U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a 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. Incident Id: I-1998041038
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/20/1998

4. Time of Incident (use 24-hour time):
22:20

5. Enter National Response Center Report Number (if applicable):

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: BIG BEAVER
County: BEAVER
State: PA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
RT 65

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street: 2001 MARKET STREET 6D
City: PHILADELPHIA
State: PA
Zip Code: 191011406
Federal DOT Id Number: CRR
Hazmat Registration Number:

11. Shipper/Offeror:
Name: DOW CORNING CORP
Street:
City: MIDLAND
State: MI
Zip Code:
Waybill/Shipping Paper: 813513
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street:
City: PERTH AMBOY
State: NJ
Zip Code:

14. Proper Shipping Name of Hazardous Material: METHANOL

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1230

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units)

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
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 undeclared hazardous materials shipment?

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:
Tank Car

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.

What Failed: - 102-Auxiliary Valve; 106-Bottom Outlet Valve; 141-Piping or Fittings
How Failed: -
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings:
(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:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	29972 Liquid - Gallon	Package Capacity:
Amount in Package:		Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

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

Manufacturer:	N A T X	Manufacture Date:
Serial Number:	NATX37826	Last Test Date:
Material of Construction:	(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:
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- Spillage:	False	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	False
- No Release:	False		

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? False

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

Material Loss:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

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

Employees:	
Responders:	
General Public:	

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many?

34. Did the hazardous material cause or contribute to personal Injury? False

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

Hospitalized (Admitted Only):

Employees:	
Responders:	
General Public:	

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

Employees:	
Responders:	
General Public:	

35. Did the hazardous material cause or contribute to an evacuation? True

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	45
Duration of the evacuation:	

36. Was a major transportation artery or facility closed? False

If yes, how many?

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	
Weather conditions:	
Vehicle overturned?	
Vehicle left roadway/track?	

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

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

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

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.

Describe:

