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-2026070522
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2026

4. Time of Incident (use 24-hour time):
03:23

5. Enter National Response Center Report Number (if applicable):
1465035

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

7. Location of Incident:
City: LANCING
County: MORGAN
State: TN
Zip Code: (if known): 37770
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
milepost 243.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN CORPORATION
Street: 650 West Peachtree St, NW
City: ATLANTA
State: GA
Zip Code: 30308
Federal DOT Id Number:
Hazmat Registration Number: 060525550077H

11. Shipper/Offeror:
Name: Poet Bioprocessing
Street: 13179 N 100E
City: ALEXANDRIA
State: IN
Zip Code: 46001
Waybill/Shipping Paper: 708211
Hazmat Registration Number:

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

13. Destination:
Street: 1012 Glass Factory Ave
City: AUGUSTA
State: GA
Zip Code: 30901

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: DENATURED FUEL ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 25261 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: - 309-Punctured
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 117R100W
(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:	30130 Liquid - Gallon	Package Capacity:
Amount in Package:	190483 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:
Serial Number:
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:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:
Transport 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: True
- Environmental Damage:

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

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

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:	$ 550,000.00
Carrier Damage:	$ 800,000.00
Property Damage:	$ 4,200,000.00
Response Cost:	$ 2,500,000.00
Remediation/Cleanup Cost:	$ 500,000.00

(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:	25
Total number of employees evacuated:	0
Total evacuated:	25
Duration of the evacuation:	12

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

If yes, how many?

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 June 11, 2026, Norfolk Southern train 197T610 derailed several cars at milepost 243.7 near Lancing, TN. The derailment involved the release of alcohols, n.o.s. and fire from 11 tank cars (TILX311555, GATX223190, ETPX200300, TCBX191004, TILX191004, TILX362260, CBTX738314, ETHX100498, WFRX160369, CTCX731791, GBRX715306). Tank cars TILX311555, GATX223190 and CBTX738314 were breached in the derailment. The remaining 8 cars listed released product from their PRDs and fittings as a result of flame impingement. The total amount of material released and/or consumed by fire was approximately 152,000 gallons. The total estimated costs for the derailment is listed in the 5800 Report for TILX311555 ($8,550,000).

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:	Robert Wood
Contact's Title:	System Manager Hazardous materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	Robert.Wood2@nscorp.com
Telephone Number:	(800) 453-2530
Fax Number:	
Hazmat Registration Number:	060525550077H
Date:	07/09/2026
Preparer is:	Carrier

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PART I - REPORT TYPE

1. Incident Id: X-2026070522
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2026

4. Time of Incident (use 24-hour time):
03:23

5. Enter National Response Center Report Number (if applicable):
1465035

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

7. Location of Incident:
City: LANCING
County: MORGAN
State: TN
Zip Code: (if known): 37770
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
milepost 243.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN CORPORATION
Street: 650 West Peachtree St, NW
City: ATLANTA
State: GA
Zip Code: 30308
Federal DOT Id Number:
Hazmat Registration Number: 060525550077H

11. Shipper/Offeror:
Name: Poet Bioprocessing
Street: 13179 N 100E
City: ALEXANDRIA
State: IN
Zip Code: 46001
Waybill/Shipping Paper: 708211
Hazmat Registration Number:

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

13. Destination:
Street: 1012 Glass Factory Ave
City: AUGUSTA
State: GA
Zip Code: 30901

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: DENATURED FUEL ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 29072 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: - 150-Tank Shell
How Failed: - 310-Ripped or Torn
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

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

Manufacturer:	Manufacture Date:
Serial Number:	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: True
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
- Material Entered Waterway/Storm Sewer: True
- Environmental Damage:

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

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

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:	$ 550,000.00
Carrier Damage:	$ 800,000.00
Property Damage:	$ 4,200,000.00
Response Cost:	$ 2,500,000.00
Remediation/Cleanup Cost:	$ 500,000.00

(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:	25
Total number of employees evacuated:	0
Total evacuated:	25
Duration of the evacuation:	12

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

If yes, how many?

