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-2011010170
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/15/2011

4. Time of Incident (use 24-hour time):
16:30

5. Enter National Response Center Report Number (if applicable):
964853

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

7. Location of Incident:
City: FT LUPTON
County: WELD
State: CO
Zip Code: (if known): 80621
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Hwy 85 and WCR 18-1/2

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Propane Transport International
Street: 13105 Northwest Freeway Ste 500
City: Houston
State: TX
Zip Code: 77040
Federal DOT Id Number: 388004
Hazmat Registration Number: 050409550053RT

11. Shipper/Offeror:
Name: DCP
Street: 3009 West 49th St.
City: Evans
State: CO
Zip Code: 80620
Waybill/Shipping Paper: 11246211
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 3009 West 49th St.
City: Evans
State: CO
Zip Code: 80620

13. Destination:
Street: 1901 WCR 14
City: Fort Lupton
State: CO
Zip Code: 80621

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

15. Technical/Trade Name: Butane

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) 44 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:
Cargo Tank Motor Vehicle (CTMV)

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: - 141-Piping or Fittings
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: MC 331
(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:	11500 Liquid - Gallon	Package Capacity:	
Amount in Package:	8723 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:	Trinity Industries, Inc.	Manufacture Date:	02/26/1992
Serial Number:	119051	Last Test Date:	09/26/2008
Material of Construction:	metal (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	250 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.38 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.25 INCH (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type:
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:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	False
- No Release:	False		

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: False
Police Report #: True CO3A25000021
In-house cleanup: True
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:	$ 100.00
Carrier Damage:	$ 235,000.00
Property Damage:	$ 5,000.00
Response Cost:	$ 25,000.00
Remediation/Cleanup Cost:	$ 25,000.00

(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:	0
Responders:	0
General Public:	0

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many? 0

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:	0
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	0
Responders:	0
General Public:	0

35. Did the hazardous material cause or contribute to an evacuation? False

If yes, provide the following information:

Total number of general public evacuated:	0
Total number of employees evacuated:	0
Total evacuated:	0
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed? True

If yes, how many? 12

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	65
Weather conditions:	clear
Vehicle overturned?	True
Vehicle left roadway/track?	True

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:

Transport was traveling southbound on hwy 85. The unit crossed the grass median and the northbound lanes and crashed on the east shoulder of the hwy. The tractor and trailer separated. The tractor came to rest in an irrigation canal upside down. The driver was laying in water and was pinned in the wreckage of the truck. The trailer came forward and struck the cab of the tractor and then came to rest on the right side of the unit. The trailer began leaking liquid at the vapor line piping on the bottom of the transport tank. The driver had to be extricated from the wreckage by the fire department. The driver was alert and conscious but had extensive injuries. The driver was transported by medical helicopter to Denver Health Hospital in Lakewood, CO. Hazmat teams and fire department units assisted with vapor control and the product was transfered from transport to transport. Both units were removed from the scene and have been secured as of the time of this report. Hazwoper clean up crews are currently working to remediate vehicle fluids which were spilled in the canal.

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:

Accident is under investigation at this time.

PART VIII – CONTACT INFORMATION

Contact's Name:	Mark T Holloway
Contact's Title:	Manager of Safety
Business Name and Address:	AmeriGas Propane LP
	13105 Northwest Freeway Ste 500 Houston TX 77040
E-mail Address:	mark.holloway@amerigas.com
Telephone Number:	281-552-4044
Fax Number:	281-552-4904
Hazmat Registration Number:	
Date:	01/17/2011
Preparer is:	Carrier

02/26/1992