



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-1996010453
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/14/1995
4. Time of Incident (use 24-hour time): 19:00
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: FONDA
County: MONTGOMERY
State: NY
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
ROUTE 5
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street: 2001 MARKET STREET 6D
City: PHILADELPHIA
State: PA
Zip Code: 191011406
Federal DOT Id Number: CRR
Hazmat Registration Number:
11. Shipper/Officer:
Name: CHEM-TECH INC
Street:
City: MONCARGOF PQ
State: ZZ
Zip Code:
Waybill/Shipping Paper: 995707
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City: LEE CREEK
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: FLUOROSILICIC ACID
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1778

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 1 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: - 309-Punctured

Causes of Failure: - Derailment; Loose Closure, Component, or Device

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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 25000 Liquid - Gallon
Amount in Package:
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: U T L X
Serial Number: UTLX 14884
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:

Manufacture Date:
Last Test Date:

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?

True

If yes, enter the following information:

(If no, go to question 33.)

Material Loss: \$ 12,000.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 35,000.00

(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?

True

If yes, provide the following information:

Total number of general public evacuated:
Total number of employees evacuated:
Total evacuated: 28
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): 45
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 - D) AT APPROXIMATELY 1900 HOURS DECEMBER 14, 1995, CONRAIL TRAIN CNSE-3 TRAVELING EAST TO SELKIRK, NY WITH THREE LOCOMOTIVES, 82 LOADED AND 4 EMPTY CARS, DERAILED 51 CARS AT CP-184 (FONDA, NY). THE 51 DERAILED CARS CONSISTED OF FREIGHT OF ALL KINDS INCLUDING 4 LOADED AND 1 RESIDUE HAZARDOUS MATERIAL TANK CARS. AS A RESULT OF THE DERAILMENT SEVEN HOMES IN THE AREA WERE EVACUATED AS A PRECAUTIONARY MEASURE. NO INJURIES WERE REPORTED AND THE EVACUEES WERE ALLOWED TO RETURN TO THEIR HOMES THE FOLLOWING MORNING WHEN THE AREA SURROUNDING THE ACCIDENT WAS DECLARED SAFE. O H MATERIALS AND CLEAN HARBORS RESPONDED TO THE SCENE TO ASSIST IN THE TRANSFER AND CLEANUP OF THE HAZARDOUS MATERIALS. ALSO, AS A RESULT OF THE DERAILMENT TANK CAR ACFX 87316, LOADED WITH SODIUM HYDROXIDE, SUSTAINED A 5 FT X 4 FT PUNCTURE IN THE B-END HEAD ALLOWING APPROXIMATELY 11,500 GALLONS OF PRODUCT TO ESCAPE FROM THE TANK CAR. CLEAN HARBORS WAS ABLE TO TRANSFER THE REMAINING 4,500 GALLONS OF SODIUM HYDROXIDE IN TANK TRUCKS. RESIDUE TANK CAR UTLX 14885, LAST CONTAINING FLUOROSILICIC ACID, SUSTAINED 4" X 4" HOLE IN THE BOTTOM OF THE TANK RESULTING IN APPROXIMATELY ONE GALLON OF SPILLAGE. CLEAN HARBORS WAS ABLE TO TRANSFER 400 REMAINING GALLONS FROM THE TANK CAR. TANK CARS DCTX 27424 AND ACFX 86273 LOADED WITH CHLORINE WERE RERAILED AND SET ON THE SIDING NEXT TO THE DERAILMENT SITE. BOTH TANK CARS RECEIVED EXTENSIVE DAMAGE TO THE END SILLS, COUPLERS, RUNNING GEAR AND SAFETY APPLICANCES. ADDITIONALLY, DURING HEAD OF TANK CAR DCTX 27424. O H MATERIALS 10" X 1/2" X 7/16" DEEP WAS DISCOVERED AT THE 7' OCLOCK POSITION ON THE A-END HEAD OF TANK CAR DCTX 27424. O H MATERIALS TRANSFERRED TANK DCTX 27424 INTO TANK CAR PROX 89492 ON 12/18/95. TANK CAR ACFX 86273 WAS TRANSFERRED INTO TANK CAR PROX 82922 ON 12/19/95. TANK CAR ACFX 94622, LOADED WITH HYDROCHLORIC ACID IS SCHEDULED TO BE TRANSFERRED INTO TANK TRUCKS 01/12/96.

