



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-2017080212
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 08/02/2017
4. Time of Incident (use 24-hour time): 04:55
5. Enter National Response Center Report Number (if applicable): 1185987
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: HYNDMAN
County: BEDFORD
State: PA
Zip Code: (if known): 15545
- Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MP BF 193.7
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: CSX TRANSPORTATION
Street: 500 WATER STREET
City: JACKSONVILLE
State: FL
Zip Code: 32202
- Federal DOT Id Number: Hazmat Registration Number: 052014550074WY
11. Shipper/Officer:
- Name: AUX SABLE LIQUID PRODUCTS LP A/O BP ENERGY CO
Street: 6155 E. US ROUTE 6
City: MORRIS
State: IL
Zip Code: 60450
- Waybill/Shipping Paper: 712-075306-975913 Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 3101 SHELL ROAD
City: BALTIMORE
State: MD
Zip Code: 21226
14. Proper Shipping Name of Hazardous Material: PETROLEUM GASES, LIQUEFIED OR LIQUEFIED PETROLEUM GAS
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1075

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 29712 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: -

Causes of Failure: -

26a. Provide the packaging identification markings, if available.

Identification Markings: DOT 112J340W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

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

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 33640 Liquid - Gallon
Amount in Package: 29712 Liquid - Gallon
Number in Shipment: 1
Number Failed: 1

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: CBTX781553
Serial Number: TC-128 STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)
Material of Construction: 340 (if Tank Car, CTMV, Portable Tank)
Design Pressure: 0.608 INCH (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.608 INCH (if Tank Car, CTMV)
Head Thickness: (if Cylinder)
Service Pressure:
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: | False | - Fire: | True |
| - 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 #: True
In-house cleanup: True
Other Cleanup: False

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: \$ 2,237,759.00
Property Damage: \$ 250,000.00
Response Cost: \$ 5,000,000.00
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: 1000
Total number of employees evacuated: 0
Total evacuated: 1000
Duration of the evacuation: 79

36. Was a major transportation artery or facility closed?

True

If yes, how many? 79

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

True

If yes, provide the following information:

Estimated speed (mph): 28
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:

ON 08/02/2017 AT 0455 IT WAS REPORTED THAT Q38831 DERAILED CARS 33-65 IN HYNDMAN PENNSYLVANIA, CAR CBTX 781553, LOAD OF PROPANE, WAS BREACHED AND CAUGHT FIRE. THE PUNCTURE MEASURED ABOUT 3.25 INCHES IN LENGTH LOCATED AT THE 3 O'CLOCK POSITION ON THE A-R END. TWO OTHER CARS CONTAINING HAZARDOUS MATERIALS ALSO LOST PRODUCT. UTLX 643949, A TANK CAR LOAD OF ASPHALT, HAD THE BOTTOM OUTLET VALVE SHEARED OFF, THE OPERATING HANDLE WAS BENT AND THE 5082, A LOADED TANK CAR OF MOLTEN SULFUR, SUFFERED A 7 FOOT TRANSVERSE SHELL TEAR IN THE RIGHT CORNER OF THE CAR. THE BOTTOM SUSTAINED A 32 X 18 INCH PUNCTURE MID-WAY BETWEEN THE BOTTOM OUTLET VALVE AND THE A-END OF THE CAR. ITDX 5082 LOST THE ENTIRE CONTENTS OF THE CAR, 13,229 GALLONS. DO TO THE FIRE FROM THE CAR CBTX 781553, A COMMUNITY EVACUATION WAS INITIATED INVOLVING APPROXIMATELY 1000 CITIZENS FOR APPROXIMATELY 78.5 HOURS. THE CSX MAINLINE TRACK WAS CLOSED FOR APPROXIMATELY 78 HRS AND 35 MINUTES.

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:

(ATTRI: DERAILMENT CAUSED PUNCTURE. SEE NARRATIVE)

PART VIII – CONTACT INFORMATION

Contact's Name:	CHRIS MACHENBERG
Contact's Title:	DIRECTOR CHEMICAL SAFETY
Business Name and Address:	CSX TRANSPORTATION 500 WATER STREET JACKSONVILLE FL 32202
E-mail Address:	CHRIS_MACHENBERG@CSX.COM
Telephone Number:	904 366 5040
Fax Number:	
Hazmat Registration Number:	052014550074WY
Date:	08/17/2017
Preparer is:	Carrier



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1. Incident Id: I-2017080212
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PART II - GENERAL INCIDENT INFORMATION

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4. Time of Incident (use 24-hour time): 04:55
5. Enter National Response Center Report Number (if applicable): 1185987
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: HYNDMAN
County: BEDFORD
State: PA
Zip Code: (if known): 15545
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MP BF 193.7
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CSX TRANSPORTATION
Street: 500 WATER STREET
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number:
Hazmat Registration Number: 052014550074WY
11. Shipper/Officer:
Name: CANAL TERMINAL CO
Street: 23212 S YOUNGS RD
City: CHANNAHON
State: IL
Zip Code: 60410
Waybill/Shipping Paper: 712-075321-879703
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2520 WILCO BLVD S
City: WILSON
State: NC
Zip Code: 27893
14. Proper Shipping Name of Hazardous Material: ELEVATED TEMPERATURE LIQUID, N.O.S., AT OR ABOVE 100 C AND BELOW ITS FLASH POINT (INCLUDING MOLTEN METALS, MOLTEN SALTS, ETC.)
15. Technical/Trade Name:
16. Hazardous Class/Division: Miscellaneous Hazardous Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3257

