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: I-2021020019
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/21/2020

4. Time of Incident (use 24-hour time):
23:55

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: Corona
County: QUEENS
State: NY
Zip Code: (if known): 11368
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4951 X5M1 4060

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: MANHATTAN PROPANE
Street: 60 CORBIN AVENUE SUITE 60X
City: Bayshore
State: NY
Zip Code: 11706
Federal DOT Id Number: 01488540
Hazmat Registration Number: 061319550059BD

11. Shipper/Offeror:

Name: PARACO GAS CORP
Street: 800 WESTCHESTER AVENUE S604
City: Rye Brook
State: NY
Zip Code: 10573
Waybill/Shipping Paper:
Hazmat Registration Number: 061920550123C

12. Origin (if different from shipper address)

Street: 200 CORBIN AVENUE
City: Bayshore
State: NY
Zip Code: 11706

13. Destination:

Street: VARIOUS LOCATIONS DELIVERY POINTS
City: Queens County New York City
State: NJ
Zip Code:

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) 1029 Liquid - Pound

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: -
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: 4B2a40
(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:	20 Liquid - Pound	Package Capacity:	
Amount in Package:	14 Liquid - Pound	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:	VARIOUS	Manufacture Date:	10/01/2014
Serial Number:		Last Test Date:	
Material of Construction:	Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)		
Head Thickness:	(if Tank Car, CTMV)		
Service Pressure:	240 PSI (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:	True
- 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 mv2020110001826
In-house cleanup:	True
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:	$ 10,200.00
Carrier Damage:	$ 28,000.00
Property Damage:	$ 0.00
Response Cost:	$ 15,000.00
Remediation/Cleanup Cost:	$ 11.00

(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? True

If yes, provide the following information:

Estimated speed (mph):	25
Weather conditions:	clear
Vehicle overturned?	True
Vehicle left roadway/track?	False

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:

As per the NYPD prepared motor vehicle report, when our vehicle rolled onto its side on top of the guard rail, the diesel fuel tank ruptured and propane cylinders that had come loose ignited due to a source of ignition which, most likely, was the ruptured diesel fuel tank. Due to the nature of propane, the heat from the diesel tank fire served to raise the level of PSI within many of the 20# cylinders and their relief valves opened, venting propane which ignited and sent a number of cylinders flying in many directions. The relief valves did NOT fail- they operated as prescribed. By the time the fire department arrived and subdued the fire, most of the cylinders remained intact as their surface area was cooled by the air temperature and water. The release lasted about 45 minutes until the fire department get the situation under control. The fire was intense althe beginning of the event and was extinguished by the NYCFD.

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:

Clearly this was a direct result of the improper actions of the other driver that occured when the two lanes narrowed into one; the other driver then raced in front of our truck, causing our driver to swerve to aviod a serious collision. We did sit with our driver after the event. He was operating a high center-of-gravity rack truck and re-educated him about the danger of tyving with a fully loaded truck. No other action was taken.

PART VIII – CONTACT INFORMATION

Contact's Name:	DOUGLAS RUGEN
Contact's Title:	PRESIDENT- OWNER
Business Name and Address:	MANHATTAN PROPANE 60 CORBIN AVENUE SUITE 60X Bayshore NY 11706
E-mail Address:	Sales@Manhattanpropane.com
Telephone Number:	(631)-492-2048
Fax Number:	(631)-492-2051
Hazmat Registration Number:	061319550059BD
Date:	01/02/2021
Preparer is:	Carrier

10/01/2014