

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.

PART I - REPORT	TYPE				
1. This is to report:	X	A) A hazardous materi	al incident	☐ B) An un	declared shipment with no release
		(1) received structur	al damage to the I		any hazardous materials that or damage that requires repair to a system t have a release.
2. Indicate whether this	is:	An initial report	☐ A supple	emental (follow-up) repo	ort Additional Pages
PART II - GENER	AL INCIDENT I	NFORMATION			
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 re	eport to another Fed	eral DOT agency, ente	er the agency an	d report number:	
7. Location of Incident:	City: Raymond	County:	Kandiyohi	State: MN Z	ZIP Code (if known): 56282
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/	River Mile <u>Rayn</u>	nond	
8. Mode of Transportat	tion 🔲	Air	☐ Highway	☑ Rail	☐ Water
9. Transportation Phas	e 🛚 🗓	In Transit	☐ Loading	☐ Unloadir	ng n Transit Storage
10. Carrier/Reporter	Name BNSF Rai	lway Company			
	Street 2500 Lou I	Menk Drive			
	City Fort Worth			State TX	ZIP Code <u>76131</u>
	Federal DOT ID Nu	mber <u>281683</u>		Hazmat Registration I	Number <u>062615552003XZ</u>
11. Shipper/Offeror	Name Vantage C	orn Processors LLC			
	Street 400 W. Eri	e Rd			
	City Marshall			State MN	ZIP Code <u>56258</u>
	Waybill/Shipping	Paper <u>282403</u>	ا	Hazmat Registration I	Number <u>Unavailable</u>
12. Origin	Street ADM Corn	Processing			
(if different from shipper address)	City Marshall			State MN	ZIP Code <u>56258</u>
13. Destination	Street 3209 Broa	dway Blvd. SE			
	City Albuquerque			State NM	ZIP Code <u>87101</u>
14. Proper Shipping Na	me of Hazardous M	aterial: <u>ALCOHOLS, N</u>	.O.S.		
15. Technical/Trade Na	me: N/A				
16. Hazardous Class/ Division: 3	Num	ification ber: <u>UN1987</u> JN2764, NA 2020)		ng b: <u>N/A</u> licable)	19. Quantity Liquid Released: 1,000 Gallon (Include Measurement Units)
20. Was the material sh	ipped as a hazardοι	s waste? Yes	No If year ✓ Year No If year ✓ Year No If year ✓ Year No If yea	es, provide the EPA N	Manifest Number:
21. Is this a Toxic by In	halation (TIH) mater	al? Yes	⊠ No If y	es, provide the Hazar	d Zone:
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the E	xemption, Approval	, or CA number:			
23. Was this an undecla	ared hazardous mate	erials shipment?			☐ Yes ☒ No
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PART III - PACKAGING INF	ORMATION						
24. Check Packaging Type (check onl	y one - if more than one,	list type of packa	aging, copy F	Part III, and complete	for each type:		
☐ Non-bulk	☐ IBC	☐ Cargo tank N	Notor Vehicle	e (CTMV)	▼ Tank Car		
☐ Cylinder	☐ RAM	☐ Portable Tan	ık		Other N/A		
25. See instructions and enter the ap that corresponds to the particula Enter the most important failure	r packaging type checked	above. Enter the	number of	codes as appropriate	to describe the incident.		
1. What Failed: <u>106</u>	How Failed:	308	_	Causes of Failure:	512		
2. What Failed: 121	How Failed:	308		Causes of Failure:	512		
26a. Provide the packaging identifica	ition markings, if available).					
Identification Markings: 117J10	0W						
(Examples: 1A1/Y1.4/150/92/USA/RB/	/93/RL, UN31H1/Y0493/USA/N	19339/10800/1200,	DOT - 105A - 1	00W (RAIL), DOT 406 (F	HIGHWAY), DOT 51, DOT 3-A)		
26b. For Non-bulk, IBC, or non-speci- complete the following:	fication packaging, if iden	tification markin	gs are incom	plete or unavailable	, see instructions and		
Single Package or Outer Packag	jing:		Single Pack	age or Inner Packagi	ng (if any):		
Packaging Type: N/A			Packaging T	ype: N/A			
Material of Construction: N/A			Material of (Construction: N/A			
Head Type (Drums only):	Head Type (Drums only): Removable Non - Removable						
27. Describe the package capacity an	nd the quantity:						
Single Package or Outer Packag			Single Pack	age or Inner Packagi	ng (if any):		
Package Capacity: 30310	Liquid Gallon		Package Car	pacity: 0			
Amount in Package: 27213	Liquid Gallon		Amount in F	Package: 0			
Number in Shipment: 1							
Number Failed: 1			Number Fai	led: <u>0</u>			
28. Provide packaging construction a	and test information, as ap	propriate:					
Manufacturer: N/A			Manufacture	e Date:			
Serial Number: TILX 192381			Last Test Da	te:			
Material of Construction: Unava	ilable	(if Tank Car,	CTMV, Portab	le Tank, or Cylinder)			
Design Pressure: 100		(if Tank Car,	CTMV, Portab	ole Tank)			
Shell Thickness:		(if Tank Car,	(if Tank Car, CTMV, Portable Tank)				
Head Thickness:		(if Tank Car,	(if Tank Car, CTMV)				
Service Pressure:		(if Cylinder)	(if Cylinder)				
If valve or device failed:							
Type: N/A	Manufacturer: UN	KNOWN		Model: <u>UNKN</u>	OWN		
29. If the packaging is for Radioactive		resent and legible) following:		(if prese	ent and legible)		
Packaging Category:	☐ Type A	☐ Type B	☐ Type C	☐ Excepted	☐ Industrial		
Packaging Certification:		U.S. Certifica			· N/A		
Nuclide(s) Present: N/A			ort Index: <u>N/</u>				
Activity: N/A		Critical	Safety Inde	x: <u>N/A</u>			
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PART IV - CONSEQUENCES					
30. Result of Incident (check all that apply):	Spillage 🗵 Fire	☐ Explo	osion	☐ Mater	rial Entered Waterway/Storm Sewer
,	Vapor (Gas) Dispersion	☐ Envir	onment	al Damage	☐ No Release
31. Emergency Response: The following entities	es responded to the inci	ident: (Cl	neck all t	hat apply)	
☐ Fire/EMS Report #	☐ Police Report #			_ ln-l	nouse cleanup 🗵 Other Cleanup
32. Damages: Was the total damage cos			X Yes	□ No	
If yes, enter the following information: If n	o, go to question 33.				
