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-1988080601
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/04/1988

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

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: PERRYSVILLE
County:
State: OH
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: N/A

10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: TEXAS EASTMAN
Street:
City: ST LOUIS
State: MO
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:

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

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

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

15. Technical/Trade Name:

16. Hazardous Class/Division: Combustible Liquid

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

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 22000 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: -
How Failed: -
Causes of Failure: - Derailment; Vehicular Crash or Accident Damage

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:	22772 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:	GATX 98108	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:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- 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? False

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

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

(See damage definitions in the instructions)

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

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

Employees:	
Responders:	
General Public:	

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

If yes, how many?

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

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

Hospitalized (Admitted Only):

Employees:	
Responders:	
General Public:	

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

Employees:	
Responders:	
General Public:	

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

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	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):	
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:

TRAIN ASPI 4, ENGINES 6460, 6334, 3200, 6246, 138 CARS (126 LOADS, 12 EMPTI ES) WAS MIVING EAST ON TRACK #1 FT. WAYNE LINE AT ESTIMATED SPEED OF 51 TO 53 MPH. TIMETABLE AUTHORIZED SPEED 60 MPH. TRAIN DERAILED, MP 159.7, 45 C ARS ACROSS BOTH TRACKS, THE 66TH CAR DUPX 29544 WAS UPRIGHT AND EAST END SE T OF TRUCKS DERAILED. NO LEAK, CAR MOVED TO DESTINATION OWN WHEELS. THE D ERAILMENT CAUSED THE 45TH CAR, DUPX 26176, TO SPLIT IN HALF AT APPX. THE C ENTERLINE OF THE CAR. ONE HALF CAME TO REST ON TEH NORTH SIDE, APPX. 50 YAR DS AWAY FROMTHE MAIN BODY OF THE DERAILMENT. THE SECOND HALF REMAINED INTH E DERAILMENT PINCHED BETWEEN TWO COVERED HOPPERS WITH THE 46TH CAR, GATX 98 108, COMMING TH REST ON TOP. THE 46TH CAR, GATX 98108, SUSTAINED A PUNCTU RE TO THE RIGHT SIDE BOOTTOM, APPX. 24 INCHES FROM THE BOTTOM CENTERLINE OF THE TANK. THE PUNCTURE WAS APPX. 30 INCHES LONE X 8 INCHES WIDE AND WAS I A HORIZONTAL LINE TOWARDS THE "A" END OF THE CAR. THE PUNCTURE ALLOWED AL COHOL TO SPILL FROMTEH CAR AND IGNITE. THE RESULTING FIRE EN;GULFED APPX. THE 4TH THRU 11TH CARS. INVOLVED IN THE FIRE WERE CARS OF WOOD, FOOD STUF FS, PAPER PRODUCTS, POLYPROPYLENE PLASTIC PELLETS AND A CAR OF ASSORTED CAS ES OF WINE. THE 26TH CAR, UTLX 84905, CAME TO REST ONTHE RIGHT SIDE. PROD UCT LEAKED FORM SAFETY VALVE ASEMBLY. CAR WAS PULLED SOUTH, CLEAR OF THE D ERAILMENT AND UPRIGHTED AT 10:35AM 8/5/88. LEAKED STOPPED WHEN CAR WAS UPRI GHTED. CAR WAS TRANSFERED INTO TANK TRUCKS ON 8/8/88. PRODUCT TAKEN TO MI. THE 23RD CAR, ACFX 76529, CAME TO REST ONTHE RIGHT SIDE WITH NO LEAKAGE OF PRODUCT. TRANSFER OF THE CAR INTO ANOTHER RAIL CAR WAS ATTEMPED HOWEVER, D UT TO PRODUCT NATURE CAR WILL BE REPAIRED AND RETURNED TO THE SHIPER FOR UN LOADING. THE FIRE SITUATION STABILIZED OVER THE NEXT 12 HOURS AND THE RERA ILING AND CLEARING OPERTIONBEGAN ON 8/5/88 AT APPX. 9:00AM. O.H. ATERIALS IS HANDLING THE ENVIRONMENTAL CLEAN UP OPERATION. THERE IS APPX. 4000 CU. YDS. OF SOIL TO BE HANDLED BY O.H. MATERIALS. 39 CARS TO CUT UP ON SITE, 6 CARS TO BE LOADED UP SET TO HOME SHOP, 1 CAR SENT TO DESTINATION AFTER REP AIRED. THERE WERE APPX. 20 TO 40 PEOPLE EVACUATED FORM THEIR HOME DURNG T HE FIRE SITUATION. THE CAUSE OF THE DERAILMENT IS STILL UNDER INVESTIGATIO N.

