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-2009020259
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/23/2009

4. Time of Incident (use 24-hour time):
11:15

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: WHITE HAVEN
County: LUZERNE
State: PA
Zip Code: (if known): 18661
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
LAKE DRIVE, HICKORY HILLS DEVE

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: MONTOUR HOME COMFORT SERVICES
Street: 5256 NORTH LEHIGH GORGE ROAD
City: WHITE HAVEN
State: PA
Zip Code: 18661
Federal DOT Id Number: 154662
Hazmat Registration Number: 051205550039Q

11. Shipper/Offeror:
Name: MONTOUR HOME COMFORT SERVICES
Street: 5256 NORTH LEHIGH GORGE ROAD
City: WHITE HAVEN
State: PA
Zip Code: 18661
Waybill/Shipping Paper:
Hazmat Registration Number: 051208550039Q

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

13. Destination:
Street: LAKE DRIVE HICKORY HILLS DEVELOPMENT
City: WHITE HAVEN
State: PA
Zip Code: 18661

14. Proper Shipping Name of Hazardous Material: LIQUEFIED PETROLEUM GAS

15. Technical/Trade Name: LPG LIQUIFIED PETROLEUM GAS

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) 7 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: - 125-Hose
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN
(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:	0	Package Capacity:	
Amount in Package:	0	Amount in Package:	
Number in Shipment:	0	Number in Shipment:	
Number Failed:	0	Number Failed:	

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

Manufacturer:	TRINITY	Manufacture Date:	01/01/1997
Serial Number:	123531	Last Test Date:	07/01/2008
Material of Construction:	STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	250 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.481 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.267 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:	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
Police Report #: True N01-0953055
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:	$ 14.00
Carrier Damage:	$ 4,500.00
Property Damage:	$ 0.00
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? 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:	4
Total number of employees evacuated:	0
Total evacuated:	4
Duration of the evacuation:	4

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):	7
Weather conditions:	CLOUDY/ICY ROAD
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:

Driver had just made a left turn onto Lake Drive. At this time the front passenger tire traveled into a small snow bankthat bordered a ditch. The truck got sucked into the ditch. When the truck came to a complete stop it fell on its passenger side causing a small propane leak in the hose going to the swivel on the hose reel. The road is in a private development and is narrow. At the time of the accident, the road was snow packed covered and slippery.The ditch that the truck was in is about three feet deep and about six feet wide with no guide rail.The driver reported the incident immediately and we responded and got to the scene within 10 minutes. Upon arrival we made certain that the driver was all right. In which he was. Then we contained the small leak that was limited to the swivel hose. At this point the fire department and the two wreckers arrived. We then vented the propane from the hose into a wooded area with a spray of water from the fire department. The duration of the small leak was about one half hour. The truck was then safe to be lifted up on its wheels by the two wreckers. The truck was then towed back to our plant where all necessary repairs were made.There was no damage to the cargo tank, piping or valves. The small leak was limited to the swivel hose that connects to the hose reel. No diesel fuel, motor oil or antifreeze was released.

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:

Always remain focused on the task at hand. Beware of all surroundings at all times. Determine if a road is safe to be driven on and most of all keep your eyes focused on the road that you are traveling on.

PART VIII – CONTACT INFORMATION

Contact's Name:	TOM PETRICK
Contact's Title:	BRANCH MANAGER
Business Name and Address:	MONTOUR HOME COMFORT SERVICES WHITE HAVEN PA 18661
E-mail Address:	TGPETRICK@SUNOCOINC.COM
Telephone Number:	5704438444
Fax Number:	8664065362
Hazmat Registration Number:	
Date:	02/17/2009
Preparer is:	Facility owner/operator

01/01/1997