Material Loss: Carrier Damage:		•		nse Cost:	Remediation/Cleanup Cost:
\$ 2000 \$ 12000 (See damage definitions in the instructions)	<u>\$ 62000</u>		\$ <u>100</u>	000	\$ 30000
33a. Did the hazardous material cause or contribu	ute to a human fatality?		☐ Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous ma	terial:			
Fatalities: Emplo	yees	Responde	ers		General Public
33b. Were there human fatalities that did not resu	ult from the hazardous n	material?	☐ Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	e to personal injury?		☐ Yes	⊠ No	
If yes, enter the number of injuries resulting fo	rom the hazardous mate	erial:			
Hospitalized (Admitted Only): Employ	yees	Responde	ers		General Public
Non-Hospitalized: Emplo	yees	Responde	ers		General Public
(e.g.: On site first aid or Emergency Room observation and release)					
35. Did the hazardous material cause or contribut	e to an evacuation?		X Yes	□ No	
If yes, provide the following information:					
Total number of general public evacuated <u>162</u>	2 Total number	r of employ	ees eva	cuated 0	Total Evacuated 162
Duration of the evacuation 9 (hour	rs)				
36. Was a major transportation artery or facility of	losed?		⊠ Yes	□ No	If yes, how many? 15 (hours)
37. Was the material involved in a crash or derails	ment?		X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph	n): <u>45</u>	Wea	ther condit	ions: Clear
	Vehicle overturn?		X Yes	□ No	
	Vehicle left roadway/t	rack?	⊠ Yes	□ No	
PART V - AIR INCIDENT INFORMAT	ION (please refer to	§ 175.31 t	o repor	t a discrep	pancy for air shipments)
38. Was the shipment on a passenger aircraft?			☐ Yes	□ No	
If yes, was it tendered as cargo, or as passeng	ger baggage?				
☐ Cargo	☐ Passenger bagga	age			
39. Where did the incident occur (if unknown, che	eck the appropriate box	for the loca	ation wh	ere the inci	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center			☐ Bagga	ge area
☐ By surface to/from airport	☐ During flight			☐ During	g loading/unloading of aircraft
40. What phase(s) had the shipment already unde	ergone prior to the incid	lent? (Chec	k all that	apply)	•
☐ Shipment had not been transported	☐ Transported by a				port by air (subsequent flights)
☐ Initial transport by highway to cargo facilit					, ,
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mit necessary.	diagrams should be submitted if needed for clarification. Estimate
fire caused the gaskets to fail. Manway and BOV cap gasket and ball va	alve seat gasket
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ad procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if r No additional comments. (NAR:bottom outlet leaked,manway gasket leads)	r improvement to hazardous materials transportation beyond the necessary.
PART VIII- CONTACT INFORMATION	
	T-lank-a-a Norskan /
Contact's Name (Type or Print): Clay Reid Contact's Title: Dir Haz	Telephone 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>04/12/23</u>
Preparer is:	☐ Other
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PART I - REPORT	TYPE				
1. This is to report:	×	A) A hazardous material	incident	B) An undeclared ship	ment with no release
		(1) received structural	damage to the lading ret	ater containing any hazardo cention system or damage th a and (2) did not have a relea	at requires repair to a system
2. Indicate whether this	is:	An initial report	A supplemental (f	follow-up) report	■ Additional Pages
PART II - GENER	PART II - GENERAL INCIDENT INFORMATION				
3. Date of Incident: 03/	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 re	port to another Fed	eral DOT agency, enter	the agency and repor	t number:	
7. Location of Incident:	City: Raymond	County: Ka	andiyohi State:	MN ZIP Code (if	known): <u>56282</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/Ri	ver Mile <u>11.9</u>		
8. Mode of Transportat	tion 🔲	Air	☐ Highway [X Rail	☐ Water
9. Transportation Phas	e 🛚 🗓	In Transit	☐ Loading [Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rail	way Company			
	Street 2500 Lou M	lenk Drive			
					ode <u>76131</u>
	Federal DOT ID Nu	mber <u>281683</u>	Hazmat I	Registration Number 06	2615552003XZ
11. Shipper/Offeror	Name <u>Vantage C</u>	orn Processors LLC			
	Street 400 W. Erie	Rd			
	City Marshall				ode <u>56258</u>
	Waybill/Shipping F	aper <u>323047</u>	Hazmat l	Registration Number <u>Ur</u>	navailable
