



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-2026010324
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/20/2026
4. Time of Incident (use 24-hour time): 17:44
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: SOUTH PORTLAND
County: CUMBERLAND
State: ME
Zip Code: (if known): 04116
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile: 1453102
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CSX TRANSPORTATION, INC.
Street: 500 WATER ST # 15
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number: 29619
Hazmat Registration Number:
11. Shipper/Offeror:
Name: KIROS ENERGY MARKETING ULC
Street: 700 2 ST SW SUITE 3150
City: CALGARY
State: ZZ
Zip Code: T2P2W2
Waybill/Shipping Paper: 686996
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 118 Plank RD
City: Sarnia
State: ZZ
Zip Code: N7T7H7
14. Proper Shipping Name of Hazardous Material: LIQUEFIED PETROLEUM GAS
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1075

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:

On 01/20/2026, at 1744 hrs., personnel in the CSXT Rigby Yard discovered PROX32414, a residue tank car of Liquid Petroleum Gas, leaking from the B-Right Vaper Line valve. The car was isolated and (Fabian oil, South Portland Fire, SERC, and NRC were notified, CHEMTREC Report #2026-01-21-0048. South Portland Fire was dispatched to the scene and verified the B-Right vaper Line valve was not fully closed and the secondary plug was less than tool tight and Fire department advised that they were able to turn the valve half a turn and secondary plug was found less than tool tight by Marian Environmental. Marian Environmental, a CSXT emergency response contractor, was dispatched to the scene and completed a secondary follow up inspection of the valve. The issue was identified and corrective actions were communicated to the shipper Brad Brancanto. The leak was secured and the car was released for transport. This incident did not require a special switching move. 7.1 is not required. (NAR Cause code 380) R229180

Cause Code: 380

NARRI: 5

R229180

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:	David Scoons
Contact's Title:	Analyst
Business Name and Address:	CSX TRANSPORTATION, INC. 500 WATER ST # 15 JACKSONVILLE FL 32202
E-mail Address:	david_scoons@csx.com
Telephone Number:	(518)767-6252
Fax Number:	
Hazmat Registration Number:	
Date:	01/26/2026
Preparer is:	Carrier

12/02/2007