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)
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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 June 11, 2026, Norfolk Southern train 197T610 derailed several cars at milepost 243.7 near Lancing, TN. The derailment involved the release of alcohols, n.o.s. and fire from 11 tank cars (TILX311555, GATX223190, ETPX200300, TCBX191004, TILX191004, TILX362260, CBTX738314, ETHX100498, WFRX160369, CTCX731791, GBRX715306). Tank cars TILX311555, GATX223190 and CBTX738314 were breached in the derailment. The remaining 8 cars listed released product from their PRDs and fittings as a result of flame impingement. The total amount of material released and/or consumed by fire was approximately 152,000 gallons. The total estimated costs for the derailment is listed in the 5800 Report for TILX311555 ($8,550,000).

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.

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Contact's Name:	Robert Wood
Contact's Title:	System Manager Hazardous materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	Robert.Wood2@nscorp.com
Telephone Number:	(800) 453-2530
Fax Number:	
Hazmat Registration Number:	060525550077H
Date:	07/09/2026
Preparer is:	Carrier

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06/11/2026

4. Time of Incident (use 24-hour time):
03:23

5. Enter National Response Center Report Number (if applicable):
1465035

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

7. Location of Incident:
City: LANCING
County: MORGAN
State: TN
Zip Code: (if known): 37770
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
milepost 243.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN CORPORATION
Street: 650 West Peachtree St, NW
City: ATLANTA
State: GA
Zip Code: 30308
Federal DOT Id Number:
Hazmat Registration Number: 060525550077H

11. Shipper/Offeror:
Name: Poet Bioprocessing
Street: 13179 N 100E
City: ALEXANDRIA
State: IN
Zip Code: 46001
Waybill/Shipping Paper: 708211
Hazmat Registration Number:

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

13. Destination:
Street: 101 N Lathrop Ave
City: SAVANNAH
State: GA
Zip Code: 31415

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: DENATURED FUEL ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 12473 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: - 121-Gasket; 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 308-Leaked; 313-Vented
Causes of Failure: - Fire, Temperature, or Heat; Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	30250 Liquid - Gallon	Package Capacity:
Amount in Package:	191222 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:
Manufacture Date:
Serial Number:
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: True
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
- Material Entered Waterway/Storm Sewer: True
- Environmental Damage:

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

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

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:	$ 550,000.00
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Response Cost:	$ 2,500,000.00
Remediation/Cleanup Cost:	$ 500,000.00

(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:	25
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Total evacuated:	25
Duration of the evacuation:	12

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If yes, how many?

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)

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- 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 June 11, 2026, Norfolk Southern train 197T610 derailed several cars at milepost 243.7 near Lancing, TN. The derailment involved the release of alcohols, n.o.s. and fire from 11 tank cars (TILX311555, GATX223190, ETPX200300, TCBX191004, TILX191004, TILX362260, CBTX738314, ETHX100498, WFRX160369, CTCX731791, GBRX715306). Tank cars TILX311555, GATX223190 and CBTX738314 were breached in the derailment. The remaining 8 cars listed released product from their PRDs and fittings as a result of flame impingement. The total amount of material released and/or consumed by fire was approximately 152,000 gallons. The total estimated costs for the derailment is listed in the 5800 Report for TILX311555 ($8,550,000).

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:	Robert Wood
Contact's Title:	System Manager Hazardous materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	Robert.Wood2@nscorp.com
Telephone Number:	(800) 453-2530
Fax Number:	
Hazmat Registration Number:	060525550077H
Date:	07/09/2026
Preparer is:	Carrier

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-2026070522
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2026

4. Time of Incident (use 24-hour time):
03:23

5. Enter National Response Center Report Number (if applicable):
1465035

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

7. Location of Incident:
City: LANCING
County: MORGAN
State: TN
Zip Code: (if known): 37770
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
milepost 243.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN CORPORATION
Street: 650 West Peachtree St, NW
City: ATLANTA
State: GA
Zip Code: 30308
Federal DOT Id Number:
Hazmat Registration Number: 060525550077H

11. Shipper/Offeror:
Name: Poet Bioprocessing
Street: 13179 N 100E
City: ALEXANDRIA
State: IN
Zip Code: 46001
Waybill/Shipping Paper: 708211
Hazmat Registration Number:

