



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: E-2026040609
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/28/2026
4. Time of Incident (use 24-hour time):
13:00
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: SPOONER
County: WASHBURN
State: WI
Zip Code: (if known): 54801
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
WI State Hwy 70 and Co Rd H
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: LAKES GAS CO.
Street: 16220 Hwy 70
City: Stone Lake
State: WI
Zip Code: 54876
Federal DOT Id Number: 319570
Hazmat Registration Number: 052825600014H
11. Shipper/Officer:
- Name: Lakes Gas Co
Street: 16220W State Hwy 70
City: Stone Lake
State: WI
Zip Code: 54876
Waybill/Shipping Paper:
Hazmat Registration Number: 052825600014H
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 1495 Spaulding Road
City: Shell Lake
State: WI
Zip Code: 54871
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) 700 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: -

How Failed: -

Causes of Failure: -

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

Identification Markings: UN 1075 PROPANE

(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: 3200 Liquid - Gallon
Amount in Package: 700 Liquid - Gallon
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: Westmor Industries
Serial Number: H257693
Material of Construction: SA-612 (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 250 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.496 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.242 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date: 04/11/2025
Last Test Date: 04/11/2025

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

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

Fire/EMS Report #: False
Police Report #: True 26-0473
In-house cleanup: True
Other Cleanup:

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: \$ 700.00
Carrier Damage: \$ 242,111.00
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? False

If yes, provide the following information:

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

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

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):
Weather conditions:
Vehicle overturned?
Vehicle left roadway/track?

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:

Lakes Gas bobtail was traveling east on US Hwy 70 and was struck by a pickup traveling north on County Rd H that had failed to stop at the stop sign. The impact caused the bobtail to overturn and land on the drivers side in the roadway. The impact severed a 3/4" gas hose that ran from the cargo tank to the meter at the back of the truck and sparks from the crash ignited the vapor causing a flame to shoot out the back of the truck. An off duty police officer witnessed the crash as he was traveling on State Hwy 70 at the same time and was able to extract the driver who had become trapped in the cab. The crash took place at roughly 1:00 pm on January 28th, I arrived on scene within the hour. At that point the Fire department had me access the scene to see if the fire could be put out, however the shutoff valve was located behind the flames and couldn't be reached with the truck on its side. Since the flames were not hitting any part of the truck and not endangering any other property, it was decided that it would be safest to allow it to burn itself out. After approximately 10 hours of burning, we connected another torched used to flare off tanks to a valve located at the bottom of the barrel to speed up the process. In doing this, I noticed a small gap between the rear decking and side fenders and could see that the valve we needed to get to was just on the other side. I then asked the Fire Department if they could spread the opening wider using their jaws so we could close the shutoff valve, using the decking as a shield to the fire. This plan worked, the valve was closed and the fire extinguished. The bobtail (brand new, only 3 months old) and pickup involved were both a total loss.

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:

I did raise concerns to the manufacturer of the truck to make sure the excess flow valve that the damaged hose was connected to is sized correctly. If everything worked properly, once the hose broke, the valve should have slammed shut and not allowed gas to escape. It is still uncertain if the valve failed, if it was not sized correctly, or if the pressure was not great enough to close it.

PART VIII – CONTACT INFORMATION

Contact's Name:	Jason Hellendrung
Contact's Title:	Physical Operations Manager
Business Name and Address:	LAKES GAS CO. 16220 Hwy 70 Stone Lake WI 54876
E-mail Address:	jhellendrung@lakesgas.com
Telephone Number:	7156849663
Fax Number:	
Hazmat Registration Number:	052825600014H
Date:	04/29/2026
Preparer is:	Carrier

04/11/2025