12. Origin (if different from	Street ADM Corn	Processing			
shipper address)	City Marshall			State MN ZIP C	ode <u>56258</u>
13. Destination	Street 3209 Broad	lway Blvd. SE			
	City Albuquerque			State NM ZIP C	ode <u>87101</u>
14. Proper Shipping Na	me of Hazardous Ma	terial: <u>ALCOHOLS, N.C</u>).S.		
15. Technical/Trade Na	me: N/A				
16. Hazardous Class/ Division: 3	Num	ification per: <u>UN1987</u> JN2764, NA 2020)	18. Packing Group: <u>N/A</u> (if applicable)		antity Liquid eased: 14,000 Gallon elude Measurement Units)
20. Was the material sh	ipped as a hazardou	s waste? Yes		ide the EPA Manifest Nu	mber:
21. Is this a Toxic by In	halation (TIH) materi	al? Yes		ide the Hazard Zone:	
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the E	xemption, Approval,	or CA number:			
23. Was this an undecla	ared hazardous mate	rials shipment?		☐ Yes	⊠ No
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PART III - PACKAGING INF	ORMATION					
24. Check Packaging Type (check onl	y one - if more than one,	list type of pack	aging, copy Pa	art III, and complete	for each type:	
☐ Non-bulk	□ IBC	☐ Cargo tank	Motor Vehicle	(CTMV)	▼ Tank Car	
Cylinder	RAM	☐ Portable Tai	nk		Other N/A	
that corresponds to the particular	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: <u>150</u>	How Failed:	309		Causes of Failure:	509	
2. What Failed:	How Failed:			Causes of Failure:		
26a. Provide the packaging identifica	tion markings, if available	e.				
Identification Markings: 117J10	0W					
(Examples: 1A1/Y1.4/150/92/USA/RB/	93/RL, UN31H1/Y0493/USA/N	/l9339/10800/1200,	DOT - 105A - 10	0W (RAIL), DOT 406 (F	HIGHWAY), DOT 51, DOT 3-A)	
26b. For Non-bulk, IBC, or non-specific complete the following:	fication packaging, if iden	tification markir	ngs are incomp	olete or unavailable	, see instructions and	
Single Package or Outer Packag	ling:		Single Packa	ge or Inner Packagi	ng (if any):	
Packaging Type: N/A			Packaging Ty	pe: N/A		
Material of Construction: N/A			Material of C	onstruction: N/A		
Head Type (Drums only):	☐ Removable	☐ Non - Remo	vable			
27. Describe the package capacity an	d the quantity:					
Single Package or Outer Packag	ling:		Single Packa	ge or Inner Packagi	ng (if any):	
Package Capacity: 30300	Liquid		Package Capa			
Amount in Package: 27203	Liquid					
Number in Shipment: 1						
Number Failed: 1						
				<u>o</u>		
28. Provide packaging construction a	ind test information, as ap	opropriate:				
				•		
Serial Number: TILX 363092				e:		
Material of Construction: <u>Unava</u>			, CTMV, Portable	Tank, or Cylinder)		
Design Pressure: 100			, CTMV, Portable	e Tank)		
Shell Thickness:		(if Tank Car	, CTMV, Portabl	e Tank)		
Head Thickness:		(if Tank Car	(if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)			
If valve or device failed:						
Type: N/A		KNOWN resent and legible		Model: <u>UNKN</u>	OWN ent and legible)	
29. If the packaging is for Radioactive				(II prese	ent and legible/	
Packaging Category:	☐ Type A	☐ Type B	☐ Type C	☐ Excepted	☐ Industrial	
Packaging Certification:	☐ Self Certified	U.S. Certific	ation C	ertification Number	N/A	
Nuclide(s) Present: N/A		Trans	oort Index: N/A	1		
Activity: N/A		Critica	I Safety Index	:N/A		
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	Spillage Fire	☐ Explosion	☐ Mate	rial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	☐ Environmen	tal Damage	☐ No Release
31. Emergency Response : The following entiti	es responded to the inci	dent: (Check all	that apply)	
☐ Fire/EMS Report #	☐ Police Report #		In-	house cleanup 🛛 Other Cleanup
32. Damages: Was the total damage co	est more than \$500?	X Yes	□ No	
If yes, enter the following information: If r	no, go to question 33.			
