U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.

PART I - REPORT TYPE

1. Incident Id: I-2003120058
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/25/2003

4. Time of Incident (use 24-hour time):
16:15

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: SHORTERS
County: MACON
State: AL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MP XXB151.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CSX TRANSPORTATION
Street: 500 WATER STREET
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number: CSXT
Hazmat Registration Number:

11. Shipper/Offeror:
Name: EXXON CHEM AMERICAS
Street: 4999 SCENIC HWY
City: BATON ROUGE
State: LA
Zip Code: 708219012
Waybill/Shipping Paper: 400003227321790
Hazmat Registration Number:

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

13. Destination:
Street: 905 RANDOLPH RD
City: HOPEWELL
State: VA
Zip Code: 23860

14. Proper Shipping Name of Hazardous Material: ETHYL METHYL KETONE OR METHYL ETHYL KETONE

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1193

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 29936 Liquid - Gallon

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

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

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

23. Was this an undeclared hazardous materials shipment?

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Tank Car

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 103-Basic Material
How Failed: - 309-Punctured
Causes of Failure: - Derailment; Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings:
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	29936 Liquid - Gallon	Package Capacity:
Amount in Package:		Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

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

Manufacturer:	NOT REPORTED BY CARRIER	Manufacture Date:
Serial Number:	UTLX48187	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	- Fire:	True
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	True
- Vapor (Gas) Dispersion:	False	- Environmental Damage:	False
- No Release:	False		

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

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

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

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

Material Loss:	$ 0.00
Carrier Damage:	$ 636,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 400,000.00

(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? 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? True

If yes, provide the following information:

Estimated speed (mph):	49
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:

(A-C) AT APPROXIMATELY 1615HRS ON 10-25-2003, CSX TRANSPORTATION'S (CSXT) TRAIN, Q61824 WITH 87 LOADS AND 11 EMPTIES, DERAILED 25 RAIL CARS NEAR SHORTERS, AL, AT RAILROAD MILEPOST XXB 151.7. THERE WERE 7 HAZARDOUS MATERIALS CARS AMONG THE DERAILED CARS, INCLUDING; 3 RESIDUE TANK CARS THAT LAST CONTAINED SPENT SULFURIC ACID (GATX7448, GATX7445, GATX7498), 1 LOADED TANK CAR OF METHYL ETHYL KETONE (UTLX48187), 1 LOADED TANK CAR OF VINYL ACETATE (NLTX5010), AND 1 LOADED COVERED HOPPER OF AMMONIUM NITRATE (CSXT250414). THE UTLX48187, METHYL ETHYL KETONE, WAS PUNCTURED ON IMPACT AND CAUGHT FIRE. THE NLTX5010, VINYL ACETATE, WAS DERAILED NEAR THE UTLX48187 AND WAS EXPOSED TO A POOL FIRE OF THE METHYL ETHYL KETONE. PRESSURE BUILDUP IN THE NLTX5010 CAUSED THE TANK TO RUPTURE AND THE CONTENTS OF THE CAR WAS CONSUMED IN THE FIRE. IN ADDITION, CSXT250414, AMMONIUM NITRATE, WAS TURNED OVER AND SPILLED APPROXIMATELY 2500 POUNDS OF PRODUCT ONTO THE GROUND. THERE WAS NO PRODUCT RELEASE FROM ANY OF THE RESIDUE SPENT SULFURIC ACID CARS. THE LOCAL FIRE DEPARTMENT RESPONDED AND DECIDED TO ALLOW THE TANK CAR TO CONTINUE TO BURN. THE AREA IS REMOTE AND THERE WERE NO EVACUATIONS OR MAJOR HIGHWAY CLOSURES. STATE AND FEDERAL AGENCIES WERE NOTIFIED. SHIPPERS WERE NOTIFIED VIA CHEMTREC. CSXT'S HAZARDOUS MATERIALS DEPARTMENT RESPONDED EMERGENCY RESPONSE CONTRACTORS TO CONDUCT THE ENVIRONMENTAL CLEANUP. AN INDUSTRIAL HYGIENE COMPANY RESPONDED AT THE REQUEST OF CSXT TO CONDUCT AIR MONITORING AROUND THE DERAILMENT SITE. IT IS BELIEVED THAT THE MAJORITY OF THE METHYL ETHYL KETONE AND THE VINYL ACETATE WERE CONSUMED IN THE FIRE. ENVIRONMENTAL MONITORING OF THE SITE CONTINUES.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

