</u>	\$ <u>30000</u>

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? Yes No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? Yes No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? Yes No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

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 162 Total number of employees evacuated 0 Total Evacuated 162

Duration of the evacuation 9 (hours)

36. Was a major transportation artery or facility closed? Yes No If yes, how many? 15 (hours)

37. Was the material involved in a crash or derailment? Yes No

If yes, provide the following information: Estimated speed (mph): 45 Weather conditions: Clear

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 passenger 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 Baggage area

By surface to/from airport During flight During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

Shipment had not been transported Transported by air (first flight) Transport by air (subsequent flights)

Initial transport by highway to cargo facility Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

derailment caused the puncture under the manway

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments. (NAR:tank puncture)

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Clay Reid Telephone Number: ()
Contact's Title: Dir Haz 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: 04/13/23
Preparer is: Carrier Shipper Facility Other



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6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Raymond County: Kandiyohi State: MN ZIP Code (if known): 56282
 Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 11.9
8. Mode of Transportation Air Highway Rail Water
9. Transportation Phase In Transit Loading Unloading n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
 Street 2500 Lou Menk Drive
 City Fort Worth State TX ZIP Code 76131
 Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offeror Name Vantage Corn Processors LLC
 Street 400 W. Erie Rd
 City Marshall State MN ZIP Code 56258
 Waybill/Shipping Paper 618221 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street ADM Corn Processing
 City Marshall State MN ZIP Code 56258
13. Destination Street 3209 Broadway Blvd. SE
 City Albuquerque State NM ZIP Code 87101
14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.
15. Technical/Trade Name: N/A
- | | | | |
|--|---|---|---|
| 16. Hazardous Class/
Division: <u>3</u> | 17. Identification
Number: <u>UN1987</u>
(E.g. UN2764, NA 2020) | 18. Packing
Group: <u>N/A</u>
(if applicable) | 19. Quantity
Released: <u>500</u>
(Include Measurement Units) |
| Liquid Gallon | | | |
20. Was the material shipped as a hazardous waste? Yes No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? Yes No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No
 If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? Yes No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- Non-bulk IBC Cargo tank Motor Vehicle (CTMV) Tank Car
 Cylinder RAM Portable Tank Other N/A

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: 137 How Failed: 308 Causes of Failure: 512
2. What Failed: How Failed: Causes of Failure:

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

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): Removable Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30560 Liquid Gallon

Amount in Package: 27518 Liquid Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

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

Manufacturer: N/A

Manufacture Date: _____

Serial Number: WFRX 160417

Last Test Date: _____

Material of Construction: Unavailable (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: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: Type A Type B Type C Excepted Industrial

Packaging Certification: Self Certified U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): Spillage Fire Explosion Material Entered Waterway/Storm Sewer
 Vapor (Gas) Dispersion Environmental Damage No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)
 Fire/EMS Report # _____ Police Report # _____ In-house cleanup Other Cleanup

32. Damages: Was the total damage cost more than \$500? Yes No
If yes, enter the following information: If no, go to question 33.
Material Loss: \$ 1000 Carrier Damage: \$ 12000 Property Damage: \$ 116566 Response Cost: \$ 100000 Remediation/Cleanup Cost: \$ 30000
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? Yes No
If yes, enter the number of fatalities resulting from the hazardous material:
Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? Yes No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? Yes No
If yes, enter the number of injuries resulting from the hazardous material:
Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____
Non-Hospitalized: Employees _____ Responders _____ General Public _____
(e.g.: On site first aid or Emergency Room observation and release)

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 162 Total number of employees evacuated 0 Total Evacuated 162
Duration of the evacuation 9 (hours)

36. Was a major transportation artery or facility closed? Yes No If yes, how many? 15 (hours)

37. Was the material involved in a crash or derailment? Yes No
If yes, provide the following information: Estimated speed (mph): 45 Weather conditions: Clear
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 passenger 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 Baggage area
 By surface to/from airport During flight During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)
 Shipment had not been transported Transported by air (first flight) Transport by air (subsequent flights)
 Initial transport by highway to cargo facility Transfer at sort center/cargo facility

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Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

fire impingement caused the manway gasket to fail

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments. (NAR:manway leaked due to fire exposure)

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Clay Reid Telephone Number: () [REDACTED]
Contact's Title: Dir Haz Fax Number: () [REDACTED]
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: [REDACTED] Date: 04/13/23
Preparer is: Carrier Shipper Facility Other _____