



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-2024061795

2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/08/2024

4. Time of Incident (use 24-hour time):
18:45

5. Enter National Response Center Report Number
(if applicable):
1401297

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

7. Location of Incident:

City: ATLANTA
County: FULTON
State: GA

Zip Code: (if known): 30318

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1600 Marietta Rd. NW

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: NORFOLK SOUTHERN CORPORATION
Street: 650 PEACHTREE ST NE
City: ATLANTA
State: GA
Zip Code: 30309-3579

Federal DOT Id Number:

Hazmat Registration Number:

11. Shipper/Offeror:

Name: RENEWABLE PRODUCTS MARKETING GROUP
Street: 1157 Valley Park Dr. Ste. 100
City: SHAKOPEE
State: MN
Zip Code: 55379

Waybill/Shipping Paper: 1238091299

Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:
City: LIMA
State: OH
Zip Code: 45801

13. Destination:

Street: 104 Parrott Ave
City: ATLANTA
State: GA
Zip Code: 30340

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

15. Technical/Trade Name: ALCOHOLS, N.O.S.

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1987

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: _____
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:	\$ 50,000.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 75,000.00
Remediation/Cleanup Cost:	\$ 150,000.00

(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:	
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:

Remote control locomotive operator free rolled 5 load tank cars from the switching lead into class track 20 which struck tank car CTCX 730096. The B-end stub sill buckled causing the tank shell to crush in on itself. The B-end head shoe pulled the outer most point of repad off the tank shell. The repad continued to be pulled away from the tank shell towards the center of the car until the tank shell tore vertically at the body bolster.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

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

Describe:

No comments provided

PART VIII – CONTACT INFORMATION

Contact's Name:	David Patten
Contact's Title:	Regional Manager Hazardous Materials
Business Name and Address:	Norfolk Southern 650 West Peachtree St, NW ATLANTA GA 30308
E-mail Address:	David.Patten@nscorp.com
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Fax Number:	
Hazmat Registration Number:	060724550239G
Date:	06/27/2024
Preparer is:	Carrier