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: X-2025080254
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/05/2025

4. Time of Incident (use 24-hour time):
14:30

5. Enter National Response Center Report Number (if applicable):
1436112

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

7. Location of Incident:
City: GLENDORA
County: TALLAHATCHIE
State: MS
Zip Code: (if known): 38928
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
361 Thomas St

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: ILLINOIS CENTRAL RAILROAD COMPANY
Street: 17650 SOUTH ASHLAND AVE
City: HOMEWOOD
State: IL
Zip Code: 60430
Federal DOT Id Number:
Hazmat Registration Number: 061125550146H

11. Shipper/Offeror:
Name: Marathon Petroleum Company
Street: 400 S Marathon Ave
City: ROBINSON
State: IL
Zip Code: 62454
Waybill/Shipping Paper: 292677
Hazmat Registration Number:

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

13. Destination:
Street: 1725 Hwy 75
City: SUNSHINE
State: LA
Zip Code: 70780

14. Proper Shipping Name of Hazardous Material: BENZENE

15. Technical/Trade Name: BENZENE

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1114

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 1500 Liquid - Gallon

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

21. Is this a Toxic by Inhalation (TIH) material? False
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? False
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment? False

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: - 149-Tank Head
How Failed: - 308-Leaked
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 111A100W1
(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:	25750 Liquid - Gallon	Package Capacity:	
Amount in Package:	176877 Liquid - Pound	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:	UTLX	Manufacture Date:	04/28/2011
Serial Number:	UTLX673342	Last Test Date:	01/01/2021
Material of Construction:	5167-ASTM A516. Gr. 70 (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	100 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.44 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.47 INCH (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: True
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
- Material Entered Waterway/Storm Sewer:
- Environmental Damage: True

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

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

32. Damages Was the total damage cost more than $500? True

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

Material Loss:	$ 20,000.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 200,000.00
Remediation/Cleanup Cost:	$ 450,000.00

(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:	120
Total number of employees evacuated:	0
Total evacuated:	120
Duration of the evacuation:	10

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

If yes, how many? 48

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

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:

On 07-05-2025 the DG Team was notified about a derailment in the town of Glendora, MS. The derailment involved several tank cars containing DG with (1) on fire (UTLX 673342 / loaded / UN 1114 / Class 3 / PG II) due to a puncture at the "A" end of the tank car which allowed it's contents to release resulting in a fire. The DG team immediately responded and dispatched response contractors. a railroad owned fire trailer was also deployed to the incident. A 3rd party air monitoring team was also dispatched to the incident. The DG Manager began communicating with the local first responders on-scene via phone providing guidance on fire fighting tactics and site safety. A train consist was sent to the first responders) at 15:24 CST via email.

The CN DG Team arrived at 20:20 CST and met with the first responders for a site briefing. The local fire department was un-successful in extinguishing the tank car fire (UTLX 673342)and agreed to allow the DG Team to take over the firefighting activities. A 4' tall berm was constructed around the north side of the burning car to capture the runoff from fire fighting foam and water. The CN DG team began fire fighting operation at around 23:10 CST and had the fire extinguished at approximately 23:45.

The tank car (UTLX 673342) was continuously cooled to prevent re-ignition and was emptied of its remaining contents via vacuum trucks and stored in an on-site storage tank pending disposal.

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:

No comments provided

PART VIII – CONTACT INFORMATION

Contact's Name:	Mark Allen
Contact's Title:	DG Manager
Business Name and Address:	IC
	17650 SOUTH ASHLAND AVE HOMEWOOD IL 60430
E-mail Address:	mark.allen@cn.ca
Telephone Number:	(219) 702-2633
Fax Number:	
Hazmat Registration Number:	061125550146H
Date:	07/21/2025
Preparer is:	Carrier

04/28/2011