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: X-2014020292
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/31/2014

4. Time of Incident (use 24-hour time):
08:30

5. Enter National Response Center Report Number (if applicable):
1072598

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

7. Location of Incident:
City: NEW AUGUSTA
County: PERRY
State: MS
Zip Code: (if known): 39462
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CN / Illinois Central Railroad
Street: 17641 South Ashland Avenue
City: Homewood
State: IL
Zip Code: 60430-1345
Federal DOT Id Number: CN103
Hazmat Registration Number: 060513556008V

11. Shipper/Offeror:
Name: JP MORGAN COMMODITIES CANADA
Street: 326 11 AVE SW
City: CALGARY
State: ZZ
Zip Code:
Waybill/Shipping Paper: CN713810V2
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: HIGHWAY 16 + MAIN STREET
City: LASHBURN
State: ZZ
Zip Code:

13. Destination:
Street: 100 SAWMILL ROAD
City: SARALAND
State: AL
Zip Code: 36571

14. Proper Shipping Name of Hazardous Material: COMBUSTIBLE LIQUID, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 100 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: 111S100W1
(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:	25650 Liquid - Gallon	Package Capacity:	
Amount in Package:	23485 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:	03/15/2013
Serial Number:	SHPX211270	Last Test Date:	03/15/2013
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	100 (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:	False	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	True	NO AGENCY NUMBER
Police Report #:	True	NO AGENCY NUMBER
In-house cleanup:	True	
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:	$ 94,875.00
Carrier Damage:	$ 0.00
Property Damage:	$ 25,000.00
Response Cost:	$ 1,000,000.00
Remediation/Cleanup Cost:	$ 1,000,000.00

(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:	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:	16
Total number of employees evacuated:	0
Total evacuated:	16
Duration of the evacuation:	48

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

If yes, how many? 24

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

If yes, provide the following information:

Estimated speed (mph):	43
Weather conditions:	SUNNY
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:

(A-G)CN south bound train A48871-31 derailed twenty-two (22) cars of which fifteen (15) of the cars were regulated commodities on the Beaumont Sub at milepost 78.8, New Augusta, MS. All appropriate departments notified and responded. Thirteen (13) tank cars contained Combustible Liquid N.O.S. (Fuel Oil), one (1) tank car contained Methanol and one (1) tank car contained Elevated Temperature Liquid N.O.S. (Rosin). Seven (7) of the cars released product, six (6) cars released Combustible Liquid N.O.S. (Fuel Oil) and one (1) car released Methanol. Product was contained to the site. All remaining product in all cars was transferred and shipped to destination or removed for disposal.

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 additional comments.

PART VIII – CONTACT INFORMATION

Contact's Name:	Anthony Ippolito
Contact's Title:	Senior Dangerous Goods Officer
Business Name and Address:	CN / Illinois Central Railroad 17641 South Ashland Avenue Homewood IL 60430-1345
E-mail Address:	anthony.ippolito@cn.ca
Telephone Number:	815-774-6410
Fax Number:	219-883-4228
Hazmat Registration Number:	060513556008V
Date:	
Preparer is:	Carrier

03/15/2013

U.S Department of Transportation
Research and Special Programs Administration

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PART I - REPORT TYPE

1. Incident Id: X-2014020292
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/31/2014

4. Time of Incident (use 24-hour time):
08:30

5. Enter National Response Center Report Number (if applicable):
1072598

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

7. Location of Incident:
City: NEW AUGUSTA
County: PERRY
State: MS
Zip Code: (if known): 39462
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CN / Illinois Central Railroad
Street: 17641 South Ashland Avenue
City: Homewood
State: IL
Zip Code: 60430-1345
Federal DOT Id Number: CN103
Hazmat Registration Number: 060513556008V

11. Shipper/Offeror:
Name: JP MORGAN COMMODITIES CANADA
Street: 326 11 AVE SW
City: CALGARY
State: ZZ
Zip Code:
Waybill/Shipping Paper: CN713810V2
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: HIGHWAY 16 + MAIN STREET
City: LASHBURN
State: ZZ
Zip Code:

