



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: E-2026060316
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/10/2026
4. Time of Incident (use 24-hour time):
12:05
5. Enter National Response Center Report Number (if applicable):
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: LANSING
County: INGHAM
State: MI
Zip Code: (if known): 48901
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2503 Taylor St
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: CSX CORPORATION
Street: 500 WATER ST FL 15
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number: 326001
Hazmat Registration Number:
11. Shipper/Officer:
- Name: UNIVAR SOLUTIONS USA LLC
Street: 2011 TURNER ST
City: LANSING
State: MI
Zip Code: 48906-4054
Waybill/Shipping Paper: 682925
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street: Margaret and Bermuda St
City: PHILADELPHIA
State: PA
Zip Code: 19127
13. Destination:
- Street: Margaret and Bermuda St
City: MANAYUNK
State: PA
Zip Code: 19127
14. Proper Shipping Name of Hazardous Material: ACETONE
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1090

PART IV – CONSEQUENCES

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

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

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

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

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

False

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

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

(See damage definitions in the instructions)

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

False

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

Employees: _____
Responders: _____
General Public: _____

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

False

If yes, how many? _____

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

False

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

Hospitalized (Admitted Only):

Employees: _____
Responders: _____
General Public: _____

Non-Hospitalized:

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

Employees: _____
Responders: _____
General Public: _____

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

False

If yes, provide the following information:

Total number of general public evacuated: _____
Total number of employees evacuated: _____
Total evacuated: 0
Duration of the evacuation: _____

36. Was a major transportation artery or facility closed?

False

If yes, how many? _____

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

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:

Lansing, MI – 06/10/2026–TILX280682 – Acetone

On 06/10/2026 at 1205 hrs., personnel in the CSXT Ensel Yard discovered TILX280682, a residue tank car of Acetone, with a vapor release which was leaking from manway cover. The car was isolated and Univar Solutions, NRC:1464836 were notified. CHEMTREC Report #2026-06-10-00195. HMS Scott Karcher, a CSXT hazardous materials manager, was dispatched to the scene and found 3 of 6 manway bolts less than tool tight, with MultiRae readings 0.06 ppm to 1 ppm VOC. The issue was identified and corrective actions were communicated to the shipper Univar, Mike Bommarito, 517-202-8971. The manway bolts were secured, and the car was released for transport. This incident did not require a special switching move. No 7.1 is required.

Cause Code: 200

NARRI: 5

RAR 231610

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:

Shipper was advised to ensure proper securement

PART VIII – CONTACT INFORMATION

Contact's Name:	Scott Karcher
Contact's Title:	Manager of Hazardous Materials
Business Name and Address:	CSX CORPORATION
	500 WATER ST FL 15 JACKSONVILLE FL 32202
E-mail Address:	scott_karcher@csx.com
Telephone Number:	(734)732-3710
Fax Number:	
Hazmat Registration Number:	
Date:	06/10/2026
Preparer is:	Carrier

12/01/2005