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-1996010937
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/22/1995

4. Time of Incident (use 24-hour time):
22:22

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: FUNKHOUSER
County: EFFINGHAM
State: IL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
US ROUTE 40

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street: 2001 MARKET ST 6D
City: PHILADELPHIA
State: PA
Zip Code: 191011406
Federal DOT Id Number: CRR
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCHENECTADY CHEMICALS INC
Street:
City: FREEPORT
State: TX
Zip Code:
Waybill/Shipping Paper: 425916
Hazmat Registration Number:

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

13. Destination:
Street:
City: ROTTERDAM JUNCTION
State: NY
Zip Code:

14. Proper Shipping Name of Hazardous Material: ALKYL PHENOLS, SOLID, N.O.S. (INCLUDING C2-C8 HOMOLOGUES)

15. Technical/Trade Name:

16. Hazardous Class/Division: Poisonous Materials

17. Identification Number: (E.g. UN2764, NA 2020) UN2430

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 90000 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:
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

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:	191000 Solid - Pound	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:	GENERAL AMERICAN TRANSPTN CORP	Manufacture Date:
Serial Number:	GATX67495	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:	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? True

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

Material Loss:	$ 183,679.00
Carrier Damage:	$ 929,000.00
Property Damage:	$ 1,606,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 83,300.00

(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:	350
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):	52
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:

DUE TO EXTENSIVE DAMAGE TO THE TANK CAR, THE CONTENTS OF THE CAR WERE TRANSFERRED TO 4 TANK TRUCK ON 12/29/95. AT APPROXIMATELY 2222 HOURS DECEMBER 22, 1995, CONRAIL TRAIN INTR-2 TRAVELING WEST ON TRACK 2 INDIANAPOLIS LINE WITH TWO LOCOMOTIVES AND 52 CARS, OVERTOOK TRAIN STBN-1 WITH 2 LOCOMOTIVES AND 27 LOADS, STOPPED AT CP 144, DERAILING CARS AT FUNKHOUSER, IL. APPROXIMATELY 1:15 MINUTES LATER TRAIN NLP1-2, TRAVELING EAST ON TRACK 1 WITH FOUR LOCOMOTIVES, 95 LOADS AND 12 EMPTIES, STRUCK THE DERAILED CARS FROM THE ORIGINAL OVERTAKING COLLISION. A TOTAL OF 53 CARS, ALONG WITH SIX LOCOMOTIVES, DERAILED. THIRTY-SEVEN OF THE DERAILED CARS, AND THREE LOCOMOTIVES, CAUGHT FIRE AND BURNED. ADDITIONALLY, 100 HOMES IN THE AREA WERE EVACUATED AS A PRECUATIONARY MEASURE. NONE OF THE EVACUEES REPORTED ANY INJURIES. HULCHER SERVICES, R.J. CORMAN, HERITAGE AND O H MATERIALS RESPONDED TO THE SCENE TO ASSIST IN THE WRECKING, TRANSFER AND CLEANUP OF THE HAZARDOUS MATERIALS. ALSO, AS A RESULT OF THE DERAILMENT TANK CAR ETCX 29177, LOADED WITH BUTYRALDEHYDE, SUSTAINED A 2' X 3' PUNCTURE IN THE B-END HEAD AT 5 O'CLOCK ALLOWING APPROXIMATELY 30,000 GALLONS OF PRODUCT TO ESCAPE FROM THE TANK CAR AND BURN. TANK CARS GATX 10135 AND GATX 67495 LOADED WITH ALKYLPHENOLS RECEIVED EXTENSIVE DAMAGE TO THE END SILLS, COUPLERS, RUNNING GEAR AND SAFETY APPLIANCES. ADDITIONALLY, THEY WERE BOTH ENGULFED IN A POOL FIRE AND THEIR CONTENTS WERE DESTROYED. TANK CAR DOWX 3280, LOADED WITH ETHANOLAMINE, WAS DAMAGED AND THE CONTENTS WERE TRANSFERRED INTO TANK TRUCKS ON 12/29/95.

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:	JAMES R MCNALLY
Contact's Title:	GEN MGR HAZMAT SYSTEMS
Business Name and Address:	
E-mail Address:	
Telephone Number:	2152094494
Fax Number:	
Hazmat Registration Number:	
Date:	01/22/1996
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-1996010937
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/22/1995

4. Time of Incident (use 24-hour time):
22:22

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: FUNKHOUSER
County: EFFINGHAM
State: IL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
US ROUTE 40

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street: 2001 MARKET ST 6D
City: PHILADELPHIA
State: PA
Zip Code: 191011406
Federal DOT Id Number: CRR
Hazmat Registration Number:

11. Shipper/Offeror:
Name: SCHENECTADY CHEMICALS INC
Street:
City: FREEPORT
State: TX
Zip Code:
Waybill/Shipping Paper: 425916
Hazmat Registration Number:

