

# **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: А

3. Date of Incident: 06/08/2024		4. Time of Incident (use 24-hour time): 18:45	
5. Enter National Response Center Report Number		6. If you submitted a report to another Federal DOT agency, enter	
(if applica) 1401297	ble):	the agency and report number:	
7. Location of Incident: City: County: State: Zip Code: (if known): Street Address/Mile Marker/Yard Name 1600 Marietta Rd. NW	ATLANTA FULTON GA 30318 e/Airport/Body of Water/River Mile:		
8. Mode of Transportation: Rail			
9. Transportation Phase: In Transit			
10. Carrier/Reporter: Name: Street: City: State: Zip Code: Federal DOT Id Number:	NORFOLK SOUTHERN CORPO 650 PEACHTREE ST NE ATLANTA GA 30309-3579	RATION Hazmat Registration Number:	
11. Shipper/Offeror:			
Name: Street: City: State: Zip Code: Waybill/Shipping Paper:	RENEWABLE PRODUCTS MAR 1157 Valley Park Dr. Ste. 100 SHAKOPEE MN 55379 1238091299	KETING GROUP Hazmat Registration Number:	
12. Origin (if different from shipper a	uddress)		
Street:	LIMA OH		
13. Destination:			
	104 Parrott Ave ATLANTA GA 30340		
14. Proper Shipping Name of Hazard Material:	ALCOHOLS, N.O.S.		
15. Technical/Trade Name:	ALCOHOLS, N.O.S.		
16. Hazardous Class/Division:	Flammable - Combus	Flammable - Combustible Liquid	
17. Identification Number: (E.g. UN2764	UN1987		

18. Packing Group: (if applicable)	II				
19. Quantity Released: (Include Measurement Units)	" 20000 Liquid - Gallon				
20. Was the material shipped as a hazardous wa					
If yes, provide the EPA Manifest Number:					
<b>21. Is this a Toxic by Inhalation (TIH) material?</b> If yes, provide the Hazard Zone:	False				
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?	<b>s</b> False				
PART III - PACKAGING INFORMATION	J				
24. Check Packaging Type (check only one - if r Tank Car	more than one, list type of packaging, copy Part III, and complete for each type:				
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: - 150-Tank Shell How Failed: - 311-Structural Causes of Failure: - Human Error					
26a. Provide the packaging identification markin					
Identification Ma (Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UI	arkings: 117R100W IN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)				
	ckaging, if identification markings are incomplete or unavailable, see instructions and				
Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):				
Packaging Type: Material of Construction: Head Type (Drums only): 27 Describe the package capacity and the guar	Packaging Type: Material of Construction:				
Material of Construction: Head Type (Drums only): 27. Describe the package capacity and the quar	Packaging Type: Material of Construction: ntity:				
Material of Construction: Head Type (Drums only):	Packaging Type: Material of Construction:				
Material of Construction: Head Type (Drums only): 27. Describe the package capacity and the quar Single Package or Outer Packaging: Package Capacity: Amount in Package: Number in Shipment: Number Failed: 28. Provide packaging construction and test inf Manufacturer: Serial Number: CTCX730096	Packaging Type: Material of Construction: ntity: Single Package or Inner Packaging (if any): Package Capacity: Amount in Package: Number in Shipment: Number in Shipment: Number Failed: formation, as appropriate: Manufacture Date: Last Test Date: Portable Tank, or Cylinder) Portable Tank) V, Portable Tank)				

30. Result of Incident (check all that apply):			
- Spillage: True	- Fire:		
- Explosion:		intered Waterway/Storm Sewer:	
- Vapor (Gas) Dispersion:	- Environm	ental Damage:	
- No Release: False			
<b>31. Emergency Response: The following entities res</b> Fire/EMS Report #: Police Report #: In-house cleanup: Other Cleanup: True	sponded to the incident: (C	heck all that apply)	
32. Damages Was the total damage cost more than	\$5002	True	
If yes, enter the following information:	(If no, go to question 33.)	The	
	\$ 50,000.00		
Carrier Damage:	\$ 0.00		
Property Damage:	\$ 0.00		
	\$ 75,000.00		
Remediation/Cleanup Cost:	\$ 150,000.00		
	(See damage definitions in the i	nstructions)	
33a. Did the hazardous material cause or contribute		False	
If yes, enter the number of fatalities resulting from	the hazardous material:		
Employees:			
Responders: General Public:			
General Public.			
<b>33b. Were there human fatalities that did not result</b> If yes, how many?	from the hazardous materi	al? False	
<b>34. Did the hazardous material cause or contribute to personal Injury?</b> If yes, enter the number of injuries resulting from the hazardous material:		False	
Hospitalized (Admitted Only):			
Employees:			
Responders:			
General Public:			
Non-Hospitalized:			
(e.g.: On site first aid or Emergency Room o Employees:	bservation and release)		
Responders:			
General Public:			
35. Did the hazardous material cause or contribute If yes, provide the following information:	to an evacuation?	False	
Total number of general public evacuated:			
Total number of employees evacuated:			
	0		
Duration of the evacuation:			
36. Was a major transportation artery or facility close lf yes, how many?	sed?	False	
37. Was the material involved in a crash or derailme	ent?	False	
If yes, provide the following information:	1 0.50		
Estimated speed (mph):			
Weather conditions:			
Vehicle overturned?			
Vehicle left roadway/track?			

# 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 Transport by air (subsequent flights) Initial transport by highway to 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
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Fax Number:	
Hazmat Registration Number:	060724550239G
Date:	06/27/2024
Preparer is:	Carrier