



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-2019120206
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/02/2019
4. Time of Incident (use 24-hour time): 13:00
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: ELKTON
County: TODD
State: KY
Zip Code: (if known): 42220
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2200 BLOCK OF ALLENVILLE ROAD
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HOLSTON GASES, INC.
Street: 1050A PROGRESS DRIVE
City: CLARKSVILLE
State: TN
Zip Code: 37040
Federal DOT Id Number: 123210
Hazmat Registration Number: 052517550075ZB
11. Shipper/Offendor:
Name: HOLSTON GASES, INC.
Street: 1050A PROGRESS DRIVE
City: CLARKSVILLE
State: TN
Zip Code: 37040
Waybill/Shipping Paper: 123210
Hazmat Registration Number: 052517550075ZB
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 1050A PROGRESS DRIVE
City: CLARKSVILLE
State: TN
Zip Code: 37040
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) 400 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: - 158-Vapor Valve

How Failed: -

Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.

Identification Markings: DOT 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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 3200 Liquid - Gallon
Amount in Package: 900 Liquid - Gallon
Number in Shipment: 1
Number Failed: 1

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer: ARROW TANK & ENGINEERING CO.
Serial Number: 47920
Material of Construction: SA612 (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 250 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.486 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.269 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)

Manufacture Date: 06/18/2018
Last Test Date: 08/21/2019

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:
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 2019.6158
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: \$ 1,000.00
Carrier Damage: \$ 60,000.00
Property Damage: \$ 0.00
Response Cost: \$ 4,320.00
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:
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?

True

If yes, provide the following information:

Total number of general public evacuated: 1
Total number of employees evacuated:
Total evacuated: 1
Duration of the evacuation: 6

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): 40
Weather conditions: CIR, WINDS
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:

HOLSTON GASES PROPANE BOBTAIL WAS TRAVELING EASTBOUND ON ALLENVILLE ROAD AT APPROXIMATELY 40 MPH WHEN THE DRIVER ENCOUNTERED A TRACTOR TRAILER TRAVELING WESTBOUND AT THE TOP OF A SMALL RISE. DRIVER STATED THAT HE MOVED AS FAR AS HE COULD TO THE SOUTH EDGE OF THE PAVEMENT TO AVOID THE OTHER TRUCK. RIGHT SIDE TIRES DROPPED OFF THE EDGE OF THE ASPHALT. DRIVER STATED HE TRIED TO LET THE TRUCK SLOW BUT WHEN HE ATTEMPTED TO BRING THE TRUCK BACK ONTO THE ROADWAY THE LOAD (PROPANE LIQUID) SHIFTED AND CAUSED THE TRUCK TO OVERTURN. TRUCK CAME TO REST OFF THE ROADWAY ON THE BORTH SIDE OF THE ROAD. DRIVER SUSTAINED MINOR INJURIES (CUTS AND BRUISES) AND WAS EVENTUALLY TRANSPORTED TO HOSPITAL AS A PRECAUTION AND TO HAVE CUTS TO HIS HEAD TREATED. IMMEDIATELY FOLLOWING THE ACCIDENT THE DRIVER STATED THAT THE CAB HAD FILLED WITH PROPANE VAPOR AND HE TURNED OFF THE IGNITION BEFORE EXITING THE CAB OF THE VEHICLE. THE TANK ON THE TRUCK WAS VENTING PROPANE FORM THE VAPOR VALVE AT THAT POINT. DRIVER ACTUATED THE EMERGENCY SHUT-OFF SYSTEM ON THE TRUCK/TANK WHICH SHUT OFF THE INTERNAL VALVES ON THE TANK. ONCE EMERGENCY RESPONSE PERSONNEL HAD ARRIVED AT THE SCENE (TODD COUNTY EMA) THEY SECURED THE SITE AND EVACUATED ON RESIDENT THAT LIVED IN CLOSE PROXIMITY THE ACCIDENT. NO OTHER RESIDENT WERE HOME DURING THE TIME. DRIVER WAS TRANSPORTED TO HOSPITAL FOR TREATMENT. ONCE ADDITIONAL HOLSTON GASES PERSONNEL ARRIVED AT THE SITE THE TANK PLUG WAS REMOVED FROM THE BOTTOM OF THE TANK TO EXPEDITE THE VENTING OF THE PROPANE VAPOR BECAUSE ALL PERSONNEL INVOLVED DID NOT WANT TO ATTEMPT TO UPRIGHT THE VEHICLE UNTIL THE PROPANE TANK HHAD STOPPED VENTING PROPANE VAPOR FOR SAFETY REASONS. ONCE THE PROPANE VAPOR HAD STOPPED VENTING THE PLUG WAS REPLACED AND THE VEHICLE WAS UPRIGHTED AND TOWED TO A LOCAL TOWING COMPANY (3 DOGS TOWING) LOCATED AT 980 ALFRED THUN ROAD IN CLARKSVILLE, TN. ONCE TRUCK WAS UPRIGHT HOLSTON PERSONNEL OBSERVED THAT THE LIQUID LEVEL GAUGE ON THE TANK WAS READING 17%. DRIVER INDICATED 28-30% WAS ON THE TRUCK AT THE TIME OF THE ACCIDENT. APPROXIMATELY 400 GAL HAD BEEN RELEASED BASED ON THESE READINGS.

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:

THIS PARTICULAR INCIDENT HAPPENED ON A NARROW RURAL ROAD. THE EASTBOUND LANE THAT THE HOLSTON GASES TRUCK WAS DRIVING IN WAS DETERMINED TO BE 8 1/2 FT WIDE AND AND WESTBOUND LANE THAT OTHER VEHICLE WAS TRAVELING IN WAS APPROX. 10 FT IN WIDE. BASED ON DISCUSSIONS WITH THE HOLSTON GASES DRIVER IT APPEARS AS THOUGH BOTH DRIVERS ATTEMPTED TO TAKE ACTIONS TO AVOID A POTENTIAL HEAD-ON COLLISION BY MOVING AS FAR AS THEY COULD TO THE EDGE OF THE ROADWAY HOWEVER, THE HOLSTON GASES DRIVER GOT TOO CLOSE TO THE EDGE AND DROPPED OFF THE EDGE OF THE PAVEMENT. HOLSTON GASES HAS INSTRUCTED OUR DRIVERS IN THE PAST TO STOP IF AT ALL POSSIBLE WHEN THEY CONFRONT ANOTHER TRUCK ON NARROW ROADS BUT IN THIS INSTANCE THERE WAS INSUFFICIENT TIME TO DO SO.

AS A FOLLOW-UP SINCE THE ACCIDENT, THE LOCAL OR STATE ROAD DEPARTMENT HAD ADDED ADDITIONAL BLACKTOP ALONG THE EDGE OF THE EASTBOUND LANE WHERE THIS INCIDENT/ACCIDENT OCCURRED. TO MINIMIZE THE DROPOFF AND ADD ADDITIONAL WIDTH TO THE LANE.

PART VIII – CONTACT INFORMATION

Contact's Name:	BRIAN JENKS
Contact's Title:	DIRECTOR OF SAFETY & COMPLIANCE
Business Name and Address:	HOLSTON GASES 545 W. BAXTER AVENUE KNOXVILLE TN 37921
E-mail Address:	BRIAN.JENKS@HOLSTONGASES.COM
Telephone Number:	865-573-1917
Fax Number:	865-573-0063
Hazmat Registration Number:	052517550075ZB
Date:	12/12/2019
Preparer is:	Carrier

06/18/2018