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

13. Destination:
Street:
City: ROTTERDAM JUNCTION
State: NY
Zip Code:

14. Proper Shipping Name of Hazardous Material: ALKYL PHENOLS, SOLID, N.O.S. (INCLUDING C2-C8 HOMOLOGUES)

15. Technical/Trade Name: PARATERTIARY OCTYLPH

16. Hazardous Class/Division: Poisonous Materials

17. Identification Number: (E.g. UN2764, NA 2020) UN2430

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 90000 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:
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

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:	188000 Solid - Pound	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:	GENERAL AMERICAN TRANSPTN CORP	Manufacture Date:
Serial Number:	GATX10135	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:	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? True

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

Material Loss:	$ 183,679.00
Carrier Damage:	$ 929,000.00
Property Damage:	$ 1,606,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 83,300.00

(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:	350
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):	52
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:

DUE TO EXTENSIVE DAMAGE TO THE TANK CAR, THE CONTENTS OF THE CAR WERE TRANSFERRED TO 4 TANK TRUCK ON 12/29/95. AT APPROXIMATELY 2222 HOURS DECEMBER 22, 1995, CONRAIL TRAIN INTR-2 TRAVELING WEST ON TRACK 2 INDIANAPOLIS LINE WITH TWO LOCOMOTIVES AND 52 CARS, OVERTOOK TRAIN STBN-1 WITH 2 LOCOMOTIVES AND 27 LOADS, STOPPED AT CP 144, DERAILING CARS AT FUNKHOUSER, IL. APPROXIMATELY 1:15 MINUTES LATER TRAIN NLP1-2, TRAVELING EAST ON TRACK 1 WITH FOUR LOCOMOTIVES, 95 LOADS AND 12 EMPTIES, STRUCK THE DERAILED CARS FROM THE ORIGINAL OVERTAKING COLLISION. A TOTAL OF 53 CARS, ALONG WITH SIX LOCOMOTIVES, DERAILED. THIRTY-SEVEN OF THE DERAILED CARS, AND THREE LOCOMOTIVES, CAUGHT FIRE AND BURNED. ADDITIONALLY, 100 HOMES IN THE AREA WERE EVACUATED AS A PRECUATIONARY MEASURE. NONE OF THE EVACUEES REPORTED ANY INJURIES. HULCHER SERVICES, R.J. CORMAN, HERITAGE AND O H MATERIALS RESPONDED TO THE SCENE TO ASSIST IN THE WRECKING, TRANSFER AND CLEANUP OF THE HAZARDOUS MATERIALS. ALSO, AS A RESULT OF THE DERAILMENT TANK CAR ETCX 29177, LOADED WITH BUTYRALDEHYDE, SUSTAINED A 2' X 3' PUNCTURE IN THE B-END HEAD AT 5 O'CLOCK ALLOWING APPROXIMATELY 30,000 GALLONS OF PRODUCT TO ESCAPE FROM THE TANK CAR AND BURN. TANK CARS GATX 10135 AND GATX 67495 LOADED WITH ALKYLPHENOLS RECEIVED EXTENSIVE DAMAGE TO THE END SILLS, COUPLERS, RUNNING GEAR AND SAFETY APPLIANCES. ADDITIONALLY, THEY WERE BOTH ENGULFED IN A POOL FIRE AND THEIR CONTENTS WERE DESTROYED. TANK CAR DOWX 3280, LOADED WITH ETHANOLAMINE, WAS DAMAGED AND THE CONTENTS WERE TRANSFERRED INTO TANK TRUCKS ON 12/29/95.

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:	JAMES R MCNALLY
Contact's Title:	GEN MGR HAZMAT SYSTEMS
Business Name and Address:	
E-mail Address:	
Telephone Number:	2152094494
Fax Number:	
Hazmat Registration Number:	
Date:	01/22/1996
Preparer is:	

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

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3. Date of Incident:
12/22/1995

4. Time of Incident (use 24-hour time):
22:22

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: FUNKHOUSER
County: EFFINGHAM
State: IL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
US ROUTE 40

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street: 2001 MARKET ST 6D
City: PHILADELPHIA
State: PA
Zip Code: 191011406
Federal DOT Id Number: CRR
Hazmat Registration Number:

11. Shipper/Offeror:
Name: DOW NORTH AMERICA
Street: 4608
City: PLAQUEMINE
State: LA
Zip Code:
Waybill/Shipping Paper: 428076
Hazmat Registration Number:

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

13. Destination:
Street: POWELL DUFFRYN TERMINAL
City: BAYONNE
State: NJ
Zip Code:

14. Proper Shipping Name of Hazardous Material: ETHANOLAMINE OR ETHANOLAMINE SOLUTIONS

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN2491

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units)

