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-2025100719
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/28/2025

4. Time of Incident (use 24-hour time):
18:30

5. Enter National Response Center Report Number (if applicable):
1446539

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

7. Location of Incident:
City: SPARTANBURG
County: SPARTANBURG
State: SC
Zip Code: (if known): 29302
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
450 Wofford St

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CSX TRANSPORTATION, INC.
Street: 500 WATER ST # 15
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number: 29619
Hazmat Registration Number:

11. Shipper/Offeror:
Name: Celanese ltd
Street: 2001 FM 3057
City: Bay City
State: TX
Zip Code: 77414
Waybill/Shipping Paper: 858163
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 14355 Hwy 221
City: ENOREE
State: SC
Zip Code: 29335

14. Proper Shipping Name of Hazardous Material: ETHYLENE, REFRIGERATED LIQUID (CRYOGENIC LIQUID)

15. Technical/Trade Name: Ethylene, Refrigerated

16. Hazardous Class/Division: Flammable Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1038

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 10 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: - 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 313-Vented
Causes of Failure: - Over-pressurized

26a. Provide the packaging identification markings, if available.
Identification Markings: 113C120W9
(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:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**	
Package Capacity:	34500 Liquid - Gallon	Package Capacity:	
Amount in Package:	32500 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	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: 120 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.25 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.5 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date: 06/03/2024
Last Test Date:

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: False
- 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 #: True 25102800064294
Police Report #:
In-house cleanup: True
Other Cleanup:

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:	$ 100.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 50,000.00
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 10/28/2025, at 1830 hours, personnel in the CSXT Spartanburg Yard discovered CELX 246, a loaded tank car of Ethylene, refrigerated liquid, leaking from the top of the tank car. The car was isolated and the shipper, Celanese, was notified via CHEMTREC (Report 2025-10-28-00175 and NRC (Report # 1446539)

HEPACO, a CSXT emergency response contractor, was dispatched to the scene and found that the internal pressure of the tank car was at 76 psi and intermittingly venting. Marion Environmental Inc was additionally dispatched to the scene to conduct a flaring operation to reduce internal pressure off from the tank car. The vacuum was obtained from CELX 246 with a reading of 1700-1800 microns which is an indication that the tank car was over pressurizing, this reading was taken at the Celanese facility. The excess pressure was flared off to 40 psi. CELX 246 was then moved to Celanese industry in Enoree SC without any further issues. The issue was identified, and corrective actions, were communicated to the shipper's representative (Sam Adkins, 304-638-3138).

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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:	MARK MULLIS
Contact's Title:	MANAGER CHEMICAL SAFETY
Business Name and Address:	CSX TRANSPORTATION 500 WATER ST JACKSONVILLE FL 32202
E-mail Address:	Mark_Mullis@csx.com
Telephone Number:	904-279-4583
Fax Number:	
Hazmat Registration Number:	
Date:	10/30/2025
Preparer is:	Carrier

06/03/2024