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

13. Destination:
Street: 101 N Lathrop Ave
City: SAVANNAH
State: GA
Zip Code: 31415

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: DENATURED FUEL ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 24593 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: - 121-Gasket; 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 308-Leaked; 313-Vented
Causes of Failure: - Fire, Temperature, or Heat; Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	30670 Liquid - Gallon	Package Capacity:
Amount in Package:	193241 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:
Manufacture Date:
Serial Number:
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: True
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
- Material Entered Waterway/Storm Sewer: True
- Environmental Damage:

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

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

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:	$ 550,000.00
Carrier Damage:	$ 800,000.00
Property Damage:	$ 4,200,000.00
Response Cost:	$ 2,500,000.00
Remediation/Cleanup Cost:	$ 500,000.00

(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:	25
Total number of employees evacuated:	0
Total evacuated:	25
Duration of the evacuation:	12

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

If yes, how many?

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 June 11, 2026, Norfolk Southern train 197T610 derailed several cars at milepost 243.7 near Lancing, TN. The derailment involved the release of alcohols, n.o.s. and fire from 11 tank cars (TILX311555, GATX223190, ETPX200300, TCBX191004, TILX191004, TILX362260, CBTX738314, ETHX100498, WFRX160369, CTCX731791, GBRX715306). Tank cars TILX311555, GATX223190 and CBTX738314 were breached in the derailment. The remaining 8 cars listed released product from their PRDs and fittings as a result of flame impingement. The total amount of material released and/or consumed by fire was approximately 152,000 gallons. The total estimated costs for the derailment is listed in the 5800 Report for TILX311555 ($8,550,000).

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:	Robert Wood
Contact's Title:	System Manager Hazardous materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	Robert.Wood2@nscorp.com
Telephone Number:	(800) 453-2530
Fax Number:	
Hazmat Registration Number:	060525550077H
Date:	07/09/2026
Preparer is:	Carrier

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-2026070522
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2026

4. Time of Incident (use 24-hour time):
03:23

5. Enter National Response Center Report Number (if applicable):
1465035

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

7. Location of Incident:
City: LANCING
County: MORGAN
State: TN
Zip Code: (if known): 37770
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
milepost 243.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN CORPORATION
Street: 650 West Peachtree St, NW
City: ATLANTA
State: GA
Zip Code: 30308
Federal DOT Id Number:
Hazmat Registration Number: 060525550077H

11. Shipper/Offeror:
Name: Poet Bioprocessing
Street: 13179 N 100E
City: ALEXANDRIA
State: IN
Zip Code: 46001
Waybill/Shipping Paper: 708211
Hazmat Registration Number:

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

13. Destination:
Street: 101 N Lathrop Ave
City: SAVANNAH
State: GA
Zip Code: 31415

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: DENATURED FUEL ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 20407 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: - 121-Gasket; 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 308-Leaked; 313-Vented
Causes of Failure: - Fire, Temperature, or Heat; Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

28. Provide packaging construction and test information, as appropriate:
Manufacturer:
Serial Number:
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:
Manufacture Date:
Last Test Date:

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

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

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

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:	$ 550,000.00
Carrier Damage:	$ 800,000.00
Property Damage:	$ 4,200,000.00
Response Cost:	$ 2,500,000.00
Remediation/Cleanup Cost:	$ 500,000.00

(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:	25
Total number of employees evacuated:	0
Total evacuated:	25
Duration of the evacuation:	12

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

If yes, how many?

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 June 11, 2026, Norfolk Southern train 197T610 derailed several cars at milepost 243.7 near Lancing, TN. The derailment involved the release of alcohols, n.o.s. and fire from 11 tank cars (TILX311555, GATX223190, ETPX200300, TCBX191004, TILX191004, TILX362260, CBTX738314, ETHX100498, WFRX160369, CTCX731791, GBRX715306). Tank cars TILX311555, GATX223190 and CBTX738314 were breached in the derailment. The remaining 8 cars listed released product from their PRDs and fittings as a result of flame impingement. The total amount of material released and/or consumed by fire was approximately 152,000 gallons. The total estimated costs for the derailment is listed in the 5800 Report for TILX311555 ($8,550,000).

