



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-2025060234
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/11/2025
4. Time of Incident (use 24-hour time):
17:35
5. Enter National Response Center Report Number (if applicable):
1433850
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: BALTIMORE
County: BALTIMORE CITY
State: MD
Zip Code: (if known): 21224
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1841 South Newkirk Street
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit Storage
10. Carrier/Reporter:
Name: CANTON RAILROAD COMPANY
Street: 1841 S NEWKIRK ST
City: BALTIMORE
State: MD
Zip Code: 21224
Federal DOT Id Number: 1070527
Hazmat Registration Number: 061022550083EG
11. Shipper/Officer:
Name: CITGO PETROLEUM CORPORATION
Street: 135 NEW AVE
City: LEMONT
State: IL
Zip Code: 60439
Waybill/Shipping Paper: 413356
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 4201 Boston Street
City: Baltimore
State: MD
Zip Code: 21224
14. Proper Shipping Name of Hazardous Material: PETROLEUM DISTILLATES, N.O.S. OR PETROLEUM PRODUCTS, N.O.S.
15. Technical/Trade Name: Special Naphtholite
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1268

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 4 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: -

How Failed: -

Causes of Failure: - Overfilled

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

Identification Markings: DOT117R100W

(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: 30340 Liquid - Gallon Amount in Package: 30160 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: Serial Number: Material of Construction: steel (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: 100 PSI (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: | True | - Fire: | |
| - Explosion: | | - Material Entered Waterway/Storm Sewer: | |
| - Vapor (Gas) Dispersion: | | - Environmental Damage: | |
| - No Release: | False | | |

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

Fire/EMS Report #: _____
Police Report #: _____
In-house cleanup: False
Other Cleanup: _____

32. Damages Was the total damage cost more than \$500?

False

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	\$ 0.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
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: _____
Responders: _____
General Public: _____

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

False

If yes, how many? _____

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

False

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

Hospitalized (Admitted Only):

Employees: _____
Responders: _____
General Public: _____

Non-Hospitalized:

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

Employees: _____
Responders: _____
General Public: _____

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

False

If yes, provide the following information:

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

36. Was a major transportation artery or facility closed?

False

If yes, how many? _____

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

False

If yes, provide the following information:

Estimated speed (mph): _____
Weather conditions: _____
Vehicle overturned? _____
Vehicle left roadway/track? _____

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 Wednesday, June 11, 2025, at approximately 1730 hours, a CSXT crew noticed a tank car (UTLX 212517) leaking a liquid substance from the top of the car. After a call from the CSX Yardmaster at approximately 1733 hours, a Canton employee walked out to inspect the railcar. It was determined that the leak was coming from the top of the tank car, out of the pressure relief valve, located under the top fitting protection cover. This leak was due to the car being loaded during the winter months and the product inside the tank expanding due to sunlight warming the side of the tank, causing the contents to expand, thus reducing the available head space in the car. A Canton Railroad transload employee came out at 1907 hours and pumped 200 gallons out of the car to prevent further dripping out of the safety valve.

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:

Both the shipper and consignee will be notified of the incident and a recommendation will be made to load the railcars, leaving more head room in the tank for expansion of the product during warm weather months.

PART VIII – CONTACT INFORMATION

Contact's Name:	Tyler Horner
Contact's Title:	Vice President, COO
Business Name and Address:	CANTON RAILROAD COMPANY 1841 S NEWKIRK ST BALTIMORE MD 21224
E-mail Address:	thorner@cantonrr.com
Telephone Number:	(410)633-9190
Fax Number:	
Hazmat Registration Number:	061022550083EG
Date:	06/12/2025
Preparer is:	Carrier

11/01/2008