



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-2009040018
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/07/2009
4. Time of Incident (use 24-hour time):
04:47
5. Enter National Response Center Report Number (if applicable):
899300
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: PLAQUEMINE
County: IBERVILLE
State: LA
Zip Code: (if known): 70764
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: Union Pacific Railroad
Street: 1400 Douglas Street Mail Stop 1040
City: OMAHA
State: NE
Zip Code: 68179
Federal DOT Id Number: Unavailable
Hazmat Registration Number: 062706002005OQ
11. Shipper/Officer:
- Name: REICHHOLD CHEMICAL CO INC
Street: 237 S MOTOR AVE
City: IRWINDALE
State: CA
Zip Code: 91702
Waybill/Shipping Paper: 979797
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street: 237 S MOTOR AVE
City: IRWINDALE
State: CA
Zip Code: 91702
13. Destination:
- Street: 9901 HWY 18
City: SAINT JAMES
State: LA
Zip Code: 70086
14. Proper Shipping Name of Hazardous Material: STYRENE MONOMER, STABILIZED
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN2055

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 1 Liquid - Ounce
- 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: - 304-Cracked

Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.

Identification Markings: 111A

(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: Material of Construction: Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 25782 Liquid - Gallon Amount in Package: 10 Liquid - Gallon Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: ASOX296016 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: | True | - Environmental Damage: | False |
| - No Release: | False | | |

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

- | | | |
|--------------------|-------|------|
| Fire/EMS Report #: | True | None |
| Police Report #: | True | None |
| In-house cleanup: | True | |
| Other Cleanup: | False | |

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:	\$ 2,200.00
Carrier Damage:	\$ 200,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 50,000.00
Remediation/Cleanup Cost:	\$ 175,000.00

(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:	0
Responders:	0
General Public:	0

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

False

If yes, how many? 0

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:	0
Responders:	0
General Public:	0

Non-Hospitalized:

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

Employees:	0
Responders:	0
General Public:	0

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

True

If yes, provide the following information:

Total number of general public evacuated:	100
Total number of employees evacuated:	0
Total evacuated:	100
Duration of the evacuation:	12

36. Was a major transportation artery or facility closed?

True

If yes, how many? 36

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

True

If yes, provide the following information:

Estimated speed (mph):	16
Weather conditions:	Cloudy
Vehicle overturned?	True
Vehicle left roadway/track?	True

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 LLL66-06 derailed 5 cars. Tank car GATX 40461, a load of molten sulfur, struck the north east corner of the bridge on Bayou Plaquemine. The impact caused a vertical gash at the body bolster of the tank car. The B end, right body bolster was sheared off. The gash was approximately 4 long and 6 wide and molten sulfur began leaking out as several pencil sized streams at first. Eventually a large volume of product streamed out until the sulfur began to cool and solidify forming a large stalactite on the side of the tank car. The molten sulfur that released coated the immediate area of the bridge and into the water of the bayou, and then it cooled, solidified and settled on the bottom at the edge of the bank. GATX 40461 remained on the bridge until repairs could be completed to the approach. This car was re-railed and taken by rail to Addis. No more sulfur leaked from the tank.

Train LLL66-06 derailed 5 cars. The train was travelling south when the seventh car from the power, tank car GATX 40461, a load of molten sulfur, struck the north east corner of the bridge on Bayou Plaquemine. ASOX 296016 was next and fell off the north approach to the east down a 40 (app) dump, landing on the A end causing a large dent in the head. This damage resulted in a crack that allowed a small vapor release. The release was detectable as a slight odor. ASOX 296016 was re-railed and taken to the yard at Addis, LA. Sorbent materials (pads) were placed inside the tank to preclude the release of any liquid.

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:

None at this time.

PART VIII – CONTACT INFORMATION

Contact's Name:	Tim O'Brien
Contact's Title:	Director Hazardous Materials
Business Name and Address:	Union Pacific Railroad 1400 Douglas Street Mail Stop 1040 OMAHA NE 68179
E-mail Address:	tjobrien@up.com
Telephone Number:	281-350-7490
Fax Number:	402-233-2369
Hazmat Registration Number:	062706002005OQ
Date:	
Preparer is:	Carrier

06/01/1995



U.S. Department of Transportation
Research and Special Programs Administration

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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 03/07/2009
4. Time of Incident (use 24-hour time): 04:47
5. Enter National Response Center Report Number (if applicable): 899300
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: PLAQUEMINE
County: IBERVILLE
State: LA
Zip Code: (if known): 70764
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: Union Pacific Railroad
Street: 1400 Douglas Street Mail Stop 1040
City: OMAHA
State: NE
Zip Code: 68179
Federal DOT Id Number: Unavailable
Hazmat Registration Number: 062706002005OQ
11. Shipper/Officer:
Name: ConocoPhillips Company
Street: 600 N DAIRY ASHFORD RDUnavailable
City: HOUSTON
State: TX
Zip Code: 77079
Waybill/Shipping Paper: 474192
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 900 S CENTRAL AVE
City: ROXANA
State: IL
Zip Code: 62084
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: SULFUR, MOLTEN
15. Technical/Trade Name:
16. Hazardous Class/Division: Miscellaneous Hazardous Material
17. Identification Number: (E.g. UN2764, NA 2020) NA2448

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 1500 Liquid - Gallon
- 20. Was the material shipped as a hazardous waste?** False
If yes, provide the EPA Manifest Number:
- 21. Is this a Toxic by Inhalation (TIH) material?** False
If yes, provide the Hazard Zone:
- 22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?** False
If yes, provide the Exemption, Approval, or CA number:
- 23. Was this an undeclared hazardous materials shipment?** False

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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; 150-Tank Shell

How Failed: - 307-Gouged or Cut; 309-Punctured

Causes of Failure: - Derailment; Derailment

26a. Provide the packaging identification markings, if available.

Identification Markings: 211AW

(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: Material of Construction: Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: Amount in Package: Number in Shipment: Number Failed:	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate:	
Manufacturer: GATX Serial Number: GATX40461 Material of Construction: steel (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:	Manufacture Date: 09/01/1978 Last Test Date: 08/01/2008 Transport 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: | True | - Environmental Damage: | False |
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31. Emergency Response: The following entities responded to the incident: (Check all that apply)

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|--------------------|-------|------|
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| Police Report #: | True | None |
| In-house cleanup: | True | |
| Other Cleanup: | False | |

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False

If yes, how many? 0

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False

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Employees:	0
Responders:	0
General Public:	0

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

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Responders:	0
General Public:	0

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

True

If yes, provide the following information:

Total number of general public evacuated:	100
Total number of employees evacuated:	0
Total evacuated:	100
Duration of the evacuation:	12

36. Was a major transportation artery or facility closed?

True

If yes, how many? 36

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

True

If yes, provide the following information:

Estimated speed (mph):	16
Weather conditions:	Cloudy
Vehicle overturned?	True
Vehicle left roadway/track?	True

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Describe:

None at this time.

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Contact's Title:	Director Hazardous Materials
Business Name and Address:	Union Pacific Railroad 1400 Douglas Street Mail Stop 1040 OMAHA NE 68179
E-mail Address:	tjobrien@up.com
Telephone Number:	281-350-7490
Fax Number:	402-233-2369
Hazmat Registration Number:	062706002005OQ
Date:	
Preparer is:	Carrier

09/01/1978