13. Destination:
Street: 100 SAWMILL ROAD
City: SARALAND
State: AL
Zip Code: 36571

14. Proper Shipping Name of Hazardous Material: COMBUSTIBLE LIQUID, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 24000 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: - 104-Body
How Failed: - 309-Punctured
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 111S100W1
(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:	25640 Liquid - Gallon	Package Capacity:	
Amount in Package:	23640 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:	02/01/2013
Serial Number:	SHPX211034	Last Test Date:	02/01/2013
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	100 (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:	False	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	True	NO AGENCY NUMBER
Police Report #:	True	NO AGENCY NUMBER
In-house cleanup:	True	
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:	$ 94,875.00
Carrier Damage:	$ 0.00
Property Damage:	$ 25,000.00
Response Cost:	$ 1,000,000.00
Remediation/Cleanup Cost:	$ 1,000,000.00

(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:	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:	16
Total number of employees evacuated:	0
Total evacuated:	16
Duration of the evacuation:	48

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

If yes, how many? 24

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

If yes, provide the following information:

Estimated speed (mph):	43
Weather conditions:	SUNNY
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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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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Describe:

(A-G)CN south bound train A48871-31 derailed twenty-two (22) cars of which fifteen (15) of the cars were regulated commodities on the Beaumont Sub at milepost 78.8, New Augusta, MS. All appropriate departments notified and responded. Thirteen (13) tank cars contained Combustible Liquid N.O.S. (Fuel Oil), one (1) tank car contained Methanol and one (1) tank car contained Elevated Temperature Liquid N.O.S. (Rosin). Seven (7) of the cars released product, six (6) cars released Combustible Liquid N.O.S. (Fuel Oil) and one (1) car released Methanol. Product was contained to the site. All remaining product in all cars was transferred and shipped to destination or removed for disposal.

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Describe:

No additional comments.

PART VIII – CONTACT INFORMATION

Contact's Name:	Anthony Ippolito
Contact's Title:	Senior Dangerous Goods Officer
Business Name and Address:	CN / Illinois Central Railroad 17641 South Ashland Avenue Homewood IL 60430-1345
E-mail Address:	anthony.ippolito@cn.ca
Telephone Number:	815-774-6410
Fax Number:	219-883-4228
Hazmat Registration Number:	060513556008V
Date:	
Preparer is:	Carrier

02/01/2013

U.S Department of Transportation
Research and Special Programs Administration

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01/31/2014

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08:30

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1072598

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

7. Location of Incident:
City: NEW AUGUSTA
County: PERRY
State: MS
Zip Code: (if known): 39462
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CN / Illinois Central Railroad
Street: 17641 South Ashland Avenue
City: Homewood
State: IL
Zip Code: 60430-1345
Federal DOT Id Number: CN103
Hazmat Registration Number: 060513556008V

11. Shipper/Offeror:
Name: JP MORGAN COMMODITIES CANADA
Street: 326 11 AVE SW
City: CALGARY
State: ZZ
Zip Code:
Waybill/Shipping Paper: CN713810V2
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: HIGHWAY 16 + MAIN STREET
City: LASHBURN
State: ZZ
Zip Code:

13. Destination:
Street: 100 SAWMILL ROAD
City: SARALAND
State: AL
Zip Code: 36571

14. Proper Shipping Name of Hazardous Material: COMBUSTIBLE LIQUID, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 250 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: - 104-Body
How Failed: - 309-Punctured
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 111S100W1
(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:	25670 Liquid - Gallon	Package Capacity:	
Amount in Package:	23640 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:	02/14/2013
Serial Number:	SHPX211049	Last Test Date:	02/14/2013
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	100 (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:	False	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	True	NO AGENCY NUMBER
Police Report #:	True	NO AGENCY NUMBER
In-house cleanup:	True	
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:	$ 94,875.00
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Remediation/Cleanup Cost:	$ 1,000,000.00

(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:	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:	16
Total number of employees evacuated:	0
Total evacuated:	16
Duration of the evacuation:	48

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

If yes, how many? 24

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

If yes, provide the following information:

Estimated speed (mph):	43
Weather conditions:	SUNNY
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?

