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-2023090714
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/14/2023

4. Time of Incident (use 24-hour time):
13:15

5. Enter National Response Center Report Number (if applicable):
1376189

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

7. Location of Incident:
City: POPLARVILLE
County: PEARL RIVER
State: MS
Zip Code: (if known): 39470
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-59 South Mile Marker 28

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: AmeriGas Propane, L.P.
Street: 460 N. Gulph Road
City: King of Prussia
State: PA
Zip Code: 19406
Federal DOT Id Number: 388004
Hazmat Registration Number: 060121550088DF

11. Shipper/Offeror:
Name: AmeriGas Propane, L. P.
Street: 460 N. Gulph Road
City: King of Prussia
State: PA
Zip Code: 19406
Waybill/Shipping Paper:
Hazmat Registration Number: 060121550088DF

12. Origin (if different from shipper address)
Street: 331 Belcher Ave
City: CENTREVILLE
State: AL
Zip Code: 35042

13. Destination:
Street: 10367 Airline Hwy
City: ST ROSE
State: LA
Zip Code: 70087

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

15. Technical/Trade Name:

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) 4754 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:
Cylinder

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: - 113-Cylinder Sidewall - Other
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Fire, Temperature, or Heat

26a. Provide the packaging identification markings, if available.
Identification Markings: 4BA240
(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:	4.7 Liquid - Gallon	Package Capacity:
Amount in Package:	3.5 Liquid - Gallon	Amount in Package:
Number in Shipment:	1344	Number in Shipment:
Number Failed:	1344	Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	Multiple	Manufacture Date:
Serial Number:		Last Test Date:
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:

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:
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire: True
- 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
Police Report #: True
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:	$ 41,664.00
Carrier Damage:	$ 46,725.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 77,819.00

(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 8/14/2023 no defects were noted during pre-trip. Jerry left the Centreville yard for St. Rose, LA at approx. 8:15am CST.

Stopped for diesel fuel in MS and no defects were noted prior to leaving the gas station. Jerry noted that traffic was moderate with some construction zones that caused him to use his brakes more often.

At approx. 1:00pm CST Jerry was passing a car in the left lane at 70 mph. and noticed smoke coming from under the rear portion of the trailer. Heard a loud bang and pulled to the right side of the road as soon as he was able.

Jerry grabbed the fire extinguisher and noticed flames coming from the passenger side of the tractor below the 5th wheel - he emptied the extinguisher out and ran when unable to control. He called 911 at this time.

The flames from the tractor engulfed the trailer and caused pressure relief valves to discharge propane and the propane ignited spreading to all 1344 cylinders being affected.

Traffic was stopped in the Northbound lanes and first responders arrived within 10 min. and immediately secured the scene. The fire and release lasted about 30 min. to an hour while local first responders ensured the flames didn't spread. The interstate was shutdown for close to three hours and the scene was cleaned up.

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:

Due to the nature of mechanical failure there are no recommendations at this time.

PART VIII – CONTACT INFORMATION

Contact's Name:	Christopher Wagner
Contact's Title:	Director of Compliance and Regulatory Affairs
Business Name and Address:	AmeriGas Propane, L.P. 460 N. Gulph Road King of Prussia PA 19406
E-mail Address:	christopher.wagner@amerigas.com
Telephone Number:	(610)337-7000
Fax Number:	
Hazmat Registration Number:	060121550088DF
Date:	09/26/2023
Preparer is:	Carrier