

NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed \$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.		OMB NO: 2137-0047 EXPIRATION DATE: 01/31/2013
 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<b>Report Date:</b>	10/18/2011
	<b>No.</b>	20110387 - 16379 ----- (DOT Use Only)

### ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 hours per response (5 hours for a small release), including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

#### INSTRUCTIONS

**Important:** Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline>.

#### PART A - KEY REPORT INFORMATION

Report Type: (select all that apply)	Original:	Supplemental:	Final:
		Yes	Yes
Report Status:	Submitted		
Create Date:	02/01/2012		
1. Operator's OPS-issued Operator Identification Number (OPID):	30781		
2. Name of Operator	OLYMPIC PIPE LINE COMPANY		
3. Address of Operator:			
3a. Street Address	150 West Warrenville Road		
3b. City	Naperville		
3c. State	Illinois		
3d. Zip Code	60563		
4. Local time (24-hr clock) and date of the Accident:	09/19/2011 13:35		
5. Location of Accident:			
Latitude:	48.81835		
Longitude:	-122.55443		
6. National Response Center Report Number (if applicable):	990193		
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable):	09/20/2011 08:00		
8. Commodity released: (select only one, based on predominant volume released)	Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions		
- Specify Commodity Subtype:	Diesel, Fuel Oil, Kerosene, Jet Fuel		
- If "Other" Subtype, Describe:			
- If Biofuel/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend:	%		
- If Biofuel/Alternative Fuel and Commodity Subtype is Biodiesel, then Biodiesel Blend (e.g. B2, B20, B100):	B		
9. Estimated volume of commodity released unintentionally (Barrels):	.29		
10. Estimated volume of intentional and/or controlled release/blowdown (Barrels):			
11. Estimated volume of commodity recovered (Barrels):	.29		
12. Were there fatalities?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
12d. Workers working on the right-of-way, but NOT associated with this Operator			
12e. General public			
12f. Total fatalities (sum of above)			
13. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
13a. Operator employees			
13b. Contractor employees working for the Operator			
13c. Non-Operator emergency responders			

13d. Workers working on the right-of-way, but NOT associated with this Operator	
13e. General public	
13f. Total injuries (sum of above)	
14. Was the pipeline/facility shut down due to the Accident?	Yes
- If No, Explain:	
- If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock)	
14a. Local time and date of shutdown:	09/19/2011 13:37
14b. Local time pipeline/facility restarted:	09/19/2011 15:04
- Still shut down? (* Supplemental Report Required)	
15. Did the commodity ignite?	No
16. Did the commodity explode?	No
17. Number of general public evacuated:	0
18. Time sequence (use local time, 24-hour clock):	
18a. Local time Operator identified Accident:	09/19/2011 13:35
18b. Local time Operator resources arrived on site:	09/19/2011 14:15
<b>PART B - ADDITIONAL LOCATION INFORMATION</b>	
1. Was the origin of Accident onshore?	Yes
2. State:	Washington
3. Zip Code:	98248
4. City	Ferndale
5. County or Parish	Whatcom
6. Operator-designated location:	Milepost/Valve Station
Specify:	MP 7 Block VI
7. Pipeline/Facility name:	Olympic Pipeline System
8. Segment name/ID:	Ferndale - Allen
9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)?	No
10. Location of Accident:	Totally contained on Operator-controlled property
11. Area of Accident (as found):	Aboveground
<b>PART C - ADDITIONAL FACILITY INFORMATION</b>	
1. Is the pipeline or facility:	Interstate
2. Part of system involved in Accident:	Onshore Pipeline, Including Valve Sites
- If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify:	
3. Item involved in Accident:	Instrumentation
- If Pipe, specify:	
- If Valve, specify:	
- If Other, describe:	
6. Type of Accident Involved:	Leak
- If Mechanical Puncture – Specify Approx. size:	
- If Leak - Select Type:	Seal or Packing
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
- If Other – Describe:	
<b>PART D - ADDITIONAL CONSEQUENCE INFORMATION</b>	
5. Water contamination:	No
6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program?	Yes
7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	Yes
7a. If Yes, specify HCA type(s): (Select all that apply)	
- Commercially Navigable Waterway:	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- High Population Area:	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Other Populated Area	Yes
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	Yes
- Unusually Sensitive Area (USA) - Drinking Water	Yes