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. HAZ MAT SYSTEMS
Business Name and Address:

E-mail Address:
Telephone Number: 2152094494
Fax Number:
Hazmat Registration Number:
Date: 01/11/1996
Preparer is:



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INSTRUCTIONS

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PART I - REPORT TYPE

1. Incident Id: I-1996010453
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/14/1995
4. Time of Incident (use 24-hour time): 19:00
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: FONDA
County: MONTGOMERY
State: NY
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
ROUTE 5
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street: 2001 MARKET STREET 6D
City: PHILADELPHIA
State: PA
Zip Code: 191011406
Federal DOT Id Number: CRR
Hazmat Registration Number:
11. Shipper/Officer:
Name: I C I CANADA
Street:
City: BEANCOUR PQ
State: ZZ
Zip Code:
Waybill/Shipping Paper: 780396
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City: HOLLIDAYSBURG
State: PA
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 11500 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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 25000 Liquid - Gallon
Amount in Package:
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: ACF INDUSTRIES SHPR-CAR LN
DIV
Serial Number: ACFX87316
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)

Manufacture Date:

Last Test Date:

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?

True

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

Material Loss:	\$ 12,000.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 35,000.00

(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?

True

If yes, provide the following information:

Total number of general public evacuated:
Total number of employees evacuated:
Total evacuated: 28
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): 45
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 - D) AT APPROXIMATELY 1900 HOURS DECEMBER 14, 1995, CONRAIL TRAIN CNSE-3 TRAVELING EAST TO SELKIRK, NY WITH THREE LOCOMOTIVES, 82 LOADED AND 4 EMPTY CARS, DERAILED 51 CARS AT CP-184 (FONDA, NY). THE 51 DERAILED CARS CONSISTED OF FREIGHT OF ALL KINDS INCLUDING 4 LOADED AND 1 RESIDUE HAZARDOUS MATERIAL TANK CARS. AS A RESULT OF THE DERAILMENT SEVEN HOMES IN THE AREA WERE EVACUATED AS A PRECAUTIONARY MEASURE. NO INJURIES WERE REPORTED AND THE EVACUEES WERE ALLOWED TO RETURN TO THEIR HOMES THE FOLLOWING MORNING WHEN THE AREA SURROUNDING THE ACCIDENT WAS DECLARED SAFE. O H MATERIALS AND CLEAN HARBORS RESPONDED TO THE SCENE TO ASSIST IN THE TRANSFER AND CLEANUP OF THE HAZARDOUS MATERIALS. ALSO, AS A RESULT OF THE DERAILMENT TANK CAR ACFX 87316, LOADED WITH SODIUM HYDROXIDE, SUSTAINED A 5 FT X 4 FT PUNCTURE IN THE B-END HEAD ALLOWING APPROXIMATELY 11,500 GALLONS OF PRODUCT TO ESCAPE FROM THE TANK CAR. CLEAN HARBORS WAS ABLE TO TRANSFER THE REMAINING 4,500 GALLONS OF SODIUM HYDROXIDE IN TANK TRUCKS. RESIDUE TANK CAR UTLX 14885, LAST CONTAINING FLUOROSILICIC ACID, SUSTAINED 4" X 4" HOLE IN THE BOTTOM OF THE TANK RESULTING IN APPROXIMATELY ONE GALLON OF SPILLAGE. CLEAN HARBORS WAS ABLE TO TRANSFER 400 REMAINING GALLONS FROM THE TANK CAR. TANK CARS DCTX 27424 AND ACFX 86273 LOADED WITH CHLORINE WERE RERAILED AND SET ON THE SIDING NEXT TO THE DERAILMENT SITE. BOTH TANK CARS RECEIVED EXTENSIVE DAMAGE TO THE END SILLS, COUPLERS, RUNNING GEAR AND SAFETY APPLICANCES. ADDITIONALLY, DURING HEAD OF TANK CAR DCTX 27424. O H MATERIALS 10" X 1/2" X 7/16" DEEP WAS DISCOVERED AT THE 7' OCLOCK POSITION ON THE A-END HEAD OF TANK CAR DCTX 27424. O H MATERIALS TRANSFERRED TANK DCTX 27424 INTO TANK CAR PROX 89492 ON 12/18/95. TANK CAR ACFX 86273 WAS TRANSFERRED INTO TANK CAR PROX 82922 ON 12/19/95. TANK CAR ACFX 94622, LOADED WITH HYDROCHLORIC ACID IS SCHEDULED TO BE TRANSFERRED INTO TANK TRUCKS 01/12/96.