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-G)CN south bound train A48871-31 derailed twenty-two (22) cars of which fifteen (15) of the cars were regulated commodities on the Beaumont Sub at milepost 78.8, New Augusta, MS. All appropriate departments notified and responded. Thirteen (13) tank cars contained Combustible Liquid N.O.S. (Fuel Oil), one (1) tank car contained Methanol and one (1) tank car contained Elevated Temperature Liquid N.O.S. (Rosin). Seven (7) of the cars released product, six (6) cars released Combustible Liquid N.O.S. (Fuel Oil) and one (1) car released Methanol. Product was contained to the site. All remaining product in all cars was transferred and shipped to destination or removed for disposal.

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 additional comments.

PART VIII – CONTACT INFORMATION

Contact's Name:	Anthony Ippolito
Contact's Title:	Senior Dangerous Goods Officer
Business Name and Address:	CN / Illinois Central Railroad 17641 South Ashland Avenue Homewood IL 60430-1345
E-mail Address:	anthony.ippolito@cn.ca
Telephone Number:	815-774-6410
Fax Number:	219-883-4228
Hazmat Registration Number:	060513556008V
Date:	
Preparer is:	Carrier

02/14/2013

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: X-2014020292
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/31/2014

4. Time of Incident (use 24-hour time):
08:30

5. Enter National Response Center Report Number (if applicable):
1072598

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

7. Location of Incident:
City: NEW AUGUSTA
County: PERRY
State: MS
Zip Code: (if known): 39462
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CN / Illinois Central Railroad
Street: 17641 South Ashland Avenue
City: Homewood
State: IL
Zip Code: 60430-1345
Federal DOT Id Number: CN103
Hazmat Registration Number: 060513556008V

11. Shipper/Offeror:
Name: JP MORGAN COMMODITIES CANADA
Street: 326 11 AVE SW
City: CALGARY
State: ZZ
Zip Code:
Waybill/Shipping Paper: CN713810V2
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: HIGHWAY 16 + MAIN STREET
City: LASHBURN
State: ZZ
Zip Code:

13. Destination:
Street: 100 SAWMILL ROAD
City: SARALAND
State: AL
Zip Code: 36571

14. Proper Shipping Name of Hazardous Material: COMBUSTIBLE LIQUID, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 1000 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: - 104-Body
How Failed: - 309-Punctured
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 111S100W1
(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:	25640 Liquid - Gallon	Package Capacity:	
Amount in Package:	23640 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:	01/14/2013
Serial Number:	SHPX211013	Last Test Date:	01/14/2013
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	100 (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:	False	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	True	NO AGENCY NUMBER
Police Report #:	True	NO AGENCY NUMBER
In-house cleanup:	True	
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:	$ 94,875.00
Carrier Damage:	$ 0.00
Property Damage:	$ 25,000.00
Response Cost:	$ 1,000,000.00
Remediation/Cleanup Cost:	$ 1,000,000.00

(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:	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:	16
Total number of employees evacuated:	0
Total evacuated:	16
Duration of the evacuation:	48

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

If yes, how many? 24

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

If yes, provide the following information:

Estimated speed (mph):	43
Weather conditions:	SUNNY
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:

(A-G)CN south bound train A48871-31 derailed twenty-two (22) cars of which fifteen (15) of the cars were regulated commodities on the Beaumont Sub at milepost 78.8, New Augusta, MS. All appropriate departments notified and responded. Thirteen (13) tank cars contained Combustible Liquid N.O.S. (Fuel Oil), one (1) tank car contained Methanol and one (1) tank car contained Elevated Temperature Liquid N.O.S. (Rosin). Seven (7) of the cars released product, six (6) cars released Combustible Liquid N.O.S. (Fuel Oil) and one (1) car released Methanol. Product was contained to the site. All remaining product in all cars was transferred and shipped to destination or removed for disposal.

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 additional comments.

