



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-2024050720

2. This is to report: A

## PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
05/08/2024

4. Time of Incident (use 24-hour time):  
18:00

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: PORT READING  
County: MIDDLESEX  
State: NJ

Zip Code: (if known): 07064

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
Port Reading Yard

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: CONSOLIDATED RAIL CORPORATION  
Street: 330 FELLOWSHIP RD STE 300  
City: MOUNT LAUREL  
State: NJ  
Zip Code: 08054-1207

Federal DOT Id Number: 179738

Hazmat Registration Number: 060623550090FH

11. Shipper/Offorer:

Name: UNITED REFINING COMPANY  
Street: 15 BRADLEY ST  
City: WARREN  
State: PA  
Zip Code: 16365-3299

Waybill/Shipping Paper: 1546065039370

Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:  
City:  
State:  
Zip Code:

13. Destination:

Street: 78 Lafayette Street  
City: CARTERET  
State: NJ  
Zip Code: 07008

14. Proper Shipping Name of Hazardous Material: PETROLEUM DISTILLATES, N.O.S. OR PETROLEUM PRODUCTS, N.O.S.

15. Technical/Trade Name: Isomerate

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1268

- 18. Packing Group:** (if applicable) I
- 19. Quantity Released:** (Include Measurement Units) 5 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: - 308-Leaked

Causes of Failure: - Overfilled

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

Identification Markings: DOT111A100W1

(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:
<b>27. Describe the package capacity and the quantity:</b>	
<b>Single Package or Outer Packaging:</b>	<b>Single Package or Inner Packaging (if any):</b>
Package Capacity: 31760 Liquid - Gallon Amount in Package: 31760 Liquid - Gallon Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
<b>28. Provide packaging construction and test information, as appropriate:</b>	
Manufacturer: Serial Number: Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: (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: Model: Manufacturer:	Manufacture Date: Last Test Date:
<b>29. If the packaging is for Radioactive Materials, complete the following:</b>	
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:               | 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:	\$ 0.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 5,000.00
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 May 8, 2024 at 1800 Mechanical personnel in the Conrail Port Reading Yard discovered , HSRX 3130 a loaded tank car of Petroleum Distillates (Isomerate) leaking from the top of the tank car.

The car was isolated and the shipper, Kinder Morgan was notified directly via phone . Conrail Manager of Hazardous Material, Joe Caccamo along with Marion Environmental personnel, investigated the leak and found the source be from the reclosing pressure relief device. Liquid product was escaping from the PRD indicating an overloaded condition. The magnetic gauging device was completely maxed out and showing no vapor space in the tank car. A vacuum truck was used to safely remove approximately 3500 gallons.

Cause Code: 419

$5 \times ( 5 + 5 + 0 ) \times ( 2 + 0 ) = 100$

## 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:

## PART VIII – CONTACT INFORMATION

Contact's Name:	Joseph Caccamo
Contact's Title:	Manager of Hazardous Material
Business Name and Address:	CONSOLIDATED RAIL CORPORATION 330 FELLOWSHIP RD STE 300 MOUNT LAUREL NJ 08054-1207
E-mail Address:	joseph.caccamo@conrail.com
Telephone Number:	(609)276-4197
Fax Number:	
Hazmat Registration Number:	060623550090FH
Date:	05/30/2024
Preparer is:	Carrier