PART VIII – CONTACT INFORMATION

Contact's Name:	THOMAS L MURTA
Contact's Title:	HAZMAT DIRECTOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	904-359-3774
Fax Number:	
Hazmat Registration Number:	
Date:	11/14/2003
Preparer is:	

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: I-2003120058
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/25/2003

4. Time of Incident (use 24-hour time):
16:15

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: SHORTERS
County: MACON
State: AL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MP XXB151.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CSX TRANSPORTATION
Street: 500 WATER STREET
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number: CSXT
Hazmat Registration Number:

11. Shipper/Offeror:
Name: MILLENNIUM PETROCHEMICALS
Street:
City: LA PORTE
State: TX
Zip Code:
Waybill/Shipping Paper: 777035105762750
Hazmat Registration Number:

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

13. Destination:
Street: WOODRUFF PLT HWY 221
City: ENOREE
State: SC
Zip Code: 29335

14. Proper Shipping Name of Hazardous Material: VINYL ACETATE, STABILIZED

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1301

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 27235 Liquid - Gallon

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

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

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

23. Was this an undeclared hazardous materials shipment?

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Tank Car

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 103-Basic Material
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Derailment; Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings:
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	27235 Liquid - Gallon	Package Capacity:
Amount in Package:		Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

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

Manufacturer:	NOT REPORTED BY CARRIER	Manufacture Date:
Serial Number:	NTLX5010	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	- Fire:	True
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	True
- Vapor (Gas) Dispersion:	False	- Environmental Damage:	False
- No Release:	False		

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

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

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

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

Material Loss:	$ 0.00
Carrier Damage:	$ 636,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 400,000.00

(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? 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? True

If yes, provide the following information:

Estimated speed (mph):	49
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:

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PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

PART VIII – CONTACT INFORMATION

Contact's Name:	THOMAS L MURTA
Contact's Title:	HAZMAT DIRECTOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	904-359-3774
Fax Number:	
Hazmat Registration Number:	
Date:	11/14/2003
Preparer is:	

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: I-2003120058
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/25/2003

4. Time of Incident (use 24-hour time):
16:15

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: SHORTERS
County: MACON
State: AL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MP XXB151.7

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CSX TRANSPORTATION
Street: 500 WATER STREET
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number: CSXT
Hazmat Registration Number:

11. Shipper/Offeror:
Name: LONE STAR INDUSTRIES
Street: 14900 INTRACOSTAL DR
City: MICHOUD
State: LA
Zip Code:
Waybill/Shipping Paper: 712014900816457
Hazmat Registration Number:

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

13. Destination:
Street: OLD WHITFIELD RD
City: LUMBERTON
State: NC
Zip Code:

14. Proper Shipping Name of Hazardous Material: AMMONIUM NITRATE, WITH NOT MORE THAN 0.2% OF COMBUSTIBLE MATERIALS, INCLUDING ANY ORGANIC SUBSTANCE CALCULATED AS CARBON TO THE EXCLUSION OF ANY OTHER ADDED SUBSTANCE

