



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-2024050588

2. This is to report: A

## PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
05/21/2024

4. Time of Incident (use 24-hour time):  
11:00

5. Enter National Response Center Report Number  
(if applicable):  
1399799

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

7. Location of Incident:

City: Manville  
County: Somerset  
State: NJ

Zip Code: (if known): 08835

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
QA56 Manville Yard

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: CSX TRANSPORTATION, INC.  
Street: 500 WATER ST  
City: JACKSONVILLE  
State: FL  
Zip Code: 32202-4445

Federal DOT Id Number: 29619

Hazmat Registration Number:

11. Shipper/Offeror:

Name: GREEN AMERICA RECYCLING, LLC  
Street: 10107 HIGHWAY 79  
City: HANNIBAL  
State: MO  
Zip Code: 63401-7859

Waybill/Shipping Paper: 106934

Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:  
City:  
State:  
Zip Code:

13. Destination:

Street:  
City: Middlesex  
State: NJ  
Zip Code:

14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, N.O.S.

15. Technical/Trade Name: Acetone, Toluene

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1993

18. **Packing Group:** (if applicable) II

19. **Quantity Released:** (Include Measurement Units) 10 Liquid - Gallon

20. **Was the material shipped as a hazardous waste?** True  
If yes, provide the EPA Manifest Number: 001869943VES

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: - 153-Vacuum Relief Valve  
How Failed: - 308-Leaked  
Causes of Failure: - Defective Component or Device

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

Identification Markings: DOT111A100W1

(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: 30130 Liquid - Gallon  
Amount in Package: 10 Liquid - Gallon  
Number in Shipment:  
Number Failed:

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: (if Tank Car, CTMV, Portable Tank, or Cylinder)  
Design Pressure: (if Tank Car, CTMV, Portable Tank)  
Shell Thickness: (if Tank Car, CTMV, Portable Tank)  
Head Thickness: (if Tank Car, CTMV)  
Service Pressure: (if Cylinder)

Manufacture Date:  
Last Test Date:

If valve or device failed:  
Type: Vacuum Relief  
Model: 209-88-SS  
Manufacturer: Midland

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

**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:        True

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

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

|                           |             |
|---------------------------|-------------|
| Material Loss:            | \$ 0.00     |
| Carrier Damage:           | \$ 0.00     |
| Property Damage:          | \$ 0.00     |
| Response Cost:            | \$ 2,000.00 |
| 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:      |  |
| 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 5/21/24, at 1100 hours, FRA Inspector Vincent Au in the CSXT Manville Yard discovered DNAX 130040, Residue tank car UN1993 Flammable Liquid (Acetone, Toluene) with an improperly placed manway gasket, and a vapor release from the vacuum release device. The railcar was isolated in yard, and National Response Center and New Jersey Department of Environment were notified, report number 24-05-23-1554-22. The emergency contact number on the waybill was contacted: 877-818-0087, Velocity Emergency Call Service, with Shipper Contact listed as David Solecki from Veolia Inc. CSX Manager of Hazardous Materials Graham Clark made contact with David Solecki and informed him of situation. MEI, a CSX response contractor was dispatched to the scene, and found the improperly placed manway gasket and defective vacuum relief device. MEI corrected the gasket placement, and removed the vacuum relief device, and put a plug in DNAX 130040. The plug secured the release, and corrective actions were communicated to David Solecki and FRA Inspector Vincent Au. The tank car has remained held from transportation pending receipt of an OTMA or further repair by certified repair unit.

## PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

### Describe:

No comments provided

## PART VIII – CONTACT INFORMATION

|                             |  |
|-----------------------------|--|
| Contact's Name:             | Joseph McCann                                      |
| Contact's Title:            | Director of Hazardous Materials                    |
| Business Name and Address:  | Joseph R McCann<br>500 Water Jacksonville FL 32202 |
| E-mail Address:             | joseph_mccann@csx.com                              |
| Telephone Number:           | 8042267591   |
| Fax Number:                 |  |
| Hazmat Registration Number: |  |
| Date:                       | 06/06/2024   |
| Preparer is:                | Carrier  |