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-2009030557
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/04/2009

4. Time of Incident (use 24-hour time):
10:15

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: WEST OF CROFTON
County: KNOX
State: NE
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MILE MARKER 178 ON HIGHWAY 12

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: THOMPSON PROPANE SERVICE, INC.
Street: 211 WEST MAIN STREET
City: CROFTON
State: NE
Zip Code: 68730
Federal DOT Id Number: 781162
Hazmat Registration Number: 06040770500P

11. Shipper/Offeror:
Name: THOMPSON PROPANE SERVICE, INC.
Street: 211 WEST MAIN STREET
City: CROFTON
State: NE
Zip Code: 68730
Waybill/Shipping Paper: 26080001
Hazmat Registration Number: 06040770500P

12. Origin (if different from shipper address)
Street: 211 WEST MAIN
City: CROFTON
State: NE
Zip Code: 68730

13. Destination:
Street:
City: NIOBRARA
State: NE
Zip Code: 68760

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) II

19. Quantity Released: (Include Measurement Units) 2000 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: - 113-Cylinder Sidewall - Other; 117-Fill Hole
How Failed: - 305-Crushed; 309-Punctured
Causes of Failure: - Vehicular Crash or Accident Damage; Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: LIQUEFIED PETROLEUM GAS, 2.1, UN1095,PRO
(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:	2400 Liquid - Gallon	Package Capacity:	
Amount in Package:	1920 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	TRINITY INDUSTRY INC	Manufacture Date:	01/01/1974
Serial Number:	390631	Last Test Date:	10/09/2006
Material of Construction:	STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	250 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.428 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	237 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:	True	- 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	9021
Police Report #:	True	B2009-5465-03922
In-house cleanup:	True	
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:	$ 1,430.00
Carrier Damage:	$ 24,500.00
Property Damage:	$ 500.00
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? True

If yes, provide the following information:

Total number of general public evacuated:	15
Total number of employees evacuated:	2
Total evacuated:	17
Duration of the evacuation:	24

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

If yes, how many? 29

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:

AT APPROX 10:15AM 3-11-9 I WAS DRIVING WESTBOUND ABOUT 12 MI WEST OF CROFTON, NE ON US HWY 12 AS I APPROACHED THE INTERSECTION FOR LINDY, NE A WHITE LATE MODEL CHEVY PICKUP WAS APPROACHING IN THE EASTBOUND LANE. AT AN APPROX DISTANCE OF 300 TO 400 FEET (A DISTANCE I'M UNSURE OF) I NOTICED THE PICKUP DRIFT INTO MY DRIVING LANE THE DRIVER APPEARED TO BE SLUMPED FOREWARD LIKE HE WAS PICKING SOMETHING UP. I GAVE HIM A SECOND OR TWO TO TAK CORRECTIVE ACTION, THINKING HE WAS PICKING SOMETHING UP AND THAT HE'D PULL HIS HEAD UP AND CORRECT THE DIRECTION OF HIS PICKUP. IT BECAME CLEAR IN A SECOND OR TWO THAT HE WASN'T GOING TO PULL HIS HEAD UP AND CORRECT THE DIRECTION OF HIS PICKUP, AT THIS POINT I TOOK EVASSIVE ACTION BY HEADING TO THE RIGHT HAND DITCH. AN I ENTERED THE DITCH I THOUGHT I HAD AN ANGLE THAT WOULD ALLOW ME TO MISS A COLLISION WITH HIM. HOWEVER, I WAS WRONG. HE DROVE AT FULL SPEED INTO THE LEFT FRON SIDE OF MY TRUCK DISLODGING MY FRONT END CARBERATION TAK, PUNCTURING THE CARBERATION TANK CAUSING THE GAS TO LEAK OUT, AND SENDING MY TRUCK ROLLING INTO A NEARBY PASURE. AS THE TRUCK ROLLED TO A REST THE FILL HOLE PIPE WAS CRACKED ON THE BOBTAIL CAUSING A LEAK. I HEARD THE LEAK LEAKING PRIOR TO ITS IGNITION, AND I HEARD THE GAS IFNITE. I CRAWLED FROM THE CAB AND TO SAFETY WITH THE HELP OF A PASSERBY. WHEN THE FIRST RESPONDERS ARRIVED I GAVE INSTRUCTION TO THEM TO PLACE WATER ON THE BOBTAIL, AT THE LIGHT WIND THAT DAY WAS CARRYING THE GAS & FLAME AWAY FROM THE VESSEL. I FELT THIS WAS THE MOST PRUDENT PLAN OF ACTION AT THAT POINT TO KEEP THE AREA SAFE. SHORTLY THEREAFTER I WAS REMOVED FROM THE ACCIDENT SCENE BY AMBULANCE UNAWARE OF FUTHER ACTION TAKEN.

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:

IT IS MY BELIEF THAT THE DRIVER OF THE PICKUP WAS IN MEDICAL DISTRESS AND I DID ALL I COULD TO AVOID THE ACCIDENT.

PART VIII – CONTACT INFORMATION

Contact's Name:	FREDERICK J. STEFFEN
Contact's Title:	OWNER, OPERATOR/DRIVER
Business Name and Address:	THOMPSON PROPANE SERVICE 211 WEST MAIN, P.O. BOX 13 CROFTON NE 68730
E-mail Address:	TPROPANE@PCOM.NET
Telephone Number:	402-388-4588
Fax Number:	402-388-4588
Hazmat Registration Number:	
Date:	03/23/2009
Preparer is:	Carrier

01/01/1974