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:	Robert Wood
Contact's Title:	System Manager Hazardous materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	Robert.Wood2@nscorp.com
Telephone Number:	(800) 453-2530
Fax Number:	
Hazmat Registration Number:	060525550077H
Date:	07/09/2026
Preparer is:	Carrier

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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INSTRUCTIONS

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PART I - REPORT TYPE

1. Incident Id: X-2026070522
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2026

4. Time of Incident (use 24-hour time):
03:23

5. Enter National Response Center Report Number (if applicable):
1465035

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

7. Location of Incident:
City: LANCING
County: MORGAN
State: TN
Zip Code: (if known): 37770
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
milepost 243.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN CORPORATION
Street: 650 West Peachtree St, NW
City: ATLANTA
State: GA
Zip Code: 30308
Federal DOT Id Number:
Hazmat Registration Number: 060525550077H

11. Shipper/Offeror:
Name: Poet Bioprocessing
Street: 13179 N 100E
City: ALEXANDRIA
State: IN
Zip Code: 46001
Waybill/Shipping Paper: 708211
Hazmat Registration Number:

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

13. Destination:
Street: 101 N Lathrop Ave
City: SAVANNAH
State: GA
Zip Code: 31415

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: DENATURED FUEL ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 731 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: - 121-Gasket; 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 308-Leaked; 313-Vented
Causes of Failure: - Fire, Temperature, or Heat; Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

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

Manufacturer:		Manufacture Date:
Serial Number:	TILX362260	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: True
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
- Material Entered Waterway/Storm Sewer: True
- Environmental Damage:

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

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

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:	$ 550,000.00
Carrier Damage:	$ 800,000.00
Property Damage:	$ 4,200,000.00
Response Cost:	$ 2,500,000.00
Remediation/Cleanup Cost:	$ 500,000.00

(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:	25
Total number of employees evacuated:	0
Total evacuated:	25
Duration of the evacuation:	12

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

If yes, how many?

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 June 11, 2026, Norfolk Southern train 197T610 derailed several cars at milepost 243.7 near Lancing, TN. The derailment involved the release of alcohols, n.o.s. and fire from 11 tank cars (TILX311555, GATX223190, ETPX200300, TCBX191004, TILX191004, TILX362260, CBTX738314, ETHX100498, WFRX160369, CTCX731791, GBRX715306). Tank cars TILX311555, GATX223190 and CBTX738314 were breached in the derailment. The remaining 8 cars listed released product from their PRDs and fittings as a result of flame impingement. The total amount of material released and/or consumed by fire was approximately 152,000 gallons. The total estimated costs for the derailment is listed in the 5800 Report for TILX311555 ($8,550,000).

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:	Robert Wood
Contact's Title:	System Manager Hazardous materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	Robert.Wood2@nscorp.com
Telephone Number:	(800) 453-2530
Fax Number:	
Hazmat Registration Number:	060525550077H
Date:	07/09/2026
Preparer is:	Carrier

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-2026070522
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2026

4. Time of Incident (use 24-hour time):
03:23

5. Enter National Response Center Report Number (if applicable):
1465035

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

7. Location of Incident:
City: LANCING
County: MORGAN
State: TN
Zip Code: (if known): 37770
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
milepost 243.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN CORPORATION
Street: 650 West Peachtree St, NW
City: ATLANTA
State: GA
Zip Code: 30308
Federal DOT Id Number:
Hazmat Registration Number: 060525550077H

11. Shipper/Offeror:
Name: Poet Bioprocessing
Street: 13179 N 100E
City: ALEXANDRIA
State: IN
Zip Code: 46001
Waybill/Shipping Paper: 708211
Hazmat Registration Number:

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

13. Destination:
Street: 101 N Lathrop Ave
City: SAVANNAH
State: GA
Zip Code: 31415

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: DENATURED FUEL ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 9201 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: - 106-Bottom Outlet Valve; 149-Tank Head
How Failed: - 308-Leaked; 309-Punctured
Causes of Failure: - Derailment; Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	30480 Liquid - Gallon	Package Capacity:
Amount in Package:	192727 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:		Manufacture Date:
Serial Number:	CBTX738314	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: True
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
- Material Entered Waterway/Storm Sewer: True
- Environmental Damage:

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

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

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:	$ 550,000.00
Carrier Damage:	$ 800,000.00
Property Damage:	$ 4,200,000.00
Response Cost:	$ 2,500,000.00
Remediation/Cleanup Cost:	$ 500,000.00

(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:	25
Total number of employees evacuated:	0
Total evacuated:	25
Duration of the evacuation:	12

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

If yes, how many?