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. HAZ MAT SYSTEMS
Business Name and Address:

E-mail Address:
Telephone Number: 2152094494
Fax Number:
Hazmat Registration Number:
Date: 01/11/1996
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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1. Incident Id: I-1996010453
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/14/1995
4. Time of Incident (use 24-hour time): 19:00
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: FONDA
County: MONTGOMERY
State: NY
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
ROUTE 5
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street: 2001 MARKET STREET 6D
City: PHILADELPHIA
State: PA
Zip Code: 191011406
Federal DOT Id Number: CRR
Hazmat Registration Number:
11. Shipper/Officer:
Name: I C I CANADA
Street:
City: BEANCOUR PQ
State: ZZ
Zip Code:
Waybill/Shipping Paper: 780396
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City: EDGEMOOR
State: DE
Zip Code:
14. Proper Shipping Name of Hazardous Material: CHLORINE
15. Technical/Trade Name:
16. Hazardous Class/Division: Poisonous Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1017

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: - 102-Auxiliary Valve; 141-Piping or Fittings

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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 22500 Liquid - Gallon
Amount in Package:
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: D C T X
Serial Number: DCTX27424
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:

Manufacture Date:
Last Test Date:

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?

True

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

Material Loss:	\$ 12,000.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 35,000.00

(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?

True

If yes, provide the following information:

