



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-2009010133  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
11/21/2008
4. Time of Incident (use 24-hour time):  
13:30
5. Enter National Response Center Report Number (if applicable):  
890670
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:  
City: SALT LAKE  
County: SALT LAKE  
State: UT  
Zip Code: (if known): 84104  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
I-80 TO I-215 INTERCHANGE EAST
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:  
Name: TURNER GAS COMPANY  
Street: 2825 WEST 500 SOUTH  
City: SALT LAKE CITY  
State: UT  
Zip Code: 84104  
Federal DOT Id Number: 267735  
Hazmat Registration Number: 0706065500860Q
11. Shipper/Officer:  
Name: TURNER GAS COMPANY  
Street: 2825 WEST 500 SOUTH  
City: SALT LAKE CITY  
State: UT  
Zip Code: 84104  
Waybill/Shipping Paper: 112196  
Hazmat Registration Number: 0706065500860Q
12. Origin (if different from shipper address)  
Street:  
City: GRANGER  
State: WY  
Zip Code:
13. Destination:  
Street: 555 EAST MAIN  
City: MORONI  
State: UT  
Zip Code: 84646
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) 9200 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: - 103-Basic Material

How Failed: - 304-Cracked

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:  
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: 11200 Liquid - Gallon  
Amount in Package: 9200 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: LUBBOCK  
Serial Number: 59720  
Material of Construction: STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)  
Design Pressure: 250 (if Tank Car, CTMV, Portable Tank)  
Shell Thickness: 0.376 INCH (if Tank Car, CTMV, Portable Tank)  
Head Thickness: 0.25 INCH (if Tank Car, CTMV)  
Service Pressure: (if Cylinder)  
If valve or device failed:  
Type:  
Model:  
Manufacturer:

Manufacture Date: 01/01/1977  
Last Test Date: 10/09/2008

**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:               | True  | - Fire:                                  | False |
| - Explosion:              | False | - Material Entered Waterway/Storm Sewer: | True  |
| - 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 040807277  
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: \$ 6,532.00  
Carrier Damage: \$ 60,000.00  
Property Damage: \$ 30,000.00  
Response Cost: \$ 0.00  
Remediation/Cleanup Cost: \$ 5,000.00  
(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: 800  
Total number of employees evacuated: 800  
Total evacuated: 800  
Duration of the evacuation: 12

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

True

If yes, how many? 1

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

True

If yes, provide the following information:

Estimated speed (mph): 10  
Weather conditions: CLEAR  
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:

OUT CTMV WAS TRAVELING ON THE CONNECTOR RAMP FROM I 80 TO I 215 IN SALT LAKE CITY AND WAS TRAVELING TO FAST AND OVER TURNED. IT LANDED ON SOME CONCRETE BERRICADES AND THEN SLID INTO A CONCRETE SOUND WALL THE IMPACT CAUSED A CRACK NEXT TO A WELD ON THE RH TOP AT ABOUT THE TEN OCLOCK POSITION THE CRACK WAS ABOUT 6 INCHES LONG AND ABOUT 1/8 INCH WIDE ALL THE PRODUCT IN THE TANK LEAKED TO THE ATMOSPHERE OVER APPROXIMATELY A 3 OR 4 HOUR PERIOD. ALL HOMES (APPROX 800) IN A 1/2 MILE RADIOUS WERE EVACUATED THE LEAK COULD NOT BE CONTROLLED AND PROPANE LEVELS WERE MONITORED BY THE FIRE DEPARTMENTS INVOLVED UNTIL ALL THE PRODUCT HAD DISPERSED AND LEL REDDINGS WERE NO LONGER AT COMBUSTIBLE LEVELS,THE ACCIDENT HAPPENED AT 13:30 HOURS AND THE SCENE HAD BEEN CLEARED BY 00:30 HOURS THE FOLLOWING DAY

## 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:

NO COMMENT PROVIDED

## PART VIII – CONTACT INFORMATION

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| Contact's Name:             | ANDY MCKENZIE                                          |
| Contact's Title:            | SAFETY DIRECTOR                                        |
| Business Name and Address:  | TURNER GAS CO.<br>PO BOX 26554 SALT LAKE CITY UT 84126 |
| E-mail Address:             | ANDY@TURNERGAS.COM                                     |
| Telephone Number:           | 801-886-1920                                           |
| Fax Number:                 | 801-974-4473                                           |
| Hazmat Registration Number: |                                                        |
| Date:                       | 12/15/2008                                             |
| Preparer is:                | Carrier                                                |

01/01/1977