Material Loss: Carrier Damage:			onse Cost:	Remediation/Cleanup Cost:
\$ 28000 \$ 12000 (See damage definitions in the instructions)	<u>\$ 108157</u>	<u>\$ 100</u>	0000	\$ 30000
33a. Did the hazardous material cause or contrib	ute to a human fatality?	☐ Yes	☑ No	
If yes, enter the number of fatalities resulting	from the hazardous ma	terial:		
Fatalities: Emplo	oyees	Responders		General Public
33b. Were there human fatalities that did not res	ult from the hazardous r	naterial?	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribu	te to personal injury?	☐ Yes	⊠ No	
If yes, enter the number of injuries resulting t	from the hazardous mate	erial:		
Hospitalized (Admitted Only): Emplo	oyees	Responders		General Public
Non-Hospitalized: Emplo	oyees	Responders		General Public
(e.g.: On site first aid or Emergency Room observation and release)				
35. Did the hazardous material cause or contribu	te to an evacuation?	X Yes	□ No	
If yes, provide the following information:				
Total number of general public evacuated <u>16</u>	2 Total number	r of employees eva	acuated <u>0</u>	Total Evacuated 162
Duration of the evacuation 9 (hou	rs)			
36. Was a major transportation artery or facility of	closed?	X Yes	□ No	If yes, how many? 15 (hours)
37. Was the material involved in a crash or derail	lment?	X Yes	□ No	
If yes, provide the following information:	Estimated speed (mph	n): <u>45</u> We	ather condit	ions: Clear
	Vehicle overturn?	X Yes	□ No	
	Vehicle left roadway/t	rack? 🗵 Yes	□ No	
PART V - AIR INCIDENT INFORMAT	ION (please refer to	§ 175.31 to repo	rt a discre	pancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No	
If yes, was it tendered as cargo, or as passen	ger baggage?			
☐ Cargo	☐ Passenger bagga	age		
39. Where did the incident occur (if unknown, che	eck the appropriate box	for the location w	here the inc	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Bagga	nge area
☐ By surface to/from airport	☐ During flight		☐ During	g loading/unloading of aircraft
40. What phase(s) had the shipment already und	ergone prior to the incid	ent? (Check all tha	at apply)	
☐ Shipment had not been transported	☐ Transported by a			port by air (subsequent flights)
☐ Initial transport by highway to cargo facili				
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mit necessary.	diagrams should be submitted if needed for clarification. Estimate
No additional comments.	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ad	
procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if r	r improvement to hazardous materials transportation beyond the
No additional comments.	
DART VIII CONTACT INFORMATION	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Clay Reid	Telephone Number: ()
Contact's Title: <u>Dir Haz</u>	Fax Number: ()
Business Name and Address: BNSF Railway Company 2600 Lou Menk Drive, Fort Worth, Texas 76131	Hazmat Registration Number (if not already provided): 062615552003XZ
E-mail Address:	Date: 04/13/23
Preparer is:	☐ Other
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PART I - REPORT	TYPE				
1. This is to report:	X	A) A hazardous material	incident	B) An undeclared shipr	ment with no release
		(1) received structural	damage to the lading ref	eater containing any hazardou tention system or damage tha n and (2) did not have a releas	at requires repair to a system
2. Indicate whether this	is:	An initial report	A supplemental ((follow-up) report	☐ Additional Pages
PART II - GENER	PART II - GENERAL INCIDENT INFORMATION				
3. Date of Incident: 03/	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 re	port to another Fed	eral DOT agency, enter	the agency and repor	rt number:	
7. Location of Incident:	City: Raymond	County: K	andiyohi State:	MN ZIP Code (if I	(nown): <u>56282</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/Ri	iver Mile <u>11.9</u>		
8. Mode of Transportat	tion 🔲	Air	☐ Highway	X Rail	☐ Water
9. Transportation Phas	e 🗓	In Transit	Loading	Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rai	way Company			
	Street 2500 Lou I	Menk Drive			
					ode <u>76131</u>
	Federal DOT ID Nu	mber <u>281683</u>	Hazmat	Registration Number 062	2615552003XZ
11. Shipper/Offeror	Name Vantage C	orn Processors LLC			
	Street 400 W. Eri	e Rd			
	City Marshall				ode <u>56258</u>
	Waybill/Shipping I	Paper <u>526870</u>	Hazmat	Registration Number Una	available
12. Origin (if different from	Street ADM Corn	Processing			
shipper address)	City Marshall			State MN ZIP Co	ode <u>56258</u>
13. Destination	Street 3209 Broa	dway Blvd. SE			
	City Albuquerque			State NM ZIP Co	ode <u>87101</u>
14. Proper Shipping Na	me of Hazardous M	aterial: <u>ALCOHOLS, N.C</u>	D.S.		
15. Technical/Trade Na	me: N/A				
16. Hazardous Class/ Division: 3	Num	ification ber: <u>UN1987</u> JN2764, NA 2020)	18. Packing Group: <u>N/A</u> (if applicable)		eased: 500 Gallon ude Measurement Units)
20. Was the material sh	ipped as a hazardοι	s waste? Yes	No If yes, prov No If yes, prov	vide the EPA Manifest Nur	mber:
21. Is this a Toxic by Inl	halation (TIH) materi	al? Yes		vide the Hazard Zone:	
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the E	xemption, Approval	, or CA number:			
23. Was this an undecla	ared hazardous mate	rials shipment?		☐ Yes	⊠ No
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PART III - PACKAGING INF	ORMATION					
24. Check Packaging Type (check on	ly one - if more than one, l	ist type of packa	ging, copy Part I	ll, and complete	for each type:	
☐ Non-bulk	☐ IBC	☐ Cargo tank M	lotor Vehicle (CT	MV)	▼ Tank Car	
☐ Cylinder	□ RAM	☐ Portable Tank	k		Other N/A	
that corresponds to the particula	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: <u>121</u>	How Failed:	308	Cau	ises of Failure:	512	
2. What Failed:	How Failed:		Cau	ises of Failure:		
26a. Provide the packaging identifica	ation markings, if available	e.				
