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-2008020056
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/29/2008

4. Time of Incident (use 24-hour time):
11:00

5. Enter National Response Center Report Number (if applicable):
860944

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

7. Location of Incident:
City: BLOCKTON
County: TAYLOR
State: IA
Zip Code: (if known): 50836
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
3261 290th. St.

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Clarinda Cooperative
Street: Hwy. 71 & 2 Bypass
City: CLARINDA
State: IA
Zip Code: 51632
Federal DOT Id Number: 608983
Hazmat Registration Number: 051707001008PQ

11. Shipper/Offeror:
Name: Clarinda Cooperative
Street: Hwy. 71 & 2 Bypass
City: CLARINDA
State: IA
Zip Code: 51632
Waybill/Shipping Paper:
Hazmat Registration Number: 051707001008PQ

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

13. Destination:
Street: 3261 290th. St.
City: BLOCKTON
State: IA
Zip Code: 50836

14. Proper Shipping Name of Hazardous Material: 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) 560 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: MC331
(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:	2800 Liquid - Gallon	Package Capacity:
Amount in Package:	560 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: (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:

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	- 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 #:	True	08-0000001
Police Report #:	True	08-024
In-house cleanup:	False	
Other Cleanup:	False	

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:	$ 1,120.00
Carrier Damage:	$ 45,000.00
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:	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? True

If yes, provide the following information:

Total number of general public evacuated:	3
Total number of employees evacuated:	0
Total evacuated:	3
Duration of the evacuation:	5

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

If yes, how many? 5

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

If yes, provide the following information:

Estimated speed (mph):	35
Weather conditions:	Snow with 35mph.
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:

At the time of the incident, Mr. Jim O'Connor was driving the propane delivery truck for Clarinda Cooperative. Weather conditions were snow and blowing snow with wind speeds 30 - 35 mph. from the north. As Mr. O'Connor traveled west on 290th. St., he crested a hill and discovered the gravel road surface to be completely covered with ice. Mr. O'Connor lost control of the vehicle and it entered the road ditch and overturned. The accident damaged the vapor return piping on the rear head of the cargo tank motor vehicle.

The damaged piping allowed the liquid propane inside the cargo tank to release to the atmosphere. The propane liquid immediately volitalized to a vapor. The vapor cloud dispersed rapidly with the strong north winds. There was no fire or explosion as a result of this release.

Mr. O'Connor notified his supervisor of the accident. The Taylor County Sheriff's office and the Blockton Volunteer Fire Department responded to the release. The Taylor County Sheriff's Office called for the closure of 290th. St. for a length of one mile, commencing with Yellowstone Ave. at the east end. A single residence was evacuated at 3261 290 th. St. as a precautionary measure. No other residences or businesses were located in the vicinity of the release. The strong north wind dispersed the propane vapor cloud over open agricultural fields.

Officials of Clarinda Cooperative and the Blockton Volunteer Fire Department surveyed the scene and determined that an attempt could be made to close the valve leading to the damaged piping. The attempt to close the valve occurred at approximately 1:30 p.m. The attempt to close the valve was not completely successful and officials determined that they would let the balance of the propane in the cargo tank vent to the atmosphere.

The propane release ended at approximately 5:30 p.m. A wrecker was called in to set the propane delivery vehicle back on it's wheels and return the truck to the roadway. Once the truck was towed from the scene, the Taylor County Sheriff's Office opened 290th. St to traffic and allowed the evacuees to return to their residence.

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:

All drivers will evaluate weather and road conditions when deliveries have to be made during inclement weather.

PART VIII – CONTACT INFORMATION

Contact's Name:	Daniel Tomjack
Contact's Title:	Consultant
Business Name and Address:	Compass, Inc. 507 South Linn ANAMOSA IA 52205
E-mail Address:	dantj95@hotmail.com
Telephone Number:	319-462-5942
Fax Number:	319-462-5943
Hazmat Registration Number:	
Date:	02/04/2008
Preparer is:	Other - Consultant