PART VIII – CONTACT INFORMATION

Contact's Name:	Anthony Ippolito
Contact's Title:	Senior Dangerous Goods Officer
Business Name and Address:	CN / Illinois Central Railroad 17641 South Ashland Avenue Homewood IL 60430-1345
E-mail Address:	anthony.ippolito@cn.ca
Telephone Number:	815-774-6410
Fax Number:	219-883-4228
Hazmat Registration Number:	060513556008V
Date:	
Preparer is:	Carrier

01/14/2013

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: X-2014020292
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/31/2014

4. Time of Incident (use 24-hour time):
08:30

5. Enter National Response Center Report Number (if applicable):
1072598

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

7. Location of Incident:
City: NEW AUGUSTA
County: PERRY
State: MS
Zip Code: (if known): 39462
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CN / Illinois Central Railroad
Street: 17641 South Ashland Avenue
City: Homewood
State: IL
Zip Code: 60430-1345
Federal DOT Id Number: CN103
Hazmat Registration Number: 060513556008V

11. Shipper/Offeror:
Name: JP MORGAN COMMODITIES CANADA
Street: 326 11 AVE SW
City: CALGARY
State: ZZ
Zip Code:
Waybill/Shipping Paper: CN713810V2
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: HIGHWAY 16 + MAIN STREET
City: LASHBURN
State: ZZ
Zip Code:

13. Destination:
Street: 100 SAWMILL ROAD
City: SARALAND
State: AL
Zip Code: 36571

14. Proper Shipping Name of Hazardous Material: COMBUSTIBLE LIQUID, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 24000 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: - 104-Body
How Failed: - 309-Punctured
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 111S100W1
(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:	25650 Liquid - Gallon	Package Capacity:	
Amount in Package:	24000 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:	01/18/2013
Serial Number:	SHPX210988	Last Test Date:	01/18/2013
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	100 (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:	False	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	True	NO AGENCY NUMBER
Police Report #:	True	NO AGENCY NUMBER
In-house cleanup:	True	
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:	$ 94,875.00
Carrier Damage:	$ 0.00
Property Damage:	$ 25,000.00
Response Cost:	$ 1,000,000.00
Remediation/Cleanup Cost:	$ 1,000,000.00

(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:	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:	16
Total number of employees evacuated:	0
Total evacuated:	16
Duration of the evacuation:	48

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

If yes, how many? 24

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

If yes, provide the following information:

Estimated speed (mph):	43
Weather conditions:	SUNNY
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:

(A-G)CN south bound train A48871-31 derailed twenty-two (22) cars of which fifteen (15) of the cars were regulated commodities on the Beaumont Sub at milepost 78.8, New Augusta, MS. All appropriate departments notified and responded. Thirteen (13) tank cars contained Combustible Liquid N.O.S. (Fuel Oil), one (1) tank car contained Methanol and one (1) tank car contained Elevated Temperature Liquid N.O.S. (Rosin). Seven (7) of the cars released product, six (6) cars released Combustible Liquid N.O.S. (Fuel Oil) and one (1) car released Methanol. Product was contained to the site. All remaining product in all cars was transferred and shipped to destination or removed for disposal.

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 additional comments.

PART VIII – CONTACT INFORMATION

Contact's Name:	Anthony Ippolito
Contact's Title:	Senior Dangerous Goods Officer
Business Name and Address:	CN / Illinois Central Railroad 17641 South Ashland Avenue Homewood IL 60430-1345
E-mail Address:	anthony.ippolito@cn.ca
Telephone Number:	815-774-6410
Fax Number:	219-883-4228
Hazmat Registration Number:	060513556008V
Date:	
Preparer is:	Carrier

01/18/2013

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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INSTRUCTIONS

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PART I - REPORT TYPE

1. Incident Id: X-2014020292
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/31/2014

4. Time of Incident (use 24-hour time):
08:30

5. Enter National Response Center Report Number (if applicable):
1072598

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

7. Location of Incident:
City: NEW AUGUSTA
County: PERRY
State: MS
Zip Code: (if known): 39462
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CN / Illinois Central Railroad
Street: 17641 South Ashland Avenue
City: Homewood
State: IL
Zip Code: 60430-1345
Federal DOT Id Number: CN103
Hazmat Registration Number: 060513556008V

11. Shipper/Offeror:
Name: JP MORGAN COMMODITIES CANADA
Street: 326 11 AVE SW
City: CALGARY
State: ZZ
Zip Code:
Waybill/Shipping Paper: CN713810V2
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: HIGHWAY 16 + MAIN STREET
City: LASHBURN
State: ZZ
Zip Code:

13. Destination:
Street: 100 SAWMILL ROAD
City: SARALAND
State: AL
Zip Code: 36571

14. Proper Shipping Name of Hazardous Material: COMBUSTIBLE LIQUID, N.O.S.

15. Technical/Trade Name:

16. Hazardous Class/Division: Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 1000 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: - 104-Body
How Failed: - 309-Punctured
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 111S100W1
(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:	25650 Liquid - Gallon	Package Capacity:	
Amount in Package:	23640 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:	01/15/2013
Serial Number:	SHPX210980	Last Test Date:	01/15/2013
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	100 (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:	False	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	True	NO AGENCY NUMBER
Police Report #:	True	NO AGENCY NUMBER
In-house cleanup:	True	
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:	$ 94,875.00
Carrier Damage:	$ 0.00
Property Damage:	$ 25,000.00
Response Cost:	$ 1,000,000.00
Remediation/Cleanup Cost:	$ 1,000,000.00

(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:	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:	16
Total number of employees evacuated:	0
Total evacuated:	16
Duration of the evacuation:	48

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

If yes, how many? 24

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

If yes, provide the following information:

Estimated speed (mph):	43
Weather conditions:	SUNNY
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:

(A-G)CN south bound train A48871-31 derailed twenty-two (22) cars of which fifteen (15) of the cars were regulated commodities on the Beaumont Sub at milepost 78.8, New Augusta, MS. All appropriate departments notified and responded. Thirteen (13) tank cars contained Combustible Liquid N.O.S. (Fuel Oil), one (1) tank car contained Methanol and one (1) tank car contained Elevated Temperature Liquid N.O.S. (Rosin). Seven (7) of the cars released product, six (6) cars released Combustible Liquid N.O.S. (Fuel Oil) and one (1) car released Methanol. Product was contained to the site. All remaining product in all cars was transferred and shipped to destination or removed for disposal.

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 additional comments.

PART VIII – CONTACT INFORMATION

Contact's Name:	Anthony Ippolito
Contact's Title:	Senior Dangerous Goods Officer
Business Name and Address:	CN / Illinois Central Railroad 17641 South Ashland Avenue Homewood IL 60430-1345
E-mail Address:	anthony.ippolito@cn.ca
Telephone Number:	815-774-6410
Fax Number:	219-883-4228
Hazmat Registration Number:	060513556008V
Date:	
Preparer is:	Carrier

01/15/2013

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: X-2014020292
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/31/2014

4. Time of Incident (use 24-hour time):
08:30

5. Enter National Response Center Report Number (if applicable):
1072598

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

7. Location of Incident:
City: NEW AUGUSTA
County: PERRY
State: MS
Zip Code: (if known): 39462
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CN / Illinois Central Railroad
Street: 17641 South Ashland Avenue
City: Homewood
State: IL
Zip Code: 60430-1345
Federal DOT Id Number: CN103
Hazmat Registration Number: 060513556008V

11. Shipper/Offeror:
Name: NEXEO SOLUTIONS LLC
Street: 802 Harmon Ave.
City: Columbus
State: OH
Zip Code: 43223
Waybill/Shipping Paper: CN608049V2
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 11842 RIVER ROAD
City: SAINT ROSE
State: LA
Zip Code: 70087

13. Destination:
Street: 701 WESTERN DRIVE
City: Mobile
State: AL
Zip Code: 36607

14. Proper Shipping Name of Hazardous Material: METHANOL

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1230

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 100 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: - 134-Liquid Valve
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Derailment

26a. Provide the packaging identification markings, if available.
Identification Markings: 111A100W1
(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:	30094 Liquid - Gallon	Package Capacity:	
Amount in Package:	29191 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:	ACF300	Manufacture Date:	01/01/2004
Serial Number:	NATX301242	Last Test Date:	01/01/2004
Material of Construction:	AAR TC-128, Gr. B (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	100 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.437 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.437 INCH (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:	False	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #:	True	NO AGENCY NUMBER
Police Report #:	True	NO AGENCY NUMBER
In-house cleanup:	True	
Other Cleanup:	True	

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Telephone Number:	815-774-6410
Fax Number:	219-883-4228
Hazmat Registration Number:	060513556008V
Date:	
Preparer is:	Carrier

01/01/2004