Identification Markings: 117J10	00W					
(Examples: 1A1/Y1.4/150/92/USA/RB	/93/RL, UN31H1/Y0493/USA/M	l9339/10800/1200, D	OOT - 105A - 100W	(RAIL), DOT 406 (H	IIGHWAY), DOT 51, DOT 3-A)	
26b. For Non-bulk, IBC, or non-speci complete the following:	fication packaging, if ident	tification marking	gs are incomplet	e or unavailable,	see instructions and	
Single Package or Outer Packag	ging:	:	Single Package	or Inner Packagi	ng (if any):	
Packaging Type: N/A			Packaging Type:	N/A		
Material of Construction: N/A		'	Material of Cons	truction: N/A		
Head Type (Drums only):	☐ Removable	☐ Non - Remov	able			
27. Describe the package capacity ar	nd the quantity:					
Single Package or Outer Package			Single Package (or Inner Packagir	ng (if any):	
Package Capacity: 30640	Liquid Gallon		Package Capacit	y: <u>0</u>		
Amount in Package: 27591	Liquid Gallon		Amount in Packa	nge: 0		
Number in Shipment: 1						
Number Failed: 1			Number Failed:	0		
28. Provide packaging construction a	and test information, as ap	propriate:				
Manufacturer: N/A			Manufacture Dat	te:		
Serial Number: WFRX 160405		'	Last Test Date:			
Material of Construction: Unava	ilable	(if Tank Car, 0	CTMV, Portable Ta	nk, or Cylinder)		
Design Pressure: 100		(if Tank Car, 0	CTMV, Portable Ta	nk)		
Shell Thickness:		(if Tank Car,	CTMV, Portable Ta	nk)		
Head Thickness:		(if Tank Car, ((if Tank Car, CTMV)			
Service Pressure:		(if Cylinder)	(if Cylinder)			
If valve or device failed:						
Type: N/A	Manufacturer: UN	KNOWN		Model: UNKN	OWN	
29. If the packaging is for Radioactiv	•	esent and legible) following:		(if prese	nt and legible)	
Packaging Category:	☐ Type A	☐ Type B	☐ Type C	☐ Excepted	☐ Industrial	
Packaging Certification:		☐ U.S. Certificat			N/A	
	_ 0011 001111100					
Nuclide(s) Present: N/A			ort Index: N/A			
Activity: N/A		Critical	Safety Index: N//	4		
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PART IV - CONSEQUENCES				
	Spillage X Fire	Explosion	_	rial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion			☐ No Release
31. Emergency Response : The following entiti	-			
Fire/EMS Report #	☐ Police Report #		In-	house cleanup 🗵 Other Cleanup
32. Damages: Was the total damage co		X Yes	No No	
If yes, enter the following information: If r				
Material Loss: Carrier Damage:			onse Cost:	Remediation/Cleanup Cost:
\$ 1000 \$ 12000 (See damage definitions in the instructions)	<u>\$ 116566</u>	\$ <u>10</u>	0000	\$ 30000
33a. Did the hazardous material cause or contrib	ute to a human fatality?	☐ Yes	s ⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous ma	terial:		
Fatalities: Emplo	oyees	Responders		General Public
33b. Were there human fatalities that did not res	ult from the hazardous n	material? 🔲 Yes	₃ ⊠ No	If yes, how many?
34. Did the hazardous material cause or contribu	te to personal injury?	☐ Yes	s ⊠ No	
If yes, enter the number of injuries resulting t	from the hazardous mate	erial:		
Hospitalized (Admitted Only): Emplo	oyees	Responders		General Public
Non-Hospitalized: Emplo	oyees	Responders		General Public
(e.g.: On site first aid or Emergency Room observation and release)				
35. Did the hazardous material cause or contribu	te to an evacuation?	X Yes	₃ □ No	
If yes, provide the following information:				
Total number of general public evacuated <u>16</u>	2 Total number	r of employees ev	acuated <u>0</u>	Total Evacuated 162
Duration of the evacuation 9 (hou	rs)			
36. Was a major transportation artery or facility of	closed?	X Yes	No No	If yes, how many? 15 (hours)
37. Was the material involved in a crash or derail	lment?	☑ Yes	s □ No	
If yes, provide the following information:	Estimated speed (mph	n): <u>45</u> We	ather condit	ions: Clear
	Vehicle overturn?	▼ Yes	s □ No	
	Vehicle left roadway/t	rack? 🗵 Yes	₃ □ No	
PART V - AIR INCIDENT INFORMAT	ION (please refer to	§ 175.31 to repo	ort a discre	pancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	s □ No	
If yes, was it tendered as cargo, or as passen	ger baggage?			
☐ Cargo	☐ Passenger bagga	age		
39. Where did the incident occur (if unknown, ch	eck the appropriate box	for the location w	here the inc	ident was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Bagga	age area
☐ By surface to/from airport	☐ During flight		☐ During	g loading/unloading of aircraft
40. What phase(s) had the shipment already und	ergone prior to the incid	lent? (Check all the	at apply)	
☐ Shipment had not been transported	☐ Transported by a			port by air (subsequent flights)
☐ Initial transport by highway to cargo facili				
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FA	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mit necessary.	diagrams should be submitted if needed for clarification. Estimate
fire caused the gasket to fail - heat failure	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ad procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if n No additional comments. (NAR:manway leaked due to fire exposure)	r improvement to hazardous materials transportation beyond the
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Clay Reid	Telephone Number: ()
Contact's Title: <u>Dir Haz</u>	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>04/13/23</u>
Preparer is:	Other
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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.