Total number of general public evacuated:
Total number of employees evacuated:
Total evacuated: 28
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): 45
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 - D) AT APPROXIMATELY 1900 HOURS DECEMBER 14, 1995, CONRAIL TRAIN CNSE-3 TRAVELING EAST TO SELKIRK, NY WITH THREE LOCOMOTIVES, 82 LOADED AND 4 EMPTY CARS, DERAILED 51 CARS AT CP-184 (FONDA, NY). THE 51 DERAILED CARS CONSISTED OF FREIGHT OF ALL KINDS INCLUDING 4 LOADED AND 1 RESIDUE HAZARDOUS MATERIAL TANK CARS. AS A RESULT OF THE DERAILMENT SEVEN HOMES IN THE AREA WERE EVACUATED AS A PRECAUTIONARY MEASURE. NO INJURIES WERE REPORTED AND THE EVACUEES WERE ALLOWED TO RETURN TO THEIR HOMES THE FOLLOWING MORNING WHEN THE AREA SURROUNDING THE ACCIDENT WAS DECLARED SAFE. O H MATERIALS AND CLEAN HARBORS RESPONDED TO THE SCENE TO ASSIST IN THE TRANSFER AND CLEANUP OF THE HAZARDOUS MATERIALS. ALSO, AS A RESULT OF THE DERAILMENT TANK CAR ACFX 87316, LOADED WITH SODIUM HYDROXIDE, SUSTAINED A 5 FT X 4 FT PUNCTURE IN THE B-END HEAD ALLOWING APPROXIMATELY 11,500 GALLONS OF PRODUCT TO ESCAPE FROM THE TANK CAR. CLEAN HARBORS WAS ABLE TO TRANSFER THE REMAINING 4,500 GALLONS OF SODIUM HYDROXIDE IN TANK TRUCKS. RESIDUE TANK CAR UTLX 14885, LAST CONTAINING FLUOROSILICIC ACID, SUSTAINED 4" X 4" HOLE IN THE BOTTOM OF THE TANK RESULTING IN APPROXIMATELY ONE GALLON OF SPILLAGE. CLEAN HARBORS WAS ABLE TO TRANSFER 400 REMAINING GALLONS FROM THE TANK CAR. TANK CARS DCTX 27424 AND ACFX 86273 LOADED WITH CHLORINE WERE RERAILED AND SET ON THE SIDING NEXT TO THE DERAILMENT SITE. BOTH TANK CARS RECEIVED EXTENSIVE DAMAGE TO THE END SILLS, COUPLERS, RUNNING GEAR AND SAFETY APPLICANCES. ADDITIONALLY, DURING HEAD OF TANK CAR DCTX 27424. O H MATERIALS 10" X 1/2" X 7/16" DEEP WAS DISCOVERED AT THE 7' OCLOCK POSITION ON THE A-END HEAD OF TANK CAR DCTX 27424. O H MATERIALS TRANSFERRED TANK DCTX 27424 INTO TANK CAR PROX 89492 ON 12/18/95. TANK CAR ACFX 86273 WAS TRANSFERRED INTO TANK CAR PROX 82922 ON 12/19/95. TANK CAR ACFX 94622, LOADED WITH HYDROCHLORIC ACID IS SCHEDULED TO BE TRANSFERRED INTO TANK TRUCKS 01/12/96.

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. HAZ MAT SYSTEMS
Business Name and Address:

E-mail Address:
Telephone Number: 2152094494
Fax Number:
Hazmat Registration Number:
Date: 01/11/1996
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-1996010453
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/14/1995
4. Time of Incident (use 24-hour time): 19:00
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: FONDA
County: MONTGOMERY
State: NY
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
ROUTE 5
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL
Street: 2001 MARKET STREET 6D
City: PHILADELPHIA
State: PA
Zip Code: 191011406
Federal DOT Id Number: CRR
Hazmat Registration Number:
11. Shipper/Officer:
Name: I C I CANADA
Street:
City: BEANCOUR PQ
State: ZZ
Zip Code:
Waybill/Shipping Paper: 780396
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City: EDGEMOOR
State: DE
Zip Code:
14. Proper Shipping Name of Hazardous Material: CHLORINE
15. Technical/Trade Name:
16. Hazardous Class/Division: Poisonous Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1017

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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 22500 Liquid - Gallon
Amount in Package:
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: ACF INDUSTRIES SHPR-CAR LN
DIV
Serial Number: ACFX86273
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)

Manufacture Date:

Last Test Date:

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?

True

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

Material Loss:	\$ 12,000.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 35,000.00

(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?

True

If yes, provide the following information:

Total number of general public evacuated:
Total number of employees evacuated:
Total evacuated: 28
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): 45
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 |
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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Describe:

PART VIII – CONTACT INFORMATION

Contact's Name: JAMES R MCNALLY
Contact's Title: GEN. MGR. HAZ MAT SYSTEMS
Business Name and Address:

E-mail Address:
Telephone Number: 2152094494
Fax Number:
Hazmat Registration Number:
Date: 01/11/1996
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-1996010453
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/14/1995
4. Time of Incident (use 24-hour time): 19:00
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: FONDA
County: MONTGOMERY
State: NY
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
ROUTE 5
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CONSOLIDATED RAIL CORP(CONRAIL)
Street: 2001 MARKET STREET 6D
City: PHILADELPHIA
State: PA
Zip Code: 191011406
Federal DOT Id Number: CRR
Hazmat Registration Number:
11. Shipper/Officer:
Name: I C I CANADA
Street:
City: BEANCOUR PQ
State: ZZ
Zip Code:
Waybill/Shipping Paper: 780396
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City: FALL RIVER
State: MA
Zip Code:
14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1789