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	Yes
- Unusually Sensitive Area (USA) - Ecological	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
<b>8. Estimated Property Damage :</b>	
8a. Estimated cost of public and non-Operator private property damage	\$ 0
8b. Estimated cost of commodity lost	\$ 50
8c. Estimated cost of Operator's property damage & repairs	\$ 10,000
8d. Estimated cost of Operator's emergency response	\$ 1,900
8e. Estimated cost of Operator's environmental remediation	\$ 7,600
8f. Estimated other costs	\$ 0
Describe:	
8g. Total estimated property damage (sum of above)	\$ 19,550

**PART E - ADDITIONAL OPERATING INFORMATION**

5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2?	Yes
- If Yes - (Complete 5f. below)	
5f. Function of pipeline system:	> 20% SMYS Regulated Trunkline/Transmission

**PART G – APPARENT CAUSE**

Select only one box from PART G in shaded column on left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing or root causes of the Accident in the narrative (PART H).

<b>Apparent Cause:</b>	G6 - Equipment Failure
<b>G1 - Corrosion Failure</b> - only one sub-cause can be picked from shaded left-hand column	
<b>External Corrosion:</b>	
<b>Internal Corrosion:</b>	

**G2 - Natural Force Damage** - only one sub-cause can be picked from shaded left-handed column

Complete the following if any Natural Force Damage sub-cause is selected.

6. Were the natural forces causing the Accident generated in conjunction with an extreme weather event?	
6a. If Yes, specify: (select all that apply)	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Describe:	

**G3 - Excavation Damage** - only one sub-cause can be picked from shaded left-hand column

<b>Excavation Damage – Sub-Cause:</b>	
<b>Complete the following if Excavation Damage by Third Party is selected as the sub-cause.</b>	
6. Did the operator get prior notification of the excavation activity?	
6a. If Yes, Notification received from: (select all that apply) -	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
<b>Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.</b>	
7. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)?	
8. Right-of-Way where event occurred: (select all that apply) -	
- Public	

	- If "Public", Specify:	
- Private		
	- If "Private", Specify:	
- Pipeline Property/Easement		
- Power/Transmission Line		
- Railroad		
- Dedicated Public Utility Easement		
- Federal Land		
- Data not collected		
- Unknown/Other		
9. Type of excavator:		
10. Type of excavation equipment:		
11. Type of work performed:		
12. Was the One-Call Center notified?		
12a. If Yes, specify ticket number:		
12b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:		
13. Type of Locator:		
14. Were facility locate marks visible in the area of excavation?		
15. Were facilities marked correctly?		
16. Did the damage cause an interruption in service?		
16a. If Yes, specify duration of the interruption (hours)		
17. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):		
Root Cause:		
- If One-Call Notification Practices Not Sufficient, specify:		
- If Locating Practices Not Sufficient, specify:		
- If Excavation Practices Not Sufficient, specify:		
- If Other/None of the Above, explain:		

**G4 - Other Outside Force Damage** - only one **sub-cause** can be selected from the shaded left-hand column

**Other Outside Force Damage – Sub-Cause:**

**- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:**

2. Select one or more of the following IF an extreme weather event was a factor:

- Hurricane
- Tropical Storm
- Tornado
- Heavy Rains/Flood
- Other

- If Other, Describe:

**- If Intentional Damage:**

8. Specify:

- If Other, Describe:

**G5 - Material Failure of Pipe or Weld** - only one **sub-cause** can be selected from the shaded left-hand column

Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."

**Material Failure of Pipe or Weld – Sub-Cause:**

**G6 – Equipment Failure** - only one **sub-cause** can be selected from the shaded left-hand column

**Equipment Failure – Sub-Cause:**

Non-threaded Connection Failure

**G7 - Incorrect Operation** - only one **sub-cause** can be selected from the shaded left-hand column

**Incorrect Operation – Sub-Cause:**

**G8 - Other Accident Cause** - only one **sub-cause** can be selected from the shaded left-hand column

**Other Accident Cause – Sub-Cause:**

**- If Miscellaneous:**

1. Describe:

**- If Unknown:**

2. Specify:

**PART H - NARRATIVE DESCRIPTION OF THE ACCIDENT**

**File Full Name**

**PART I - PREPARER AND AUTHORIZED SIGNATURE**

Preparer's Name	Jim Bruen
Preparer's Title	Compliance Advisor
Preparer's Telephone Number	630-536-2535
Preparer's E-mail Address	jim.bruen@bp.com
Preparer's Facsimile Number	630-420-5519
Authorized Signature's Name	Jim Bruen
Authorized Signature Title	Compliance Advisor
Authorized Signature Telephone Number	630-536-2535
Authorized Signature Email	jim.bruen@bp.com
Date	02/01/2012