PART I - REPORT	TYPE				
1. This is to report:	X	A) A hazardous materia	l incident	B) An undec	lared shipment with no release
		(1) received structura	I damage to the lac		y hazardous materials that Jamage that requires repair to a system Ive a release.
2. Indicate whether this	is:	An initial report	☐ A supplem	nental (follow-up) report	■ Additional Pages
PART II - GENER	AL INCIDENT IN	IFORMATION			
3. Date of Incident: 03/	30/23	4. Tim	e of Incident (us	se 24-hour time): <u>01:</u> 2	22
5. Enter National Respo	onse Center Report N	lumber (if applicable):	NA		
6. If you submitted a re	port to another Fede	eral DOT agency, enter	the agency and	report number:	
7. Location of Incident:	City: Raymond	County: k	Kandiyohi	State: MN ZIP	Code (if known): <u>56282</u>
Street Address/Mile	Marker/Yardname/Ai	rport/Body of Water/R	iver Mile 11.9		
8. Mode of Transportat	ion 🔲	Air	☐ Highway	X Rail	☐ Water
9. Transportation Phas	e 🛚	In Transit	☐ Loading	☐ Unloading	n Transit Storage
10. Carrier/Reporter	Name BNSF Rails	way Company			
		enk Drive			
	City Fort Worth			State TX	ZIP Code <u>76131</u>
	Federal DOT ID Nur	nber <u>281683</u>	Ha	azmat Registration Nur	mber <u>062615552003XZ</u>
11. Shipper/Offeror	Name Vantage Co	orn Processors LLC			
	Street 400 W. Erie	Rd			
	City Marshall			State MN	ZIP Code <u>56258</u>
	Waybill/Shipping P	aper <u>282404</u>	На	azmat Registration Nur	mber <u>Unavailable</u>
12. Origin	Street ADM Corn	Processing			
(if different from shipper address)	City Marshall			State MN	ZIP Code <u>56258</u>
13. Destination	Street 3209 Broad	way Blvd. SE			
	City Albuquerque			State NM	ZIP Code <u>87101</u>
14. Proper Shipping Na	me of Hazardous Ma	terial: <u>ALCOHOLS, N.</u>	0.S.		
15. Technical/Trade Name: N/A					
16. Hazardous Class/ Division: 3	Numb	fication per: <u>UN1987</u> N2764, NA 2020)	18. Packing Group: (if applic	N/A	19. Quantity Liquid Released: 14,000 Gallon (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?					
If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecla					Yes 🛛 No
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PART III - PACKAGING INF	ORMATION						
24. Check Packaging Type (check on	ly one - if more than one, l	ist type of packaging	, copy Part III, and complet	e 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 ap that corresponds to the particula Enter the most important failure	r packaging type checked	above. Enter the num	nber of codes as appropriat	e to describe the incident.			
1. What Failed: <u>150</u>	How Failed:	309	Causes of Failure:	509			
2. What Failed:	How Failed:		Causes of Failure:				
26a. Provide the packaging identifica	ation markings, if available						
Identification Markings: 117J10	00W						
(Examples: 1A1/Y1.4/150/92/USA/RB	/93/RL, UN31H1/Y0493/USA/M	9339/10800/1200, DOT -	105A - 100W (RAIL), DOT 406	(HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non-speci complete the following:	fication packaging, if ident	ification markings are	e incomplete or unavailable	e, see instructions and			
Single Package or Outer Package	ging:	Sing	jle Package or Inner Packag	jing (if any):			
Packaging Type: N/A		Pack	aging Type: N/A				
Material of Construction: N/A		Mate	erial of Construction: N/A				
Head Type (Drums only):	☐ Removable	☐ Non - Removable	1				
27. Describe the package capacity ar	nd the quantity:						
Single Package or Outer Package		Sing	le Package or Inner Packag	ing (if any):			
Package Capacity: 30590	Liquid Gallon	Pack	age Capacity: 0				
Liquid Amount in Package: 27546 Gallon		Amo	ount in Package: 0				
Number in Shipment: 1							
Number Failed: 1		Num	nber Failed: 0				
28. Provide packaging construction a	and test information, as ap	propriate:					
Manufacturer: N/A		Man	ufacture Date:				
Serial Number: WFRX 160411		Last	Test Date:				
Material of Construction: Unava	ilable	(if Tank Car, CTM\	V, Portable Tank, or Cylinder)				
Design Pressure: 100		(if Tank Car, CTM)	V, Portable Tank)				
Shell Thickness:		(if Tank Car, CTM)	(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: UNF	KNOWN	Model: UNK	NOWN			
29. If the packaging is for Radioactiv	•	esent and legible) following:	(if pres	sent and legible)			
Packaging Category:	☐ Type A	□ Туре В □ Т	Гуре C	☐ Industrial			
Packaging Certification:		☐ U.S. Certification		er N/A			
Nuclide(s) Present: N/A							
Activity: N/A		Critical Safe	ety Index: N/A				
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PART IV - CONSEQUENCES					
30. Result of Incident (check all that apply):	Spillage 🛚 Tire	☐ Explos	sion	☐ Mater	ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	☐ Enviro	nmenta	al Damage	☐ No Release
31. Emergency Response : The following entiti	es responded to the inc	ident: (Che	eck all t	hat apply)	
☐ Fire/EMS Report #	☐ Police Report #			_ ln-l	nouse cleanup 🛛 Other Cleanup
32. Damages: Was the total damage co	est more than \$500?	D	Yes	□ No	
If yes, enter the following information: If r	no, go to question 33.				
