



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-2010050554
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/30/2009
4. Time of Incident (use 24-hour time): 10:40
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: WEST JEFFERSON
County: ASHE
State: NC
Zip Code: (if known): 28694
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NC HWY 88 E
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: INDEPENDENCE OIL & LP GAS
Street: 584 E MAIN ST.
City: INDEPENDENCE
State: VA
Zip Code: 24348
Federal DOT Id Number: 718635
Hazmat Registration Number: 050709003012RT
11. Shipper/Officer:
Name: INDEPENDENCE OIL & LP GAS
Street: 584 E MAIN ST.
City: INDEPENDENCE
State: VA
Zip Code: 24348
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 968 US HWY 221 BUS.
City: WEST JEFFERSON
State: NC
Zip Code: 28694
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 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: - 302-Bent

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:
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: AMTHOR
Serial Number: 98-061
Material of Construction: STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 250 (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.5 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.313 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date: 01/01/1999
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 #: False
Police Report #: True NC5243808
In-house cleanup: True
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: \$ 38.00
Carrier Damage: \$ 16,865.00
Property Damage: \$ 1,568.00
Response Cost: \$ 2,351.00
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: 2
Total number of employees evacuated: 2
Total evacuated: 2
Duration of the evacuation: 4

36. Was a major transportation artery or facility closed?

True

If yes, how many? 6

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

True

If yes, provide the following information:

Estimated speed (mph): 45
Weather conditions: CLEAR/DRY
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 was returning to the office with approximately 2000 gallon of propane left on the truck. He rounded a right hand turn when the rear right side wheels dropped off the road. The driver over corrected causing the load to shift turning the truck over. As it was rolling it crossed the oncoming lane and slid over a bank. The accident caused damage to the hose reel and piping to the meter located on the rear of the truck. Approximately 20 gallons of liquid propane leaked due to the break in the piping. The liquid quickly vaporized. The safety valves on the truck shut stopping all leaks. Only the propane in the pipe, meter and hose reel escaped. No other vehicles were involved and no one was injured. The driver was taken to the hospital to be checked out then released by the doctor.

The cab, meter and hose reel on the truck was damaged. The truck was sent to Propane Trucks, Inc. in Apex NC for repairs. It received \$16,865.00 in damages. A section of guardrail was also damaged. It cost \$1567.50 to replace.

One home is located near the area where the accident took place. Two people were home at the time of the accident. Both were taken to a motel until the truck was safely removed then allowed to return home.

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:

- 1-WEEKLY SAFETY MEETINGS
- 2-DRIVER SAFETY TRAINING

PART VIII – CONTACT INFORMATION

Contact's Name:	FRED DURHAM
Contact's Title:	GENERAL MANAGER
Business Name and Address:	INDEPENDENCE OIL & LP GAS 584 E. MAIN ST INDEPENDENCE VA 24348
E-mail Address:	FRED.DURHAM@INDEPENDENCEOIL.COM
Telephone Number:	276-773-9113
Fax Number:	276-773-9115
Hazmat Registration Number:	050709003012RT
Date:	05/18/2010
Preparer is:	Carrier

01/01/1999