15. Technical/Trade Name:

16. Hazardous Class/Division: Oxidizer

17. Identification Number: (E.g. UN2764, NA 2020) UN1942

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 2500 Solid - Pound

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

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

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

23. Was this an undeclared hazardous materials shipment?

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Other,

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: - 109-Closure (e.g., Cap, Top, or Plug); 137-Manway or Dome Cover; 141-Piping or Fittings
How Failed: -
Causes of Failure: - Derailment; Impact with Sharp or Protruding Object (e.g., nails); Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings:
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	200000 Solid - Pound	Package Capacity:
Amount in Package:		Amount in Package:
Number in Shipment:	4	Number in Shipment:
Number Failed:	1	Number Failed:

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

Manufacturer:	NOT REPORTED BY CARRIER	Manufacture Date:
Serial Number:	CSXT50414	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	- Fire:	True
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	True
- Vapor (Gas) Dispersion:	False	- Environmental Damage:	False
- No Release:	False		

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

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

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

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

Material Loss:	$ 0.00
Carrier Damage:	$ 636,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 400,000.00

(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? 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? True

If yes, provide the following information:

Estimated speed (mph):	49
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:

(A-C) AT APPROXIMATELY 1615HRS ON 10-25-2003, CSX TRANSPORTATION'S (CSXT) TRAIN, Q61824 WITH 87 LOADS AND 11 EMPTIES, DERAILED 25 RAIL CARS NEAR SHORTERS, AL, AT RAILROAD MILEPOST XXB 151.7. THERE WERE 7 HAZARDOUS MATERIALS CARS AMONG THE DERAILED CARS, INCLUDING; 3 RESIDUE TANK CARS THAT LAST CONTAINED SPENT SULFURIC ACID (GATX7448, GATX7445, GATX7498), 1 LOADED TANK CAR OF METHYL ETHYL KETONE (UTLX48187), 1 LOADED TANK CAR OF VINYL ACETATE (NLTX5010), AND 1 LOADED COVERED HOPPER OF AMMONIUM NITRATE (CSXT250414). THE UTLX48187, METHYL ETHYL KETONE, WAS PUNCTURED ON IMPACT AND CAUGHT FIRE. THE NLTX5010, VINYL ACETATE, WAS DERAILED NEAR THE UTLX48187 AND WAS EXPOSED TO A POOL FIRE OF THE METHYL ETHYL KETONE. PRESSURE BUILDUP IN THE NLTX5010 CAUSED THE TANK TO RUPTURE AND THE CONTENTS OF THE CAR WAS CONSUMED IN THE FIRE. IN ADDITION, CSXT250414, AMMONIUM NITRATE, WAS TURNED OVER AND SPILLED APPROXIMATELY 2500 POUNDS OF PRODUCT ONTO THE GROUND. THERE WAS NO PRODUCT RELEASE FROM ANY OF THE RESIDUE SPENT SULFURIC ACID CARS. THE LOCAL FIRE DEPARTMENT RESPONDED AND DECIDED TO ALLOW THE TANK CAR TO CONTINUE TO BURN. THE AREA IS REMOTE AND THERE WERE NO EVACUATIONS OR MAJOR HIGHWAY CLOSURES. STATE AND FEDERAL AGENCIES WERE NOTIFIED. SHIPPERS WERE NOTIFIED VIA CHEMTREC. CSXT'S HAZARDOUS MATERIALS DEPARTMENT RESPONDED EMERGENCY RESPONSE CONTRACTORS TO CONDUCT THE ENVIRONMENTAL CLEANUP. AN INDUSTRIAL HYGIENE COMPANY RESPONDED AT THE REQUEST OF CSXT TO CONDUCT AIR MONITORING AROUND THE DERAILMENT SITE. IT IS BELIEVED THAT THE MAJORITY OF THE METHYL ETHYL KETONE AND THE VINYL ACETATE WERE CONSUMED IN THE FIRE. ENVIRONMENTAL MONITORING OF THE SITE CONTINUES.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

PART VIII – CONTACT INFORMATION

Contact's Name:	THOMAS L MURTA
Contact's Title:	HAZMAT DIRECTOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	904-359-3774
Fax Number:	
Hazmat Registration Number:	
Date:	11/14/2003
Preparer is:	