Material Loss: Carrier Damage:	Property Dama	age:	Respo	nse Cost:	Remediation/Cleanup Cost:
\$ 28000 \$ 12000 (See damage definitions in the instructions)	<u>\$ 116566</u>		\$ <u>1000</u>	000	\$ 30000
33a. Did the hazardous material cause or contrib	ute to a human fatality?		Yes	⊠ No	
If yes, enter the number of fatalities resulting	from the hazardous ma	terial:			
Fatalities: Emplo	yees	Responder	rs		General Public
33b. Were there human fatalities that did not res	ult from the hazardous r	material?	Yes	⊠ No	If yes, how many?
34. Did the hazardous material cause or contribut	te to personal injury?		Yes	⊠ No	
If yes, enter the number of injuries resulting f	from the hazardous mat	erial:			
Hospitalized (Admitted Only): Emplo	yees	Responder	rs		General Public
Non-Hospitalized: Emplo	yees	Responder	rs		General Public
(e.g.: On site first aid or Emergency Room observati	ion and release)				
35. Did the hazardous material cause or contribute to an evacuation?					
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 (hou	rs)				
36. Was a major transportation artery or facility of	losed?	Σ	Yes	□ No	If yes, how many? 15 (hours)
37. Was the material involved in a crash or derail	ment?	D	Yes	□ No	
If yes, provide the following information:	Estimated speed (mpl	h): <u>45</u>	Wea	ther condit	ions: Clear
	Vehicle overturn?	Σ	Yes	□ No	
	Vehicle left roadway/t	rack?	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 passen	ger baggage?				
☐ Cargo	☐ Passenger bagga	age			
39. Where did the incident occur (if unknown, che	eck the appropriate box	for the locat	ion wh	ere the inci	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center			☐ Bagga	
☐ 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 a				port by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility					
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE				
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mit necessary.	diagrams should be submitted if needed for clarification. Estimate			
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: <u>04/13/23</u>			
Preparer is:	☐ Other			
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Form Approval OMB No. 2137-0039

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PART I - REPORT	TYPE				
1. This is to report:	X	A) A hazardous material	incident	B) An undeclared shipme	nt with no release
		(1) received structural	I damage to the lading ret	ater containing any hazardous i tention system or damage that n and (2) did not have a release.	requires repair to a system
2. Indicate whether this	is:	An initial report	A supplemental (follow-up) report	Additional Pages
PART II - GENER	AL INCIDENT I	NFORMATION			
3. Date of Incident: 03/	30/23	4. Tim	e of Incident (use 24-h	hour time): <u>01:22</u>	
5. Enter National Respo	onse Center Report	Number (if applicable):	NA		
6. If you submitted a re	port to another Fed	eral DOT agency, enter	the agency and repor	rt number:	
7. Location of Incident:	City: Raymond	County: K	andiyohi State:	MN ZIP Code (if kn	own): <u>56282</u>
Street Address/Mile	Marker/Yardname/A	irport/Body of Water/Ri	iver Mile <u>11.9</u>		
8. Mode of Transportat	ion 🔲	Air	☐ Highway I	☑ Rail □	Water
9. Transportation Phas	e 🛚 🗓	In Transit	☐ Loading	☐ Unloading ☐	n Transit Storage
10. Carrier/Reporter	Name BNSF Rai	way Company			
	Street 2500 Lou I	Menk Drive			
					e <u>76131</u>
	Federal DOT ID Nu	mber <u>281683</u>	Hazmat	Registration Number 0626	15552003XZ
11. Shipper/Offeror	Name Vantage C	orn Processors LLC			
	Street 400 W. Eri	e Rd			
	City Marshall			State MN ZIP Cod	e <u>56258</u>
	Waybill/Shipping I	Paper 618221	Hazmat	Registration Number <u>Unav</u>	ailable
12. Origin	Street ADM Corn	Processing			
(if different from shipper address)	City Marshall			State MN ZIP Cod	e <u>56258</u>
13. Destination	Street 3209 Broa	dway Blvd. SE			
	City Albuquerque			State NM ZIP Cod	e <u>87101</u>
14. Proper Shipping Na	me of Hazardous M	aterial: <u>ALCOHOLS, N.C</u>	O.S.		
15. Technical/Trade Name: N/A					
16. Hazardous Class/ Division: 3	Num	ification ber: <u>UN1987</u> JN2764, NA 2020)	18. Packing Group: <u>N/A</u> (if applicable)		tity Liquid sed: 500 Gallon le 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?					
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?					
