



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-2022080472
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/18/2020
4. Time of Incident (use 24-hour time):
17:16
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: Eaton
County: WELD
State: CO
Zip Code: (if known): 80615
- Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
INTERSECTION OF S OAK AVE AND
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit Storage
10. Carrier/Reporter:
- Name: AGFINITY, INC.
Street: 260 FACTORY RD
City: EATON
State: CO
Zip Code: 80615-3481
Federal DOT Id Number: 100314
- Hazmat Registration Number:
11. Shipper/Officer:
- Name: AGFINITY, INC.
Street: 155 S OAK AVE
City: EATON
State: CO
Zip Code: 80615-8808
- Waybill/Shipping Paper:
- Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street: 32461 COUNTY RD 39
City: LUCERNE
State: CO
Zip Code: 80646
13. Destination:
- Street: 1001 LONE TREE CIR
City: Nunn
State: CO
Zip Code: 80648
14. Proper Shipping Name of Hazardous Material: PROPANE
15. Technical/Trade Name: PROPANE
16. Hazardous Class/Division: Flammable Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1978

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 15 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: - 133-Liquid Line

How Failed: - 311-Structural

Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.

Identification Markings:

(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:
Amount in Package:
Number in Shipment:
Number Failed:

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:
Serial Number:
Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: (if Tank Car, CTMV, Portable Tank)
Shell Thickness: (if Tank Car, CTMV, Portable Tank)
Head Thickness: (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date:
Last Test Date:

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: | 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 202000796
Police Report #: True 2005986
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: \$ 20.00
Carrier Damage: \$ 60,000.00
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:
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? True

If yes, provide the following information:

Total number of general public evacuated: 30
Total number of employees evacuated: 0
Total evacuated: 30
Duration of the evacuation: 2

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

If yes, how many? 4

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

If yes, provide the following information:

Estimated speed (mph): 71
Weather conditions: nighttime clear
Vehicle overturned? True
Vehicle left roadway/track? False

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:

Employee loaded his propane bobtail at the Luceme bulk plant at 1600 just after picking the truck up at the kenworth shop in Greeley, CO. At around 1650 the employee left the yard at Luceme to head to the Nunn bulk plant in Nunn Co. The employee parks his truck at that facility close to his home so he can start early in the morning with a loaded truck for deliveries. While traveling north on hwy 85(s oak ave) as the employee entered the town of Eaton, CO the employee stated there was some debris in the right lane. The employee attempted to drive around the debris on the shoulder of the road and went to far and noticed he was nearing the ditch. As he turned back to the road he over corrected and turned back to sharp and the truck overturned on the passenger side. The small liquid line rubber on the road and ruptured slowly releasing a white vapor close of propane. when our staff arrived on scene we were able to activate the trucks emergency shutoff valves which for the most part stopped the leak. It is estimated that only 5-10 gallons of liquid propane was dispersed into the atmosphere.

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:

We will put increased emphasis on our driver training program. All drivers will retrain on our online defensive driver training program and bobtail truck drivers will watch the preventing Bobtail Rollover video that was created by the National Propane Gas Association.

PART VIII – CONTACT INFORMATION

Contact's Name:	MATT SOLYMOSSY
Contact's Title:	DIRECTOR SAFETY AND RISK MANAGEMENT
Business Name and Address:	AGFINITY INC. 4065 ST CLOUD DR, 260 FACTORY RD Eaton CO 80615
E-mail Address:	Msolymossy@agfinityinc.com
Telephone Number:	(720)-685-1945
Fax Number:	
Hazmat Registration Number:	
Date:	12/30/2020
Preparer is:	Carrier