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-2024070147
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/06/2024

4. Time of Incident (use 24-hour time):
15:45

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

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

7. Location of Incident:

City: Brewster
County: Stark
State: OH
Zip Code: (if known): 44613
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
151 Wabash Ave North

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: John Vergis
Street: 100 East First Street
City: Brewster
State: OH
Zip Code: 44613
Federal DOT Id Number:
Hazmat Registration Number: 051823550187FH

11. Shipper/Offeror:

Name: MARKWEST UTICA EMG, L.L.C.
Street: 46700 Giacobbi Road
City: Jewett
State: OH
Zip Code: 43986
Waybill/Shipping Paper: 666775
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 144 4th Ave
City: Calgary
State: ZZ
Zip Code: T2P3N4

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

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN3295

18. Packing Group: (if applicable) I

19. Quantity Released: (Include Measurement Units) 1 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: - 106-Bottom Outlet Valve
How Failed: - 308-Leaked
Causes of Failure: - Defective Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT117R100W
(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:	30290 Liquid - Gallon	Package Capacity:	
Amount in Package:	152697 Liquid - Pound	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:	ProCore	Manufacture Date:	04/01/2007
Serial Number:		Last Test Date:	01/01/2017

Material of Construction: Carbon Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 100 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: (if Tank Car, CTMV, Portable Tank)
Head Thickness: (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type: Bottom Outlet
Model: 42160 WCB 29F
Manufacturer: Union Tank Car

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: True
- Explosion:
- Vapor (Gas) Dispersion:
- 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? False

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:	$ 0.00
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:

The WLE Brewster Yard Car Inspector found tank car PROX 44241 leaking from the bottom outlet valve. He called the Brewster Yardmaster who then called myself, John Vergis, Hazardous Materials Officer for the WLE. I came out to look at the car and found that the bottom outlet valve of the car was indeed leaking through the valve cap. The valve handle was in the closed position and would not close any more. It was a disengaging ball valve. I removed the seal from the valve handle #1880761 and the valve stem #1880762, so that I could try to cycle the valve to see if I could get the leak to stop.

I could not get the valve to move in either direction either with the valve handle or with a pipe wrench directly on the valve stem. I tried to tighten the valve cap with a 36" pipe wrench but I could not get it any more tight and the leak would not stop. I put containment under the leaking valve and called Specialized Professional Services out of Washington , PA to come out to transload the car into another rail car. They arrived about 2300 hrs. to transload and completed the transload about 0600 the next morning.

On Monday, 7-8-2024, SPSI came back out to clean the interior of the car so that it could go back to the MarkWest plant in Jewett to be repaired. After it was cleaned, I removed the bottom outlet cap and with a 36" pipe wrench, and a second person, we were able to get the valve to open. I looked up into the valve and saw that the nylon seal on the ball was shredded which was the cause of the leak.

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:

I am not sure this would have been found right away.

PART VIII – CONTACT INFORMATION

Contact's Name:	John Vergis
Contact's Title:	Hazardous Materials Officer
Business Name and Address:	John Vergis 100 East First Street Brewster OH 44613
E-mail Address:	jvergis@wlerwy.com
Telephone Number:	(330)767-7280
Fax Number:	(330)767-4114
Hazmat Registration Number:	051823550187FH
Date:	07/08/2024
Preparer is:	Carrier

04/01/2007