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 14092 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: -

Causes of Failure: -

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: Material of Construction: Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Package Capacity: 23467 Liquid - Gallon Amount in Package: 21138 Liquid - Gallon Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: UTLX643949 Serial Number: UTLX643949 Material of Construction: A516 GR.70 (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: 100 (if Tank Car, CTMV, Portable Tank) Shell Thickness: 0.438 INCH (if Tank Car, CTMV, Portable Tank) Head Thickness: 0.469 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: | False | - Fire: | True |
| - 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 #: True
In-house cleanup: True
Other Cleanup: False

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: \$ 2,237,759.00
Property Damage: \$ 250,000.00
Response Cost: \$ 5,000,000.00
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: 1000
Total number of employees evacuated:
Total evacuated: 1000
Duration of the evacuation: 79

36. Was a major transportation artery or facility closed?

True

If yes, how many? 79

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

True

If yes, provide the following information:

Estimated speed (mph): 28
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

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Describe:

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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:

(ATTRI: DERAILEMENT CAUSED PUNCTURE. SEE NARRATIVE)

PART VIII – CONTACT INFORMATION

Contact's Name:	CHRIS MACHENBERG
Contact's Title:	DIRECTOR CHEMICAL SAFETY
Business Name and Address:	CSX TRANSPORTATION 500 WATER STREET JACKSONVILLE FL 32202
E-mail Address:	CHRIS_MACHENBERG@CSX.COM
Telephone Number:	904 366 5040
Fax Number:	
Hazmat Registration Number:	052014550074WY
Date:	08/17/2017
Preparer is:	Carrier



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6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: HYNDMAN
County: BEDFORD
State: PA
Zip Code: (if known): 15545
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MP BF 193.7
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: CSX TRANSPORTATION
Street: 500 WATER STREET
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number:
Hazmat Registration Number: 052014550074WY
11. Shipper/Officer:
Name: SULCOM INC
Street: 1450 LAKE ROBBINS DR. STE 500
City: THE WOODLANDS
State: TX
Zip Code: 77380
Waybill/Shipping Paper: 712-075321-947398
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 905 E RANDOLPH ROAD
City: HOPEWELL
State: VA
Zip Code: 23860
14. Proper Shipping Name of Hazardous Material: SULFUR, MOLTEN
15. Technical/Trade Name:
16. Hazardous Class/Division: Miscellaneous Hazardous Material
17. Identification Number: (E.g. UN2764, NA 2020) NA2448

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 13229 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

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Tank Car

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What Failed: -

How Failed: -

Causes of Failure: -

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: Material of Construction: Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 13880 Liquid - Gallon Amount in Package: 13229 Liquid - Gallon Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: ITDX5082 Material of Construction: A516 GR.70 (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: 100 (if Tank Car, CTMV, Portable Tank) Shell Thickness: 0.438 INCH (if Tank Car, CTMV, Portable Tank) Head Thickness: 0.438 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: Activity: Critical Safety Index:	

PART IV – CONSEQUENCES

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

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | False | - Fire: | True |
| - 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 #: True
In-house cleanup: True
Other Cleanup: False

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: \$ 2,237,759.00
Property Damage: \$ 250,000.00
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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: 1000
Total number of employees evacuated:
Total evacuated: 1000
Duration of the evacuation: 79

36. Was a major transportation artery or facility closed?

True

If yes, how many? 79

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

True

If yes, provide the following information:

Estimated speed (mph): 28
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:

ON 08/02/2017 AT 0455 IT WAS REPORTED THAT Q38831 DERAILED CARS 33-65 IN HYNDMAN PENNSYLVANIA, CAR CBTX 781553, LOAD OF PROPANE, WAS BREACHED AND CAUGHT FIRE. THE PUNCTURE MEASURED ABOUT 3.25 INCHES IN LENGTH LOCATED AT THE 3 O'CLOCK POSITION ON THE A-R END. TWO OTHER CARS CONTAINING HAZARDOUS MATERIALS ALSO LOST PRODUCT. UTLX 643949, A TANK CAR LOAD OF ASPHALT, HAD THE BOTTOM OUTLET VALVE SHEARED OFF, THE OPERATING HANDLE WAS BENT AND THE 5082, A LOADED TANK CAR OF MOLTEN SULFUR, SUFFERED A 7 FOOT TRANSVERSE SHELL TEAR IN THE RIGHT CORNER OF THE CAR. THE BOTTOM SUSTAINED A 32 X 18 INCH PUNCTURE MID-WAY BETWEEN THE BOTTOM OUTLET VALVE AND THE A-END OF THE CAR. ITDX 5082 LOST THE ENTIRE CONTENTS OF THE CAR, 13,229 GALLONS. DO TO THE FIRE FROM THE CAR CBTX 781553, A COMMUNITY EVACUATION WAS INITIATED INVOLVING APPROXIMATELY 1000 CITIZENS FOR APPROXIMATELY 78.5 HOURS. THE CSX MAINLINE TRACK WAS CLOSED FOR APPROXIMATELY 78 HRS AND 35 MINUTES.

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:

(ATTRI: DERAILMENT CAUSED PUNCTURE. SEE NARRATIVE)

PART VIII - CONTACT INFORMATION

Contact's Name:	CHRIS MACHENBERG
Contact's Title:	DIRECTOR CHEMICAL SAFETY
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Telephone Number:	904 366 5040
Fax Number:	
Hazmat Registration Number:	052014550074WY
Date:	08/17/2017
Preparer is:	Carrier