ID	Facilities	Facility	Facility Address	Facility Type	Operator	Operator Type	Operator Address	Operator Contact Name	Operator Contact Phone	Operator Contact Email	Facility Lat	Facility Long	Facility Location Source	Facility Elevation	Facility Elevation Source	Facility Elevation Datum	Facility Elevation Unit	Facility Description	Facility Date	Facility Time	Facility Timezone	Incident Cause(s)	Incident Subcause(s)	Incident Narrative	Public Evacuated	Number of Public Evacuated	Fatalities	Fatalities Description	Injuries	Injuries Description	Emergency Response	Emergency Response Description	Ignition	Ignition Source	Explosion	Preceded by Accident	Accident Report	Supplemental Report	Report Submitted	Report Received
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]