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-2008050632
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/03/2008

4. Time of Incident (use 24-hour time):
22:30

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: MECCA
County: RIVERSIDE
State: CA
Zip Code: (if known): 92254
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MILEPOST 626.90

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: UNION PACIFIC RAILROAD
Street: 1400 DOUGLAS ST MAIL STOP 1040
City: OMAHA
State: NE
Zip Code: 68179
Federal DOT Id Number:
Hazmat Registration Number: 062706002004OQ

11. Shipper/Offeror:
Name: OLIN
Street: 1186 LOWER RIVER ROAD NW
City: CHARLESTON
State: TN
Zip Code: 37310
Waybill/Shipping Paper: 683669
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: LAKE MEAD PKWY
City: HENDERSON
State: NV
Zip Code: 89015

13. Destination:
Street: NORTH THIRD ST 605
City: EL CENTRO
State: CA
Zip Code: 92243

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) II

19. Quantity Released: (Include Measurement Units) 20000 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: - 308-Leaked
Causes of Failure: - Defective Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 111A100W5
(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:	21049 Liquid - Gallon	Package Capacity:
Amount in Package:	20570 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:		Last Test Date:
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	(if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)	
Head Thickness:	(if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

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

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

PART IV – CONSEQUENCES

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

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	False
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:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 141,236.00
Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

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

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, how many? 0

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

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

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, provide the following information:

Total number of general public evacuated:	80
Total number of employees evacuated:	0
Total evacuated:	80
Duration of the evacuation:	82

36. Was a major transportation artery or facility closed? True

If yes, how many? 82

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

If yes, provide the following information:

Estimated speed (mph):	43
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:

John Stofier, Train Dispatcher 48 WSO5O1 0, reported eastbound Train MWCEC 03, Lead Locomotive UP 8467, at Mile Post 626.10 of the Vuma Subdivision in Mecca, CA. derailed approximately 25 railcars with hazardous materials involved. Robert Bavier, Manager Hazardous Material, was notified and responded. Upon inspection, Manager Bavier reported JRSX 10243,JRSX 11230 releasing Phosphoric acid, SHPX 206832, SHPX 206823, releasing an unknown amount of hydrochloric acid. All materials were transferred and decontamination conducted. The following is detailed description of tank car damage: SHPX 206832-5 foot hole in the side of the car; SHPX 206823-vapor valve was sheared off in the upside down position; JRSX 1 1230-damage to internal bottom outlet valve; JRSX 10243-10 inch hole in the side of the tank car.

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:

(NO COMMENTS PROVIDED)

PART VIII – CONTACT INFORMATION

Contact's Name:	SANDRA S COVI
Contact's Title:	MGR HAZ MATLS MGMT
Business Name and Address:	UNION PACIFIC RAILROAD 1400 DOUGLAS ST MAIL STOP 1040 OMAHA NE 68179
E-mail Address:	scovi@up.com
Telephone Number:	4025444981
Fax Number:	
Hazmat Registration Number:	05/07/2008
Date:	05/07/2008
Preparer is:	Carrier

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PART I - REPORT TYPE

1. Incident Id: I-2008050632
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/03/2008

4. Time of Incident (use 24-hour time):
22:30

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: MECCA
County: RIVERSIDE
State: CA
Zip Code: (if known): 92254
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MILEPOST 626.90

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: UNION PACIFIC RAILROAD
Street: 1400 DOUGLAS ST MAIL STOP 1040
City: OMAHA
State: NE
Zip Code: 68179
Federal DOT Id Number:
Hazmat Registration Number: 062706002004OQ

11. Shipper/Offeror:
Name: JR SIMPLOT
Street: WEST MAIN ST 999
City: BOISE
State: ID
Zip Code: 83716
Waybill/Shipping Paper: 668044
Hazmat Registration Number:

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

13. Destination:
Street: DANENBURG 50
City: EL CENTRO
State: CA
Zip Code: 92244

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

15. Technical/Trade Name: SUPER PHOSPHORIC ACID

16. Hazardous Class/Division: Corrosive Material

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

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 8000 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: - 308-Leaked
Causes of Failure: - Defective Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: AAR 211A100W1
(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:	16369 Liquid - Gallon	Package Capacity:
Amount in Package:	13841 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:
Serial Number:
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:	True	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	False
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:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 141,236.00
Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

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

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, how many? 0

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

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

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, provide the following information:

Total number of general public evacuated:	80
Total number of employees evacuated:	0
Total evacuated:	80
Duration of the evacuation:	82

36. Was a major transportation artery or facility closed? True

If yes, how many? 82

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

If yes, provide the following information:

Estimated speed (mph):	43
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)
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Describe:

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Describe:

(NO COMMENTS PROVIDED)