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:
Contact's Title:
Business Name and Address:

E-mail Address:
Telephone Number:
Fax Number:
Hazmat Registration Number:
Date:
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

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-1988080601
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 08/04/1988

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

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: PERRYSVILLE
County:
State: OH
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: N/A

10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: DU PONT E I DE NEMOURS & CO
Street:
City: ST LOUIS
State: MO
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street:
City: SEAFORD
State: DE
Zip Code:

14. Proper Shipping Name of Hazardous Material: HEXAMETHYLENEDIAMINE SOLUTION

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1783

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 25000 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: -
How Failed: -
Causes of Failure: - Derailment; Rollover Accident; Vehicular Crash or Accident Damage

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:	26187 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:	DUPX 26176	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:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- 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? False

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

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

(See damage definitions in the instructions)

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

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

Employees:	
Responders:	
General Public:	

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

If yes, how many?

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

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

Hospitalized (Admitted Only):

Employees:	
Responders:	
General Public:	

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

Employees:	
Responders:	
General Public:	

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

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	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):	
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:

TRAIN ASPI 4, ENGINES 6460, 6334, 3200, 6246, 138 CARS (126 LOADS, 12 EMPTI ES) WAS MIVING EAST ON TRACK #1 FT. WAYNE LINE AT ESTIMATED SPEED OF 51 TO 53 MPH. TIMETABLE AUTHORIZED SPEED 60 MPH. TRAIN DERAILED, MP 159.7, 45 C ARS ACROSS BOTH TRACKS, THE 66TH CAR DUPX 29544 WAS UPRIGHT AND EAST END SE T OF TRUCKS DERAILED. NO LEAK, CAR MOVED TO DESTINATION OWN WHEELS. THE D ERAILMENT CAUSED THE 45TH CAR, DUPX 26176, TO SPLIT IN HALF AT APPX. THE C ENTERLINE OF THE CAR. ONE HALF CAME TO REST ON TEH NORTH SIDE, APPX. 50 YAR DS AWAY FROMTHE MAIN BODY OF THE DERAILMENT. THE SECOND HALF REMAINED INTH E DERAILMENT PINCHED BETWEEN TWO COVERED HOPPERS WITH THE 46TH CAR, GATX 98 108, COMMING TH REST ON TOP. THE 46TH CAR, GATX 98108, SUSTAINED A PUNCTU RE TO THE RIGHT SIDE BOOTTOM, APPX. 24 INCHES FROM THE BOTTOM CENTERLINE OF THE TANK. THE PUNCTURE WAS APPX. 30 INCHES LONE X 8 INCHES WIDE AND WAS I A HORIZONTAL LINE TOWARDS THE "A" END OF THE CAR. THE PUNCTURE ALLOWED AL COHOL TO SPILL FROMTEH CAR AND IGNITE. THE RESULTING FIRE EN;GULFED APPX. THE 4TH THRU 11TH CARS. INVOLVED IN THE FIRE WERE CARS OF WOOD, FOOD STUF FS, PAPER PRODUCTS, POLYPROPYLENE PLASTIC PELLETS AND A CAR OF ASSORTED CAS ES OF WINE. THE 26TH CAR, UTLX 84905, CAME TO REST ONTHE RIGHT SIDE. PROD UCT LEAKED FORM SAFETY VALVE ASEMBLY. CAR WAS PULLED SOUTH, CLEAR OF THE D ERAILMENT AND UPRIGHTED AT 10:35AM 8/5/88. LEAKED STOPPED WHEN CAR WAS UPRI GHTED. CAR WAS TRANSFERED INTO TANK TRUCKS ON 8/8/88. PRODUCT TAKEN TO MI. THE 23RD CAR, ACFX 76529, CAME TO REST ONTHE RIGHT SIDE WITH NO LEAKAGE OF PRODUCT. TRANSFER OF THE CAR INTO ANOTHER RAIL CAR WAS ATTEMPED HOWEVER, D UT TO PRODUCT NATURE CAR WILL BE REPAIRED AND RETURNED TO THE SHIPER FOR UN LOADING. THE FIRE SITUATION STABILIZED OVER THE NEXT 12 HOURS AND THE RERA ILING AND CLEARING OPERTIONBEGAN ON 8/5/88 AT APPX. 9:00AM. O.H. ATERIALS IS HANDLING THE ENVIRONMENTAL CLEAN UP OPERATION. THERE IS APPX. 4000 CU. YDS. OF SOIL TO BE HANDLED BY O.H. MATERIALS. 39 CARS TO CUT UP ON SITE, 6 CARS TO BE LOADED UP SET TO HOME SHOP, 1 CAR SENT TO DESTINATION AFTER REP AIRED. THERE WERE APPX. 20 TO 40 PEOPLE EVACUATED FORM THEIR HOME DURNG T HE FIRE SITUATION. THE CAUSE OF THE DERAILMENT IS STILL UNDER INVESTIGATIO N.

