



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-2024120283

2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/17/2024

4. Time of Incident (use 24-hour time):
08:15

5. Enter National Response Center Report Number
(if applicable):
1416620

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

7. Location of Incident:

City: BUTLER
County: BUTLER
State: PA

Zip Code: (if known): 16001

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
100 BP Lane MP287

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: BUFFALO & PITTSBURGH RR SHOP
Street: 100 BP LN
City: BUTLER
State: PA
Zip Code: 16001-4680

Federal DOT Id Number:

Hazmat Registration Number: 37336

11. Shipper/Officer:

Name: PETROGAS TERMINALS PENN LLC
Street: 428 YORK AVE
City: DURYEPA
State: PA
Zip Code: 18642-2026

Waybill/Shipping Paper: 388689

Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 440 Hartman Rd
City: EVANS CITY
State: PA
Zip Code: 16033

14. Proper Shipping Name of Hazardous Material: PETROLEUM GASES, LIQUEFIED OR LIQUEFIED PETROLEUM GAS

15. Technical/Trade Name: Propane

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) 1 Liquid - Gallon

20. **Was the material shipped as a hazardous waste?** True
If yes, provide the EPA Manifest Number: 388689

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: - 144-Pressure Relief Valve or Device - Reclosing

How Failed: - 313-Vented

Causes of Failure: - Defective Component or Device

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

Identification Markings: DOT112A340W

(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: 33600 Liquid - Gallon Amount in Package: 33600 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: GATX210862 Material of Construction: TC128 Grade B Steel (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: (if Tank Car, CTMV, Portable Tank) Shell Thickness: 0.608 INCH (if Tank Car, CTMV, Portable Tank) Head Thickness: 0.608 INCH (if Tank Car, CTMV) Service Pressure: (if Cylinder) If valve or device failed: Type: PRD 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:
- 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:
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:	\$ 10,215.00
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:

Empty LPG UN1075 residue car (GATX21086) was heard hissing and smelling of propane. SPSI was contacted and mobilized, arriving at 1230 hrs. SPSI met with Mechanical Manager Clinton Simons to obtain track protection for CN Runner track (616) via blue flag, brake set, switches locked. After safety briefing, SPSI crew climbed to top of car with MX4 to assess for leaks and applied Snoop around the PRD. It was determined the PRD was leaking. Crew used Indian Spring capping kit (64A) to cap off the PRD. Snoop was reapplied to verify there were no leaks present, waited 25 minutes before checking it again. No leaks were verified on the PRD. Clinton Simons was notified of findings, general housekeeping was performed of work area, and crew demobilized back to shop.

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:

Shipper should review loading procedures with all rail yard employees and spot check outbound rail cars for securement compliance.

PART VIII - CONTACT INFORMATION

Contact's Name:	Rita Mager
Contact's Title:	Director Environmental
Business Name and Address:	BUFFALO & PITTSBURGH RR SHOP 100 BP LN BUTLER PA 16001-4680
E-mail Address:	rita.mager@gwrr.com
Telephone Number:	(802)373-2781
Fax Number:	
Hazmat Registration Number:	37336
Date:	12/16/2024
Preparer is:	Carrier