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-2011010040
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/01/2011

4. Time of Incident (use 24-hour time):
01:15

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: SHIRLEY
County: SUFFOLK
State: NY
Zip Code: (if known): 11967
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
999 Montauk Highway

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: L.P. Transportation, Inc.
Street: 54 Brookside Ave
City: Chester
State: NY
Zip Code: 10918
Federal DOT Id Number: 018644
Hazmat Registration Number: 051409550091RT

11. Shipper/Offeror:
Name: Conoco Phillips
Street: 1100 Route 1 North
City: Linden
State: NJ
Zip Code: 07036
Waybill/Shipping Paper: 0012874
Hazmat Registration Number:

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

13. Destination:
Street: 999 Montauk Highway
City: Shirley
State: NY
Zip Code: 11967

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) 10000 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:
Other, Underground Tank

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: - 109-Closure (e.g., Cap, Top, or Plug)
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Inadequate Maintenance

26a. Provide the packaging identification markings, if available.
Identification Markings: No markings provided
(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:	30000 Liquid - Gallon	Package Capacity:
Amount in Package:	12000 Liquid - Gallon	Amount in Package:
Number in Shipment:		Number in Shipment:
Number Failed:		Number Failed:

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

Manufacturer: 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:	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 2010-2378
Police Report #: False
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:	$ 15,000.00
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:	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? True

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:	1
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:	2000
Total number of employees evacuated:	0
Total evacuated:	2000
Duration of the evacuation:	17

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

If yes, how many? 17

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

If yes, provide the following information:

Estimated speed (mph):	0
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:

At approx. 0001 on 01/01/2011 the driver arrived at the Southport Mall to deliver a load of propane. The driver ck'd gauge on underground storage tank to verify load would fit. Connected unloading hoses to the riser located approx. 40' from tank. went back to underground storage tank to verify valves were open. Valve area was filled with snow - 3 of the 4 valves were already open - 4th valve was partially open - all piping covered with snow - opened 4th valve rest of way - started truck and proceeded to pump propane into storage tank. Approx. 45 mins later he heard sound of rushing air - ck'd transport for leaks-saw none and looked towards tank area - in the darkness he could see a large vapor cloud - immediately closed all valves on transport and moved emergency valve switch on unloading enclosure to "OFF" position and turned off truck engine. Called 911 - could not get to valves on storage tank due to vapor cloud. It was later determined the valve he opened was an open line with a plastic dust cap attached.(Unable to determine in snow)

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 "Dead" valving on storage tanks need to be properly capped or plugged to prevent escape of product should a valve be mistakenly opened. Excess flow valves need to be checked on storage tanks for proper function.

PART VIII – CONTACT INFORMATION

Contact's Name:	Daren Havens
Contact's Title:	Director of Safety & Compliance
Business Name and Address:	L.P. Transportation, Inc. 54 Brookside Ave. P.O. Box 489 Chester NY 10918
E-mail Address:	darenhavens@lptransportation.com
Telephone Number:	845-469-2188
Fax Number:	845-469-4343
Hazmat Registration Number:	
Date:	01/05/2011
Preparer is:	Carrier