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 June 11, 2026, Norfolk Southern train 197T610 derailed several cars at milepost 243.7 near Lancing, TN. The derailment involved the release of alcohols, n.o.s. and fire from 11 tank cars (TILX311555, GATX223190, ETPX200300, TCBX191004, TILX191004, TILX362260, CBTX738314, ETHX100498, WFRX160369, CTCX731791, GBRX715306). Tank cars TILX311555, GATX223190 and CBTX738314 were breached in the derailment. The remaining 8 cars listed released product from their PRDs and fittings as a result of flame impingement. The total amount of material released and/or consumed by fire was approximately 152,000 gallons. The total estimated costs for the derailment is listed in the 5800 Report for TILX311555 ($8,550,000).

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:	Robert Wood
Contact's Title:	System Manager Hazardous materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	Robert.Wood2@nscorp.com
Telephone Number:	(800) 453-2530
Fax Number:	
Hazmat Registration Number:	060525550077H
Date:	07/09/2026
Preparer is:	Carrier

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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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-2026070522
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2026

4. Time of Incident (use 24-hour time):
03:23

5. Enter National Response Center Report Number (if applicable):
1465035

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

7. Location of Incident:
City: LANCING
County: MORGAN
State: TN
Zip Code: (if known): 37770
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
milepost 243.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN CORPORATION
Street: 650 West Peachtree St, NW
City: ATLANTA
State: GA
Zip Code: 30308
Federal DOT Id Number:
Hazmat Registration Number: 060525550077H

11. Shipper/Offeror:
Name: Poet Bioprocessing
Street: 13179 N 100E
City: ALEXANDRIA
State: IN
Zip Code: 46001
Waybill/Shipping Paper: 708211
Hazmat Registration Number:

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

13. Destination:
Street: 1012 Glass Factory Ave
City: AUGUSTA
State: GA
Zip Code: 30901

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: DENATURED FUEL ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 13976 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: - 121-Gasket; 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 308-Leaked; 313-Vented
Causes of Failure: - Fire, Temperature, or Heat; Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	30250 Liquid - Gallon	Package Capacity:
Amount in Package:	191242 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:		Manufacture Date:
Serial Number:	ETHX100498	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: True
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
- Material Entered Waterway/Storm Sewer: True
- Environmental Damage:

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

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

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:	$ 550,000.00
Carrier Damage:	$ 800,000.00
Property Damage:	$ 4,200,000.00
Response Cost:	$ 2,500,000.00
Remediation/Cleanup Cost:	$ 500,000.00

(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:	25
Total number of employees evacuated:	0
Total evacuated:	25
Duration of the evacuation:	12

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

If yes, how many?

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
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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 June 11, 2026, Norfolk Southern train 197T610 derailed several cars at milepost 243.7 near Lancing, TN. The derailment involved the release of alcohols, n.o.s. and fire from 11 tank cars (TILX311555, GATX223190, ETPX200300, TCBX191004, TILX191004, TILX362260, CBTX738314, ETHX100498, WFRX160369, CTCX731791, GBRX715306). Tank cars TILX311555, GATX223190 and CBTX738314 were breached in the derailment. The remaining 8 cars listed released product from their PRDs and fittings as a result of flame impingement. The total amount of material released and/or consumed by fire was approximately 152,000 gallons. The total estimated costs for the derailment is listed in the 5800 Report for TILX311555 ($8,550,000).