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Contact's Name:	SANDRA S COVI
Contact's Title:	MGR HAZ MATLS MGMT
Business Name and Address:	UNION PACIFIC RAILROAD 1400 DOUGLAS ST MAIL STOP 1040 OMAHA NE 68179
E-mail Address:	scovi@up.com
Telephone Number:	4025444981
Fax Number:	
Hazmat Registration Number:	05/07/2008
Date:	05/07/2008
Preparer is:	Carrier

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County: RIVERSIDE
State: CA
Zip Code: (if known): 92254
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MILEPOST 626.90

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: UNION PACIFIC RAILROAD
Street: 1400 DOUGLAS ST MAIL STOP 1040
City: OMAHA
State: NE
Zip Code: 68179
Federal DOT Id Number:
Hazmat Registration Number: 062706002004OQ

11. Shipper/Offeror:
Name: JR SIMPLOT
Street: WEST MAIN ST 999
City: BOISE
State: ID
Zip Code: 83716
Waybill/Shipping Paper: 668042
Hazmat Registration Number:

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

13. Destination:
Street: DANENBURG 50
City: EL CENTRO
State: CA
Zip Code: 92244

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

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

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

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 20 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; 154-Valve Body
How Failed: - 308-Leaked
Causes of Failure: - Defective Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: AAR 211A100W1
(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:	16201 Liquid - Gallon	Package Capacity:
Amount in Package:	12500 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:
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: BOTTOM OUTLET VA
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 #:	False
Police Report #:	False
In-house cleanup:	False
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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:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 141,236.00
Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

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

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, how many? 0

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

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

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, provide the following information:

Total number of general public evacuated:	80
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Total evacuated:	80
Duration of the evacuation:	82

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If yes, how many? 82

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

If yes, provide the following information:

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Weather conditions:	Clear
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Vehicle left roadway/track?	True

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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:

John Stofier, Train Dispatcher 48 WSO5O1 0, reported eastbound Train MWCEC 03, Lead Locomotive UP 8467, at Mile Post 626.10 of the Vuma Subdivision in Mecca, CA. derailed approximately 25 railcars with hazardous materials involved. Robert Bavier, Manager Hazardous Material, was notified and responded. Upon inspection, Manager Bavier reported JRSX 10243,JRSX 11230 releasing Phosphoric acid, SHPX 206832, SHPX 206823, releasing an unknown amount of hydrochloric acid. All materials were transferred and decontamination conducted. The following is detailed description of tank car damage: SHPX 206832-5 foot hole in the side of the car; SHPX 206823-vapor valve was sheared off in the upside down position; JRSX 1 1230-damage to internal bottom outlet valve; JRSX 10243-10 inch hole in the side of the tank car.

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:

(NO COMMENTS PROVIDED)

PART VIII – CONTACT INFORMATION

Contact's Name:	SANDRA S COVI
Contact's Title:	MGR HAZ MATLS MGMT
Business Name and Address:	UNION PACIFIC RAILROAD 1400 DOUGLAS ST MAIL STOP 1040 OMAHA NE 68179
E-mail Address:	scovi@up.com
Telephone Number:	4025444981
Fax Number:	
Hazmat Registration Number:	05/07/2008
Date:	05/07/2008
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: I-2008050632
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/03/2008

4. Time of Incident (use 24-hour time):
22:30

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: MECCA
County: RIVERSIDE
State: CA
Zip Code: (if known): 92254
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MILEPOST 626.90

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: UNION PACIFIC RAILROAD
Street: 1400 DOUGLAS ST MAIL STOP 1040
City: OMAHA
State: NE
Zip Code: 68179
Federal DOT Id Number:
Hazmat Registration Number: 062706002004OQ

11. Shipper/Offeror:
Name: OLIN
Street: 1186 LOWER RIVER ROAD NW
City: CHARLESTON
State: TN
Zip Code: 37310
Waybill/Shipping Paper: 683666
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: LAKE MEAD PKWY
City: HENDERSON
State: NV
Zip Code: 89015

13. Destination:
Street: NORTH THIRD ST 605
City: EL CENTRO
State: CA
Zip Code: 92243

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) II

19. Quantity Released: (Include Measurement Units) 15200 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: - 308-Leaked
Causes of Failure: - Defective Component or Device

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:	21074 Liquid - Gallon	Package Capacity:
Amount in Package:	20150 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:
Serial Number:
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:	True	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	False
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:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 141,236.00
Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

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

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, how many? 0

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

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

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, provide the following information:

Total number of general public evacuated:	80
Total number of employees evacuated:	0
Total evacuated:	80
Duration of the evacuation:	82

36. Was a major transportation artery or facility closed? True

If yes, how many? 82

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

If yes, provide the following information:

Estimated speed (mph):	43
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

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Fax Number:	
Hazmat Registration Number:	05/07/2008
Date:	05/07/2008
Preparer is:	Carrier