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-2022030836
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/11/2022

4. Time of Incident (use 24-hour time):
10:30

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: COMPTON
County: NEWTON
State: AR
Zip Code: (if known): 72624
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Arkansas HWY 103

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: AMERIGAS PROPANE, L.P
Street: 460 N GULPH RD
City: VALLEY FORGE
State: PA
Zip Code: 19482
Federal DOT Id Number: 388004
Hazmat Registration Number: 060121550088DF

11. Shipper/Offeror:

Name: AMERIGAS PROPANE, L.P
Street: 460 N GULPH RD
City: VALLEY FORGE
State: PA
Zip Code: 19482
Waybill/Shipping Paper:
Hazmat Registration Number: 060121550088DF

12. Origin (if different from shipper address)

Street: 630 Hwy 5 North
City: MOUNTAIN HOME
State: AR
Zip Code: 72653

13. Destination:

Street: 3513 CR33
City: ALPENA
State: AR
Zip Code: 72611

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) 2500 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: - 141-Piping or Fittings
How Failed: - 305-Crushed
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: 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:	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: 3000 Liquid - Gallon	Package Capacity:
Amount in Package: 2500 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:	Kleespie Tank	Manufacture Date:	01/01/1999
Serial Number:	119611	Last Test Date:	11/14/2021
Material of Construction:	Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	250 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.49 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.242 INCH (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: True
- No Release: False
- Fire:
- Material Entered Waterway/Storm Sewer:
- Environmental Damage:

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #:
Police Report #: True 2282164
In-house cleanup:
Other Cleanup:

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:	$ 3,125.00
Carrier Damage:	$ 160,000.00
Property Damage:	$ 0.00
Response Cost:	$ 20,000.00
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? 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):	30
Weather conditions:	Sunny and 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:

At approximately 10:30am cst an Amerigas employee was driving a bobtail down an 11% grade decline. The employee stated he could not slow the vehicle down. The vehicle picked up speed and the employee lost control of the vehicle. This caused the vehicle to roll over onto its side. The vehic le slid approximately 60', striking a street sign and tree before sliding over the side of the edge of the road. The vehicle slid down the embankment, r olled over multiple times and came to rest about 75' off the road. The vessel separated from the frame of the vehicle, the contents of the vessel staye d intact with just a very minor release of product from an internal valve on the rear of the vehicle. After walking back up the hill the employee called 9 11 and explained what had happened. The road was cordoned off while the wrecker company removed the bobtail. In the process of recovering the bobtail, the internal valve broke, completely emptying out the vessels' product. This was approximately 2550 gallons of propane. There were no ho mes within the area and no environmental damage from this incident. The vessel was removed at approximately 2:30am and the frame of the vehicle was retrieved at 5:30am. Both parts of the bobtail were taken to the wrecker storage yard for further investigation.

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:

The employee will complete Smith System training and a in house LMS course on bobtail rollover prevention.

PART VIII – CONTACT INFORMATION

Contact's Name:	Christopher Wagner
Contact's Title:	Director of Compliance
Business Name and Address:	AMERIGAS PROPANE, L.P 460 N GULPH RD VALLEY FORGE PA 19482
E-mail Address:	christopher.wagner@amerigas.com
Telephone Number:	(610)337-7000
Fax Number:	
Hazmat Registration Number:	060121550088DF
Date:	03/29/2022
Preparer is:	Carrier

01/01/1999