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: E-2019010414
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/06/2019

4. Time of Incident (use 24-hour time):
20:13

5. Enter National Response Center Report Number (if applicable):
1234711

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: BARTOW
County: JEFFERSON
State: GA
Zip Code: (if known): 30413
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MP S113

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN RAILWAY COMPANY
Street: 1200 PEACHTREE ST NE
City: ATLANTA
State: GA
Zip Code: 30309-3579
Federal DOT Id Number: 555
Hazmat Registration Number: 060603450002LN

11. Shipper/Offeror:
Name: Olin Corp
Street: 1638 Industrial Rd
City: MC INTOSH
State: AL
Zip Code: 36553
Waybill/Shipping Paper: 463962
Hazmat Registration Number:

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

13. Destination:
Street: Olin
City: AUGUSTA
State: GA
Zip Code: 30906

14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1789

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 14000 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

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: - 150-Tank Shell
How Failed: - 310-Ripped or Torn
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT111A100W5
(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:	20662 Liquid - Gallon	Package Capacity:
Amount in Package:	19830 Liquid - Gallon	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:		Manufacture Date:
Serial Number:	OLNX32000	Last Test Date:
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	100 PSI (if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)	
Head Thickness:	(if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

If valve or device failed:
Type:
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

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

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	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 Unavailable
Police Report #:	False
In-house cleanup:	False
Other Cleanup:	True

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:	$ 200,000.00
Carrier Damage:	$ 200,000.00
Property Damage:	$ 100,000.00
Response Cost:	$ 3,000,000.00
Remediation/Cleanup Cost:	$ 250,000.00

(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? True

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

Hospitalized (Admitted Only):

Employees:	2
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:	300
Total number of employees evacuated:	
Total evacuated:	300
Duration of the evacuation:	8

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):	47
Weather conditions:	clear
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 192G506 derailed 39 rail cars. During the derailment tank car OLNX32000 and TILX200141 were breached causing the release of hydrochloric acid and hydrogen peroxide. Tank car GATX31792 incurred damage to the BOV resulting in a small spill. Tank car OLNX114043 sustained damaged to the PRD causing a vapor leak of less than one pound that was capped with a C-Kit. Local authorities ordered an evacuation of the area. The cause of the derailment is under investigation.

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:	Robert Wood
Contact's Title:	Asst System Manager Hazardous Material
Business Name and Address:	NORFOLK SOUTHERN RAILWAY COMPANY 1200 PEACHTREE ST NE ATLANTA GA 30309-3579
E-mail Address:	robert.wood2@nscorp.com
Telephone Number:	(404)529-2242
Fax Number:	
Hazmat Registration Number:	060603450002LN
Date:	01/29/2019
Preparer is:	Carrier

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1. Incident Id: E-2019010414
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/06/2019

4. Time of Incident (use 24-hour time):
20:13

5. Enter National Response Center Report Number (if applicable):
1234711

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: BARTOW
County: JEFFERSON
State: GA
Zip Code: (if known): 30413
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MP S113

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN RAILWAY COMPANY
Street: 1200 PEACHTREE ST NE
City: ATLANTA
State: GA
Zip Code: 30309-3579
Federal DOT Id Number: 555
Hazmat Registration Number: 060603450002LN

11. Shipper/Offeror:
Name: Akzo Nobel Pulp & Performance Chemical
Street: 4374 Nashville Ferry Rd
City: Columbus
State: MS
Zip Code: 39702
Waybill/Shipping Paper: 727646
Hazmat Registration Number:

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

13. Destination:
Street: Akzo Nobel
City: AUGUSTA
State: GA
Zip Code: 30901

14. Proper Shipping Name of Hazardous Material: HYDROGEN PEROXIDE, STABILIZED OR HYDROGEN PEROXIDE AQUEOUS SOLUTIONS, STABILIZED WITH MORE THAN 60 PERCENT HYDROGEN PEROXIDE

15. Technical/Trade Name:

16. Hazardous Class/Division: Oxidizer

17. Identification Number: (E.g. UN2764, NA 2020) UN2015

18. Packing Group: (if applicable) I

19. Quantity Released: (Include Measurement Units) 12000 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

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: - 150-Tank Shell
How Failed: - 309-Punctured
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT111A100W6
(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:	20976 Liquid - Gallon	Package Capacity:
Amount in Package:	20130 Liquid - Gallon	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:		Manufacture Date:
Serial Number:	TILX200141	Last Test Date:
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	100 PSI (if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)	
Head Thickness:	(if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

If valve or device failed:
Type:
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