If yes, provide the Exemption, Approval, or CA number:					
23. Was this an undecla				☐ Yes 区] No
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PART III - PACKAGING INF	ORMATION						
24. Check Packaging Type (check on	ly one - if more than one, I	ist type of packa	ging, copy Part	III, and complete	for each type:		
☐ Non-bulk	☐ IBC	☐ Cargo tank M	lotor Vehicle (C	ΓMV)	▼ Tank Car		
☐ Cylinder	□ RAM	☐ Portable Tanl	k		Other N/A		
25. See instructions and enter the ap that corresponds to the particula Enter the most important failure	r packaging type checked	above. Enter the	number of code	es as appropriate	to describe the incident.		
1. What Failed: <u>137</u>	How Failed:	308	Ca	uses of Failure:	512		
2. What Failed:	How Failed:		Ca	uses of Failure:			
26a. Provide the packaging identifica	ation markings, if available).					
Identification Markings: 117J10	0W						
(Examples: 1A1/Y1.4/150/92/USA/RB	/93/RL, UN31H1/Y0493/USA/M	19339/10800/1200, D	OOT - 105A - 100W	(RAIL), DOT 406 (H	IIGHWAY), DOT 51, DOT 3-A)		
26b. For Non-bulk, IBC, or non-speci complete the following:	fication packaging, if ident	tification marking	gs are incomple	te or unavailable,	see instructions and		
Single Package or Outer Packag	ging:		Single Package	or Inner Packagi	ng (if any):		
Packaging Type: N/A			Packaging Type	: <u>N/A</u>			
Material of Construction: N/A			Material of Con	struction: N/A			
Head Type (Drums only):	Removable	☐ Non - Remov	able				
27. Describe the package capacity ar	nd the quantity:						
Single Package or Outer Packag		;	Single Package	or Inner Packagii	ng (if any):		
Package Capacity: 30560	Liquid Gallon		Package Capaci	ty: <u>0</u>			
Liquid Amount in Package: 27518 Gallon			Amount in Pack	age: <u>0</u>			
Number in Shipment: 1							
Number Failed: 1			Number Failed:	0			
28. Provide packaging construction a	and test information, as ap	propriate:					
Manufacturer: N/A		'	Manufacture Da	te:			
Serial Number: WFRX 160417		'	Last Test Date:				
Material of Construction: Unava	ilable	(if Tank Car,	CTMV, Portable T	ank, or Cylinder)			
Design Pressure:		(if Tank Car,	CTMV, Portable T	ank)			
Shell Thickness:		(if Tank Car,	(if Tank Car, CTMV, Portable Tank)				
Head Thickness:		(if Tank Car,	(if Tank Car, CTMV)				
Service Pressure:		(if Cylinder)					
If valve or device failed:							
Type: N/A	Manufacturer: UN	KNOWN		Model: UNKN	OWN		
29. If the packaging is for Radioactiv	•	esent and legible) following:		(if prese	nt and legible)		
Packaging Category:	☐ Type A	☐ Type B	☐ Type C	☐ Excepted	☐ Industrial		
Packaging Certification:		☐ U.S. Certifica			N/A		
	_ con continue						
	Nuclide(s) Present: N/A Transport Index: N/A						
Activity: N/A		Critical	Safety Index: N	A			
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PART IV - CONSEQUENCES					
_		plosion		I Entered Waterway/Storm Sewer	
	Vapor (Gas) Dispersion			☐ No Release	
31. Emergency Response : The following entities				_	
☐ Fire/EMS Report #	Police Report #		_ In-ho	use cleanup 🛛 Other Cleanup	
32. Damages: Was the total damage cos		X Yes	□ No		
If yes, enter the following information: If n					
Material Loss: Carrier Damage:	Property Damage:		nse Cost:	Remediation/Cleanup Cost:	
\$ 1000 \$ 12000 (See damage definitions in the instructions)	<u>\$ 116566</u>	<u> </u>	000	\$ 30000	
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes	⊠ No		
If yes, enter the number of fatalities resulting	from the hazardous material:				
Fatalities: Employ	yees Respon	nders		General Public	
33b. Were there human fatalities that did not resu	Ilt from the hazardous material?	☐ 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	rom the hazardous material:				
Hospitalized (Admitted Only): Employ	yees Respon	nders		General Public	
Non-Hospitalized: Employ	yees Respon	nders		General Public	
(e.g.: On site first aid or Emergency Room observation	on and release)				
35. Did the hazardous material cause or contribute to an evacuation?					
If yes, provide the following information:					
Total number of general public evacuated 162	Total number of emplo	oyees evad	cuated 0	Total Evacuated 162	
Duration of the evacuation 9 (hour	s)				
36. Was a major transportation artery or facility cl	osed?	X Yes	□ No	If yes, how many? 15 (hours)	
37. Was the material involved in a crash or derails	ment?	X Yes	□ No		
If yes, provide the following information:	Estimated speed (mph): 45	Wea	ther condition	ns: Clear	
	Vehicle overturn?	▼ Yes ▼ Yes ▼ Yes ▼ The state of th	□ No		
	Vehicle left roadway/track?	X 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 lo	ocation wh	ere the incide	ent was discovered)?	
☐ Air carrier cargo facility	☐ Sort center		☐ Baggage	e area	
☐ By surface to/from airport ☐ During flight				oading/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 facilit	y ∐ Transfer at sort center/car	rgo facility			
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FA	AILURE			
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mit necessary.	diagrams should be submitted if needed for clarification. Estimate			
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)				
The decisional commones. (With annually located due to the expectator)				
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: <u>04/13/23</u>			
Preparer is:	Other			
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