DERAILMENT, MARCH 20, 1998, PITTSBURGH DIVISION. CONRAIL TRAIN TOPI0 DERAILED TWENTY-TWO (22) CARS AT MILEPOST 36.6 ON THE FORT WAYNE LINE IN BIG BEAVER, PA. PROVIDED IS A LIST OF ELEVEN (11) TANK CARS CONTAINING HAZARDOUS MATERIAL INVOLVED IN THE DERAILMENT. TANK CAR NATX 37826 RESIDUE METHANOL LOST A NEGLIGIBLE AMOUNT OF PRODUCT WHEN ITS BOTTOM OUTLET NOZZLE SHEARED OFF AT ITS MOUNTING TO THE BOTTOM OUTLET EXTERNAL BALL VALVE. THE CAR WAS EQUIPPED WITH A SKID AND IT APPEARED THE BOTTOM OF THIS EXTERNAL BALL VALVE HAD SLID ACROSS AN OBJECT. A SLIGHT VAPOR LEAK WAS NOTED AT THE BALL VALVE POSSIBLY DUE TO THE IMPACT PARTIALLY UNSEATING THE VALVE AS THE HANDLE INDICATED THE VALVE WAS FULLY CLOSED. REPAIRS WERE MADE BY CONRAIL'S HAZARDOUS MATERIAL FIELD SERVICE MANAGER. "PLUG-N-DIKE" WAS PLACED OVER THE BALL VALVE BUT THE LEAK PERSISTED. THE BOTTOM OUTLET NOZZLE WAS REATTACHED USING "C" CLAMPS WITH A PIECE OF RUBBER BETWEEN IT AND THE BOTTOM OUTLET VALVE. AT APPROXIMATELY 0130 HOURS, MARCH 21, 1998, THE LEAK CEASED. ALSO, TANK CAR MBLX 3732 SUSTAINED TANK DAMAGE AND WAS FORWARDED TO ENON VALLEY PA FOR TRANSFER. THE TANK CAR WAS CLEANED AND PURGED BY OHM REMEDIATION AND WILL BE SCRAPPED. AT APPROXIMATELY 0400 HOURS, THE BIG BEAVER, PA VFD CHIEF CALLED THE LOCAL EVACUATION OFF ALLOWING 15 FAMILIES TO RETURN TO THEIR HOME. THE MAJORITY OF THE DAMAGE TO CARS MBLX 34845, MBLX 34314, MBLX 34851, MBLX 34019, MBLX 34015 AND GATX 61643 WAS CENTERED ABOUT ITS DRAFT SILL, AIR BRAKE EQUIPMENT AND SAFETY APPLIANCES. MBLX 34316 HAD ALL WHEELS OF THE TRACK BUT WAS UPRIGHT IN LINE AND MBLX 34028 HAD ITS "B" END TRUCK DERAILED AND IT WAS UPRIGHT LINE. GATX 61551 HAD 2 SMALL GOUGES ON THE TANK LESS THAN 1/16" INCH DEEP AT ITS BOTTOM APPROXIMATELY 15 FEET FROM ITS "B" STUB SILL. CAR HAD ROLLED APPROXIMATELY 150 DEGREES TO ITS "L" SIDE, WAS PERPENDICULAR TO THE TRACKS AND THE "A" END SILL WAS SPLIT OPEN. THE JACKET WAS TORN AT MIDTANK. MBLX 34236 HAD A GOUGE APPROXIMATELY 24 INCHES LONG (LONGITUDINAL TO THE TANK) RUNNING APPROXIMATELY 8 FEET FROM ITS "B" SIDE BODY BOLSTER TO 10 FEET FROM THE "BL" BODY BOLSTER. THE DEPTH OF THE GOUGE WAS NOTED TO BE A 9/32" USING A TIRE DEPTH GAUGE AT ITS CENTER. ALL CAR WITH EXCEPTIONS OF MBLX 34236 WERE TO BE RERAILED AND TRANSPORTED TO CONWAY, PA FOR TRANSFER AND REPAIR AS REQUIRED. MBLX 34236 WAS FORWARDED WEST TO ENON VALLEY, PA FOR TRANSFER. THE TRANSFER AT THIS LOCALE WAS DUE TO THE CONDITION OF ITS SAFETY APPLIANCES, AIR BRAKE EQUIPMENT AND DRAFT SILL. ON MARCH 26, 1998, TRANSFER CLEAN UP PURGE OPERATIONS WERE COMPLETED. MOBIL OIL CO, PAULSBORO, NJ HAD DISPATCHED OHM REMEDIATION SERVICES CORPORATION, FINDLAY, OH PERSONNEL TO EFFECT THE TRANSFER OF ALL THE TANK CARS IN LPG SERVICE. GATX 61551, MBLX 34314, GATX 61643 AND MBLX 34236 WERE TRANSFERRED AND TANKS CLEANED AND PURGED TO ALLOW SCRAPPING OF THE TANK CARS. THE REMAINING TANK CARS HAD THEIR PRODUCT TRANSFERRED AND ARE TO BE LOADED ONTO FLAT CARS FOR DISPOSITION TO BERWIND RAILWAY SERVICES CO, HOLLIDAYSBURG, PA FOR FOR CLEANING AND PURGING AND REPAIRS. ON APRIL 1, 1998 TRANSFER, CLEAN AND PURGE OPERATIONS WERE COMPLETED. THE CAUSE OF THE DERAILMENT IS STILL UNDER INVESTIGATION.

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.

Describe:

PART VIII – CONTACT INFORMATION

Contact's Name:	HOWARD R ELLIOTT
Contact's Title:	DIRECTOR HAZMAT SYSTEMS
Business Name and Address:	
E-mail Address:	
Telephone Number:	215-209-4494
Fax Number:	
Hazmat Registration Number:	
Date:	04/09/1998
Preparer is:	