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

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	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 Unavailable
Police Report #:	False
In-house cleanup:	False
Other Cleanup:	True

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:	$ 200,000.00
Carrier Damage:	$ 200,000.00
Property Damage:	$ 100,000.00
Response Cost:	$ 3,000,000.00
Remediation/Cleanup Cost:	$ 250,000.00

(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? True

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

Hospitalized (Admitted Only):

Employees:	2
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:	300
Total number of employees evacuated:	
Total evacuated:	300
Duration of the evacuation:	8

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):	47
Weather conditions:	clear
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
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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Describe:

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E-mail Address:	robert.wood2@nscorp.com
Telephone Number:	(404)529-2242
Fax Number:	
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1234711

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7. Location of Incident:
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County: JEFFERSON
State: GA
Zip Code: (if known): 30413
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MP S113

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN RAILWAY COMPANY
Street: 1200 PEACHTREE ST NE
City: ATLANTA
State: GA
Zip Code: 30309-3579
Federal DOT Id Number: 555
Hazmat Registration Number: 060603450002LN

11. Shipper/Offeror:
Name: Olin Corp
Street: 1638 Industrial Rd
City: MC INTOSH
State: AL
Zip Code: 36553
Waybill/Shipping Paper: 463811
Hazmat Registration Number:

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

13. Destination:
Street: Olin Corp
City: AUGUSTA
State: GA
Zip Code: 30906

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) 1 Gas - Pound

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? True
If yes, provide the Hazard Zone: B

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: - 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 304-Cracked
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT105J500W
(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:	17327 Gas - Gallon	Package Capacity:
Amount in Package:	16630 Gas - Gallon	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:		Manufacture Date:
Serial Number:	OLNX114043	Last Test Date:
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	500 PSI (if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)	
Head Thickness:	(if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

If valve or device failed:
Type:
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

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

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	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 Unavailable
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(See damage definitions in the instructions)

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

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Duration of the evacuation:	8

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):	47
Weather conditions:	clear
Vehicle overturned?	True
Vehicle left roadway/track?	True

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38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

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Describe:

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- 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:	Robert Wood
Contact's Title:	Asst System Manager Hazardous Material
Business Name and Address:	NORFOLK SOUTHERN RAILWAY COMPANY 1200 PEACHTREE ST NE ATLANTA GA 30309-3579
E-mail Address:	robert.wood2@nscorp.com
Telephone Number:	(404)529-2242
Fax Number:	
Hazmat Registration Number:	060603450002LN
Date:	01/29/2019
Preparer is:	Carrier

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: E-2019010414
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/06/2019

4. Time of Incident (use 24-hour time):
20:13

5. Enter National Response Center Report Number (if applicable):
1234711

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: BARTOW
County: JEFFERSON
State: GA
Zip Code: (if known): 30413
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MP S113

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: NORFOLK SOUTHERN RAILWAY COMPANY
Street: 1200 PEACHTREE ST NE
City: ATLANTA
State: GA
Zip Code: 30309-3579
Federal DOT Id Number: 555
Hazmat Registration Number: 060603450002LN

11. Shipper/Offeror:
Name: Chemtrade Logistics
Street: 1400 Olin Rd
City: Beaumont
State: TX
Zip Code: 77705
Waybill/Shipping Paper: 792456
Hazmat Registration Number:

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

13. Destination:
Street: Southern Ionics
City: AUGUSTA
State: GA
Zip Code: 30906

14. Proper Shipping Name of Hazardous Material: BISULFITES, AQUEOUS SOLUTIONS, N.O.S.

15. Technical/Trade Name: sodium bisulfite

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN2693

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 10 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

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: - 106-Bottom Outlet Valve
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT111A100W1
(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:	20270 Liquid - Gallon	Package Capacity:
Amount in Package:	19450 Liquid - Gallon	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:		Manufacture Date:
Serial Number:	GATX31792	Last Test Date:
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	100 PSI (if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)	
Head Thickness:	(if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

If valve or device failed:
Type:
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

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

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	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 Unavailable
Police Report #:	False
In-house cleanup:	False
Other Cleanup:	True

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:	$ 200,000.00
Carrier Damage:	$ 200,000.00
Property Damage:	$ 100,000.00
Response Cost:	$ 3,000,000.00
Remediation/Cleanup Cost:	$ 250,000.00

(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? True

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

Hospitalized (Admitted Only):

Employees:	2
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:	300
Total number of employees evacuated:	
Total evacuated:	300
Duration of the evacuation:	8

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):	47
Weather conditions:	clear
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:

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