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:	Robert Wood
Contact's Title:	System Manager Hazardous materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	Robert.Wood2@nscorp.com
Telephone Number:	(800) 453-2530
Fax Number:	
Hazmat Registration Number:	060525550077H
Date:	07/09/2026
Preparer is:	Carrier

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

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PART I - REPORT TYPE

1. Incident Id: X-2026070522
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2026

4. Time of Incident (use 24-hour time):
03:23

5. Enter National Response Center Report Number (if applicable):
1465035

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

7. Location of Incident:
City: LANCING
County: MORGAN
State: TN
Zip Code: (if known): 37770
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
milepost 243.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN CORPORATION
Street: 650 West Peachtree St, NW
City: ATLANTA
State: GA
Zip Code: 30308
Federal DOT Id Number:
Hazmat Registration Number: 060525550077H

11. Shipper/Offeror:
Name: Poet Bioprocessing
Street: 13179 N 100E
City: ALEXANDRIA
State: IN
Zip Code: 46001
Waybill/Shipping Paper: 708211
Hazmat Registration Number:

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

13. Destination:
Street: 1012 Glass Factory Ave
City: AUGUSTA
State: GA
Zip Code: 30901

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: DENATURED FUEL ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 14306 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: - 121-Gasket; 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 308-Leaked; 313-Vented
Causes of Failure: - Fire, Temperature, or Heat; Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	30610 Liquid - Gallon	Package Capacity:
Amount in Package:	191077 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:		Manufacture Date:
Serial Number:	WFRX160369	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: True
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
- Material Entered Waterway/Storm Sewer: True
- Environmental Damage:

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

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

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:	$ 550,000.00
Carrier Damage:	$ 800,000.00
Property Damage:	$ 4,200,000.00
Response Cost:	$ 2,500,000.00
Remediation/Cleanup Cost:	$ 500,000.00

(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:	25
Total number of employees evacuated:	0
Total evacuated:	25
Duration of the evacuation:	12

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

If yes, how many?

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 June 11, 2026, Norfolk Southern train 197T610 derailed several cars at milepost 243.7 near Lancing, TN. The derailment involved the release of alcohols, n.o.s. and fire from 11 tank cars (TILX311555, GATX223190, ETPX200300, TCBX191004, TILX191004, TILX362260, CBTX738314, ETHX100498, WFRX160369, CTCX731791, GBRX715306). Tank cars TILX311555, GATX223190 and CBTX738314 were breached in the derailment. The remaining 8 cars listed released product from their PRDs and fittings as a result of flame impingement. The total amount of material released and/or consumed by fire was approximately 152,000 gallons. The total estimated costs for the derailment is listed in the 5800 Report for TILX311555 ($8,550,000).

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:	Robert Wood
Contact's Title:	System Manager Hazardous materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	Robert.Wood2@nscorp.com
Telephone Number:	(800) 453-2530
Fax Number:	
Hazmat Registration Number:	060525550077H
Date:	07/09/2026
Preparer is:	Carrier

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-2026070522
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2026

4. Time of Incident (use 24-hour time):
03:23

5. Enter National Response Center Report Number (if applicable):
1465035

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

7. Location of Incident:
City: LANCING
County: MORGAN
State: TN
Zip Code: (if known): 37770
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
milepost 243.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN CORPORATION
Street: 650 West Peachtree St, NW
City: ATLANTA
State: GA
Zip Code: 30308
Federal DOT Id Number:
Hazmat Registration Number: 060525550077H

11. Shipper/Offeror:
Name: Poet Bioprocessing
Street: 13179 N 100E
City: ALEXANDRIA
State: IN
Zip Code: 46001
Waybill/Shipping Paper: 708211
Hazmat Registration Number:

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

13. Destination:
Street: 101 N Lathrop Ave
City: SAVANNAH
State: GA
Zip Code: 31415

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: DENATURED FUEL ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 434 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: - 106-Bottom Outlet Valve; 149-Tank Head
How Failed: - 308-Leaked; 309-Punctured
Causes of Failure: - Derailment; Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	30260 Liquid - Gallon	Package Capacity:
Amount in Package:	191334 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:		Manufacture Date:
Serial Number:	CTCX731791	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: True
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
- Material Entered Waterway/Storm Sewer: True
- Environmental Damage:

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

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

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:	$ 550,000.00
Carrier Damage:	$ 800,000.00
Property Damage:	$ 4,200,000.00
Response Cost:	$ 2,500,000.00
Remediation/Cleanup Cost:	$ 500,000.00

(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:	25
Total number of employees evacuated:	0
Total evacuated:	25
Duration of the evacuation:	12

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

If yes, how many?

