



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-2017090842
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/02/2017
4. Time of Incident (use 24-hour time):
13:55
5. Enter National Response Center Report Number (if applicable):
1189193
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: HILO
County: HAWAII
State: HI
Zip Code: (if known): 96728
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Hwy 19,near Honoumua Road,MM13
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: Hawaii Gas
Street: 945 Kalaniana'ole Ave
City: Hilo
State: HI
Zip Code: 96720
Federal DOT Id Number: 922852
Hazmat Registration Number: 052115 552 004
11. Shipper/Officer:
Name: Hawaii Gas
Street: 945 Kalaniana'ole Ave
City: Hilo
State: HI
Zip Code: 96720
Waybill/Shipping Paper:
Hazmat Registration Number: 052115 552 004
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 945 Kalaniana'ole Ave
City: Hilo
State: HI
Zip Code: 96720
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) 1500 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:

Tank Car

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: - 312-Torn Off or Damaged

Causes of Failure: - Vehicular Crash or Accident Damage

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: 3000 Liquid - Gallon
Amount in Package: 1500 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: Trinity Industries, Inc.
Serial Number: R0402300
Material of Construction: SA612 (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 250 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.438 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.243 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date: 03/01/2004
Last Test Date: 06/22/2014

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: | 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 #: True 16792
Police Report #: True T17004449
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: \$ 1,700.00
Carrier Damage: \$ 55,000.00
Property Damage: \$ 10,000.00
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?

True

If yes, how many? 1

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?

False

If yes, provide the following information:

Total number of general public evacuated: 0
Total number of employees evacuated: 0
Total evacuated: 0
Duration of the evacuation: 0

36. Was a major transportation artery or facility closed?

True

If yes, how many? 44

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

True

If yes, provide the following information:

Estimated speed (mph): 55
Weather conditions: Clear & sunny
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:

On the date of the incident, a Hawaii Gas (HG) tanker truck driver was driving on a two-lane highway carrying approximately 1,500 gallons of propane in his 3,000-gallon capacity tanker (i.e., approximately 50% volume). While driving south, an oncoming northbound SUV crossed the center-line and drove toward the shoulder of the HG driver's lane. To avoid a head-on collision, the HG driver steered left. The front end of his bobtail clipped the front passenger side of the SUV, causing the tanker truck to roll over and land on its rooftop along the east side of the highway. The SUV came to rest along the west side of the highway. Damage to the piping on the back of the bobtail caused a propane leak, which ignited.

The fire department and Hawaii Gas responders determined that since the fire posed no immediate danger to life or property, the safest option was to let the fire burn and keep firefighting water on the vapor space of the tank to control the inner pressure. The police and fire departments contained the situation and closed the highway for approximately 44 hours (it took approximately 39 hours for the propane to burn off).

Other than the damage to the tanker truck, all other property damage and personal injury suffered were caused by the impact of the traffic collision and were not related to the fire. The HG driver sustained serious injuries from the collision and was transported to Hilo Medical Center for treatment. The driver and rear seat passenger (child) of the SUV were uninjured. However, the female occupant in the front passenger seat died at the scene of the accident.

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 police report for this incident indicated that the SUV driver was inattentive, which caused him to cross the center-line. One possible solution may be for the County to add rumble strips to two-lane highways to alert inattentive drivers when they cross the center-line.

PART VIII – CONTACT INFORMATION

Contact's Name:	Zoe Williams
Contact's Title:	QA Manager
Business Name and Address:	Hawaii Gas 515 Kamakee St. Honolulu HI 96814
E-mail Address:	zwilliams@hawaiiigas.com
Telephone Number:	808-594-5637
Fax Number:	808-594-5690
Hazmat Registration Number:	
Date:	09/28/2017
Preparer is:	Carrier

03/01/2004