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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 25000 Liquid - Gallon
Amount in Package:
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: ACF INDUSTRIES SHPR-CAR LN
DIV
Serial Number: ACFX94622
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)

Manufacture Date:

Last Test Date:

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? True

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

Material Loss:	\$ 12,000.00
Carrier Damage:	\$ 0.00
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Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 35,000.00

(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? True

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	28
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):	45
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 - D) AT APPROXIMATELY 1900 HOURS DECEMBER 14, 1995, CONRAIL TRAIN CNSE-3 TRAVELING EAST TO SELKIRK, NY WITH THREE LOCOMOTIVES, 82 LOADED AND 4 EMPTY CARS, DERAILED 51 CARS AT CP-184 (FONDA, NY). THE 51 DERAILED CARS CONSISTED OF FREIGHT OF ALL KINDS INCLUDING 4 LOADED AND 1 RESIDUE HAZARDOUS MATERIAL TANK CARS. AS A RESULT OF THE DERAILMENT SEVEN HOMES IN THE AREA WERE EVACUATED AS A PRECAUTIONARY MEASURE. NO INJURIES WERE REPORTED AND THE EVACUEES WERE ALLOWED TO RETURN TO THEIR HOMES THE FOLLOWING MORNING WHEN THE AREA SURROUNDING THE ACCIDENT WAS DECLARED SAFE. O H MATERIALS AND CLEAN HARBORS RESPONDED TO THE SCENE TO ASSIST IN THE TRANSFER AND CLEANUP OF THE HAZARDOUS MATERIALS. ALSO, AS A RESULT OF THE DERAILMENT TANK CAR ACFX 87316, LOADED WITH SODIUM HYDROXIDE, SUSTAINED A 5 FT X 4 FT PUNCTURE IN THE B-END HEAD ALLOWING APPROXIMATELY 11,500 GALLONS OF PRODUCT TO ESCAPE FROM THE TANK CAR. CLEAN HARBORS WAS ABLE TO TRANSFER THE REMAINING 4,500 GALLONS OF SODIUM HYDROXIDE IN TANK TRUCKS. RESIDUE TANK CAR UTLX 14885, LAST CONTAINING FLUOROSILICIC ACID, SUSTAINED 4" X 4" HOLE IN THE BOTTOM OF THE TANK RESULTING IN APPROXIMATELY ONE GALLON OF SPILLAGE. CLEAN HARBORS WAS ABLE TO TRANSFER 400 REMAINING GALLONS FROM THE TANK CAR. TANK CARS DCTX 27424 AND ACFX 86273 LOADED WITH CHLORINE WERE RERAILED AND SET ON THE SIDING NEXT TO THE DERAILMENT SITE. BOTH TANK CARS RECEIVED EXTENSIVE DAMAGE TO THE END SILLS, COUPLERS, RUNNING GEAR AND SAFETY APPLICANCES. ADDITIONALLY, DURING HEAD OF TANK CAR DCTX 27424. O H MATERIALS 10" X 1/2" X 7/16" DEEP WAS DISCOVERED AT THE 7' OCLOCK POSITION ON THE A-END HEAD OF TANK CAR DCTX 27424. O H MATERIALS TRANSFERRED TANK DCTX 27424 INTO TANK CAR PROX 89492 ON 12/18/95. TANK CAR ACFX 86273 WAS TRANSFERRED INTO TANK CAR PROX 82922 ON 12/19/95. TANK CAR ACFX 94622, LOADED WITH HYDROCHLORIC ACID IS SCHEDULED TO BE TRANSFERRED INTO TANK TRUCKS 01/12/96.

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. HAZ MAT SYSTEMS
Business Name and Address:	
E-mail Address:	
Telephone Number:	2152094494
Fax Number:	
Hazmat Registration Number:	
Date:	01/11/1996
Preparer is:	