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-2013060245
2. This is to report: C

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/29/2013

4. Time of Incident (use 24-hour time):
08:51

5. Enter National Response Center Report Number (if applicable):
1042441

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: BIG WELLS
County: DIMMIT
State: TX
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
FM 468 3/4 MILE EAST OF HWY 85

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: TEXAS INTERNATIONAL GAS AND OIL CORPORATION, INC.
Street: 124 W CASTELLANO DR # 211
City: EL PASO
State: TX
Zip Code: 79912-6153
Federal DOT Id Number: 74816
Hazmat Registration Number: 060412010010U

11. Shipper/Offeror:
Name: VALERO ENERGY CORPORATION
Street: 301 LEROY ST
City: THREE RIVERS
State: TX
Zip Code: 78071
Waybill/Shipping Paper: 398304
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: CARR. GUERRERO KM 450 COL. CARRANZA
City: PIEDRAS NEGRAS
State: ZZ
Zip Code: 26090

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)

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: -
How Failed: -
Causes of Failure: -

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:	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:	10400 Liquid - Gallon	Package Capacity:	
Amount in Package:	8830 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	0	Number Failed:	

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

Manufacturer:	TRINITY	Manufacture Date:	03/13/1972
Serial Number:	382566	Last Test Date:	12/13/2012
Material of Construction:	STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	265 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.402 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:

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:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	False	- Environmental Damage:	True
- No Release:	False		

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

Fire/EMS Report #: False
Police Report #: True 120952
In-house cleanup: False
Other Cleanup: True

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:	$ 0.00
Carrier Damage:	$ 73,073.00
Property Damage:	$ 1,365.00
Response Cost:	$ 27,837.00
Remediation/Cleanup Cost:	$ 56,063.00

(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? False

If yes, provide the following information:

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

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

If yes, how many? 12

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

If yes, provide the following information:

Estimated speed (mph):	70
Weather conditions:	CLOUDY/DRY/DAYLI
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:

TRUCK TRACTOR #680, HAULING TANK TRAILER #P546 WITH PROPANE WERE TRAVELING NORTH BOUND ON FM468. THE DRIVER LOST CONTROL OF VEHICLE ON A CURVE, ROLLED OVER AND SLID OFF THE ROADWAY ON THE WEST BAR DITCH WHERE IT STRUCK A HIGH FENCE AND UTILITY POLE WHICH CAUSED A CRACK OF ABOUT 2 INCHES LONG ON THE FRONT LEFT OF TANK HEAD AND WAS FOUND TO BE LEAKING PRESSURE. TRACTOR AND TANK CAME TO REST ON ITS RIGHT FACING NORTHEAST THEREFORE THE CRACK WAS FACING UP.
IN HOUSE TEAM HELPED MITIGATE THE RISK OF HAZARDOUS MATERIAL RELEASE BY TRANSFERRING THE LIQUID TO EMPTY TANK #109, WHILE IT WAS STILL LAYING ON ITS RIGHT SIDE. OBTAINING APPROXIMATELY 53% OF THE LIQUID. THEN THE TANK WAS LIFTED UPRIGHT TO ENABLE TO TRANSFER THE REST OF THE PRODUCT. TRANSFERRING A TOTAL OF 80%. THEN THE PRESSURE WAS RELIEVED FROM TANK DUE TO THE CRACK.

DRIVER WAS TAKEN TO THE HOSPITAL FOR INJURY TREATMENT
THERE WAS AN EVACUATION OF ABOUT 1 MILE RADIUS AND ROAD CLOSURE FROM I-35 TO FM468 AND HWY 85 FOR MORE THAN 5 HOURS.
THERE WAS A DIESEL SPILL OF APPROXIMATELY 25 GALLONS. ENVIROMENTAL SERVICES WERE CONTRACTED TO REMEDIATE THE SITE WHICH INCLUDED EXCAVATION, REMOVAL, TRANSPORTATION AND PROPER DISPOSAL OF CONTAMINATED SOIL.
ACCIDENT WAS REPORTED TO RAILROAD COMMISSION OF TEXAS AS WELL AS TEXAS COMMISSION ON ENVIROMENTAL QIUALITY.
TRACTOR AND TRAILER WERE TOWED AWAY AND SENT FOR REPAIR AND RE-CERTIFICATION.
THERE WAS NO HAZARDOUS MATERIAL RELEASED EXCEPT PRESSURE.

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 COMMENTS PROVIDED.

PART VIII – CONTACT INFORMATION

Contact's Name:	SONIA REYES
Contact's Title:	SAFETY ASSISTANT
Business Name and Address:	TEXAS INTERNATIONAL GAS & OIL CO. 124 W. CASTELLANO STE 211 EL PASO TX 79912
E-mail Address:	SONIA@TINGACO.COM
Telephone Number:	915-860-8803
Fax Number:	915-860-9520
Hazmat Registration Number:	
Date:	06/06/2013
Preparer is:	Carrier

03/13/1972