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 June 11, 2026, Norfolk Southern train 197T610 derailed several cars at milepost 243.7 near Lancing, TN. The derailment involved the release of alcohols, n.o.s. and fire from 11 tank cars (TILX311555, GATX223190, ETPX200300, TCBX191004, TILX191004, TILX362260, CBTX738314, ETHX100498, WFRX160369, CTCX731791, GBRX715306). Tank cars TILX311555, GATX223190 and CBTX738314 were breached in the derailment. The remaining 8 cars listed released product from their PRDs and fittings as a result of flame impingement. The total amount of material released and/or consumed by fire was approximately 152,000 gallons. The total estimated costs for the derailment is listed in the 5800 Report for TILX311555 ($8,550,000).

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:	Robert Wood
Contact's Title:	System Manager Hazardous materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	Robert.Wood2@nscorp.com
Telephone Number:	(800) 453-2530
Fax Number:	
Hazmat Registration Number:	060525550077H
Date:	07/09/2026
Preparer is:	Carrier

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: X-2026070522
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2026

4. Time of Incident (use 24-hour time):
03:23

5. Enter National Response Center Report Number (if applicable):
1465035

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

7. Location of Incident:
City: LANCING
County: MORGAN
State: TN
Zip Code: (if known): 37770
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
milepost 243.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN CORPORATION
Street: 650 West Peachtree St, NW
City: ATLANTA
State: GA
Zip Code: 30308
Federal DOT Id Number:
Hazmat Registration Number: 060525550077H

11. Shipper/Offeror:
Name: Poet Bioprocessing
Street: 13179 N 100E
City: ALEXANDRIA
State: IN
Zip Code: 46001
Waybill/Shipping Paper: 708211
Hazmat Registration Number:

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

13. Destination:
Street: 1012 Glass Factory Ave
City: AUGUSTA
State: GA
Zip Code: 30901

14. Proper Shipping Name of Hazardous Material: ALCOHOLS, N.O.S.

15. Technical/Trade Name: DENATURED FUEL ETHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 1381 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: - 121-Gasket; 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 308-Leaked; 313-Vented
Causes of Failure: - Fire, Temperature, or Heat; Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 117J100W
(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:	30670 Liquid - Gallon	Package Capacity:
Amount in Package:	193915 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:		Manufacture Date:
Serial Number:	GBRX715306	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: True
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
- Material Entered Waterway/Storm Sewer: True
- Environmental Damage:

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

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

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:	$ 550,000.00
Carrier Damage:	$ 800,000.00
Property Damage:	$ 4,200,000.00
Response Cost:	$ 2,500,000.00
Remediation/Cleanup Cost:	$ 500,000.00

(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:	25
Total number of employees evacuated:	0
Total evacuated:	25
Duration of the evacuation:	12

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

If yes, how many?

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
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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 June 11, 2026, Norfolk Southern train 197T610 derailed several cars at milepost 243.7 near Lancing, TN. The derailment involved the release of alcohols, n.o.s. and fire from 11 tank cars (TILX311555, GATX223190, ETPX200300, TCBX191004, TILX191004, TILX362260, CBTX738314, ETHX100498, WFRX160369, CTCX731791, GBRX715306). Tank cars TILX311555, GATX223190 and CBTX738314 were breached in the derailment. The remaining 8 cars listed released product from their PRDs and fittings as a result of flame impingement. The total amount of material released and/or consumed by fire was approximately 152,000 gallons. The total estimated costs for the derailment is listed in the 5800 Report for TILX311555 ($8,550,000).

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:	Robert Wood
Contact's Title:	System Manager Hazardous materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	Robert.Wood2@nscorp.com
Telephone Number:	(800) 453-2530
Fax Number:	
Hazmat Registration Number:	060525550077H
Date:	07/09/2026
Preparer is:	Carrier