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

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:	24000 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:	DOW CHEMICAL CO	Manufacture Date:
Serial Number:	DOWX3280	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:	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? True

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

Material Loss:	$ 183,679.00
Carrier Damage:	$ 929,000.00
Property Damage:	$ 1,606,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 83,300.00

(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:	350
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):	52
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:

DUE TO EXTENSIVE DAMAGE TO THE TANK CAR, THE CONTENTS OF THE CAR WERE TRANSFERRED TO 4 TANK TRUCK ON 12/29/95. AT APPROXIMATELY 2222 HOURS DECEMBER 22, 1995, CONRAIL TRAIN INTR-2 TRAVELING WEST ON TRACK 2 INDIANAPOLIS LINE WITH TWO LOCOMOTIVES AND 52 CARS, OVERTOOK TRAIN STBN-1 WITH 2 LOCOMOTIVES AND 27 LOADS, STOPPED AT CP 144, DERAILING CARS AT FUNKHOUSER, IL. APPROXIMATELY 1:15 MINUTES LATER TRAIN NLP1-2, TRAVELING EAST ON TRACK 1 WITH FOUR LOCOMOTIVES, 95 LOADS AND 12 EMPTIES, STRUCK THE DERAILED CARS FROM THE ORIGINAL OVERTAKING COLLISION. A TOTAL OF 53 CARS, ALONG WITH SIX LOCOMOTIVES, DERAILED. THIRTY-SEVEN OF THE DERAILED CARS, AND THREE LOCOMOTIVES, CAUGHT FIRE AND BURNED. ADDITIONALLY, 100 HOMES IN THE AREA WERE EVACUATED AS A PRECUATIONARY MEASURE. NONE OF THE EVACUEES REPORTED ANY INJURIES. HULCHER SERVICES, R.J. CORMAN, HERITAGE AND O H MATERIALS RESPONDED TO THE SCENE TO ASSIST IN THE WRECKING, TRANSFER AND CLEANUP OF THE HAZARDOUS MATERIALS. ALSO, AS A RESULT OF THE DERAILMENT TANK CAR ETCX 29177, LOADED WITH BUTYRALDEHYDE, SUSTAINED A 2' X 3' PUNCTURE IN THE B-END HEAD AT 5 O'CLOCK ALLOWING APPROXIMATELY 30,000 GALLONS OF PRODUCT TO ESCAPE FROM THE TANK CAR AND BURN. TANK CARS GATX 10135 AND GATX 67495 LOADED WITH ALKYLPHENOLS RECEIVED EXTENSIVE DAMAGE TO THE END SILLS, COUPLERS, RUNNING GEAR AND SAFETY APPLIANCES. ADDITIONALLY, THEY WERE BOTH ENGULFED IN A POOL FIRE AND THEIR CONTENTS WERE DESTROYED. TANK CAR DOWX 3280, LOADED WITH ETHANOLAMINE, WAS DAMAGED AND THE CONTENTS WERE TRANSFERRED INTO TANK TRUCKS ON 12/29/95.

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:	JAMES R MCNALLY
Contact's Title:	GEN MGR HAZMAT SYSTEMS
Business Name and Address:	
E-mail Address:	
Telephone Number:	2152094494
Fax Number:	
Hazmat Registration Number:	
Date:	01/22/1996
Preparer is:	

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-1996010937
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/22/1995

4. Time of Incident (use 24-hour time):
22:22

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: FUNKHOUSER
County: EFFINGHAM
State: IL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
US ROUTE 40

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street: 2001 MARKET ST 6D
City: PHILADELPHIA
State: PA
Zip Code: 191011406
Federal DOT Id Number: CRR
Hazmat Registration Number:

11. Shipper/Offeror:
Name: EASTMAN CHEMICAL CO
Street:
City: KINGSPORT
State: TN
Zip Code: 376625075
Waybill/Shipping Paper: 429244
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City: LONGVIEW
State: TX
Zip Code: 75607

13. Destination:
Street: 730 WORCESTER ST
City: SPRINGFIELD
State: MA
Zip Code: 01151

14. Proper Shipping Name of Hazardous Material: BUTYRALDEHYDE

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1129

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 23014.25 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

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:	24625 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:	ETCX29117	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:	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? True

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

Material Loss:	$ 183,679.00
Carrier Damage:	$ 929,000.00
Property Damage:	$ 1,606,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 83,300.00

(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:	

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

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If yes, provide the following information:

Total number of general public evacuated:	
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Total evacuated:	350
Duration of the evacuation:	

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Describe:

PART VIII – CONTACT INFORMATION

Contact's Name:	JAMES R MCNALLY
Contact's Title:	GEN MGR HAZMAT SYSTEMS
Business Name and Address:	
E-mail Address:	
Telephone Number:	2152094494
Fax Number:	
Hazmat Registration Number:	
Date:	01/22/1996
Preparer is:	