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:
Contact's Title:
Business Name and Address:

E-mail Address:
Telephone Number:
Fax Number:
Hazmat Registration Number:
Date:
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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PART I - REPORT TYPE

1. Incident Id: I-1988080601
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 08/04/1988

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

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: PERRYSVILLE
County:
State: OH
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: N/A

10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: MONSANTO CO
Street:
City: ST LOUIS
State: MO
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street:
City: KEARNY
State: NJ
Zip Code:

14. Proper Shipping Name of Hazardous Material: PHOSPHORIC ACID SOLUTION

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1805

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 600 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: - 102-Auxiliary Valve; 141-Piping or Fittings
How Failed: -
Causes of Failure: - Derailment; Loose Closure, Component, or Device; Rollover Accident; Vehicular Crash or Accident Damage

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:	11662 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:	UTLX84905	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:
Activity:
Critical Safety Index:
Transport Index:

PART IV – CONSEQUENCES

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

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- 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? False

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

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

(See damage definitions in the instructions)

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

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

Employees:	
Responders:	
General Public:	

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

If yes, how many?

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

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

Hospitalized (Admitted Only):

Employees:	
Responders:	
General Public:	

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

Employees:	
Responders:	
General Public:	

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

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	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):	
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:

TRAIN ASPI 4, ENGINES 6460, 6334, 3200, 6246, 138 CARS (126 LOADS, 12 EMPTI ES) WAS MIVING EAST ON TRACK #1 FT. WAYNE LINE AT ESTIMATED SPEED OF 51 TO 53 MPH. TIMETABLE AUTHORIZED SPEED 60 MPH. TRAIN DERAILED, MP 159.7, 45 C ARS ACROSS BOTH TRACKS, THE 66TH CAR DUPX 29544 WAS UPRIGHT AND EAST END SE T OF TRUCKS DERAILED. NO LEAK, CAR MOVED TO DESTINATION OWN WHEELS. THE D ERAILMENT CAUSED THE 45TH CAR, DUPX 26176, TO SPLIT IN HALF AT APPX. THE C ENTERLINE OF THE CAR. ONE HALF CAME TO REST ON TEH NORTH SIDE, APPX. 50 YAR DS AWAY FROMTHE MAIN BODY OF THE DERAILMENT. THE SECOND HALF REMAINED INTH E DERAILMENT PINCHED BETWEEN TWO COVERED HOPPERS WITH THE 46TH CAR, GATX 98 108, COMMING TH REST ON TOP. THE 46TH CAR, GATX 98108, SUSTAINED A PUNCTU RE TO THE RIGHT SIDE BOOTTOM, APPX. 24 INCHES FROM THE BOTTOM CENTERLINE OF THE TANK. THE PUNCTURE WAS APPX. 30 INCHES LONE X 8 INCHES WIDE AND WAS I A HORIZONTAL LINE TOWARDS THE "A" END OF THE CAR. THE PUNCTURE ALLOWED AL COHOL TO SPILL FROMTEH CAR AND IGNITE. THE RESULTING FIRE EN;GULFED APPX. THE 4TH THRU 11TH CARS. INVOLVED IN THE FIRE WERE CARS OF WOOD, FOOD STUF FS, PAPER PRODUCTS, POLYPROPYLENE PLASTIC PELLETS AND A CAR OF ASSORTED CAS ES OF WINE. THE 26TH CAR, UTLX 84905, CAME TO REST ONTHE RIGHT SIDE. PROD UCT LEAKED FORM SAFETY VALVE ASEMBLY. CAR WAS PULLED SOUTH, CLEAR OF THE D ERAILMENT AND UPRIGHTED AT 10:35AM 8/5/88. LEAKED STOPPED WHEN CAR WAS UPRI GHTED. CAR WAS TRANSFERED INTO TANK TRUCKS ON 8/8/88. PRODUCT TAKEN TO MI. THE 23RD CAR, ACFX 76529, CAME TO REST ONTHE RIGHT SIDE WITH NO LEAKAGE OF PRODUCT. TRANSFER OF THE CAR INTO ANOTHER RAIL CAR WAS ATTEMPED HOWEVER, D UT TO PRODUCT NATURE CAR WILL BE REPAIRED AND RETURNED TO THE SHIPER FOR UN LOADING. THE FIRE SITUATION STABILIZED OVER THE NEXT 12 HOURS AND THE RERA ILING AND CLEARING OPERTIONBEGAN ON 8/5/88 AT APPX. 9:00AM. O.H. ATERIALS IS HANDLING THE ENVIRONMENTAL CLEAN UP OPERATION. THERE IS APPX. 4000 CU. YDS. OF SOIL TO BE HANDLED BY O.H. MATERIALS. 39 CARS TO CUT UP ON SITE, 6 CARS TO BE LOADED UP SET TO HOME SHOP, 1 CAR SENT TO DESTINATION AFTER REP AIRED. THERE WERE APPX. 20 TO 40 PEOPLE EVACUATED FORM THEIR HOME DURNG T HE FIRE SITUATION. THE CAUSE OF THE DERAILMENT IS STILL UNDER INVESTIGATIO N.

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:
Contact's Title:
Business Name and Address:

E-mail Address:
Telephone Number:
Fax Number:
Hazmat Registration Number:
Date:
Preparer is: