



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-2001060348
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 10/22/2000
4. Time of Incident (use 24-hour time): 12:05
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: KILGORE
County: GREGG
State: TX
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NORRIS RD @ MEADOW LANE
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: MARTIN TRANSPORT CO INC
Street: P O BOX 191
City: KILGORE
State: TX
Zip Code: 75663
Federal DOT Id Number: 033094
Hazmat Registration Number:
11. Shipper/Officer:
Name: SULFUR RIVER CO
Street: BRYANS MILL PLANT-POB 36
City: DOUGLASSVILLE
State: TX
Zip Code: 755600036
Waybill/Shipping Paper: 10309095
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: P O BOX 191
City: KILGORE
State: TX
Zip Code: 75663
14. Proper Shipping Name of Hazardous Material: PETROLEUM GASES, LIQUEFIED OR LIQUEFIED PETROLEUM GAS
15. Technical/Trade Name: LP GAS MIX
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) 8000 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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; 135-Loading or Unloading Lines

How Failed: - 303-Burst or Ruptured

Causes of Failure: -

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: 8000 Liquid - Gallon
Amount in Package:
Number in Shipment: 1
Number Failed: 1

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

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

Manufacturer: ENDERBY ANDERSON
Serial Number: 51126
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: 08/01/2000

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

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

Fire/EMS Report #:
Police Report #:
In-house cleanup:
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:	\$ 5,189.00
Carrier Damage:	\$ 70,000.00
Property Damage:	\$ 84,000.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 3,900.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? True

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	1
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? True

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	1
Responders:	
General Public:	

Non-Hospitalized:

(e.g.: On site first aid or Emergency Room observation and release)

Employees:	0
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:	
Total number of employees evacuated:	
Total evacuated:	250
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:

AT APPROX 1205 HRS ON OCT 22 2000 A FIRE OCCURRED AS A TANKER TRANSPORT TRUCK WAS IN THE PROCESS OF UNLOADING LIQUIFIED PETROLEUM GAS AT THE MARTIN GAS FILL STATION. THE PRODUCT TRANSFER LINES HAD BEEN CONNECTED BETWEEN THE TRANSPORT AND THE STATIONARY EQUIPMENT AS THE FILL STATION BY THE UNLOADER AND OFF LOADING WAS PROGRESSING WITHOUT INCIDENT. AFTER ABOUT FIVE MINUTES OF PUMPING AND AS THE DRIVER WAS WALKING WITHOUT INCIDENT. AFTER ABOUT 5 MINUTES OF PUMPING AND AS THE DRIVER WAS WALKING AWAY FROM THE TRANSPORT, HE HEARD A POP, TURNED TO SEE AND EXPANDING VAPOR CLOUD AND HEARD THE TRACTOR ENGINE SPEED UP. HE RETURNED TO THE PASSENGER SIDE OF THE TRUCK TRACTOR JUST AS THE HYDROCARBON IGNITED. THE UNLOADER WAS UNABLE TO ESCAPE THE ENSUING FIRE, WHICH WAS CENTER AROUND THE MID SECTION OF THE TANKER TRANSPORT IN THE VICINITY OF THE TRANSFER PUMP AND VALVE MANIFOLD ARRANGEMENT ON THE UNDERSIDE OF THE TANKER. BASED ON AN INSPECTION OF THE PHYSICAL EVIDENCE AT THE ACCIDENT SCENE AND OTHER INFORMATION AVAILABLE TO DATE, IT IS OUR OPINION THAT THE HYDROCARBON RELEASE RESULTED FROM A SUDDEN AND UNEXPECTED MATERIAL FAILURE OF THE SHORT BYPASS HOSE BETWEEN THE TRANSFER PUMP AND THE EXTERNAL BYPASS VALVE (SEE ATTACHMENT B) LOCATED ON THE BOTTOM OF THE TRANSPORT TANK. THE HOSE WAS APPROXIMATELY 1-1/4 INCHES IN DIAMETER AND WOULD HAVE BEEN PRESSURIZED DURING THE PUMPING OPERATION TO OFF LOAD PRODUCT. WHILE THE BYPASS HOSE WAS MOSTLY CONSUMED IN THE ENSUING FIRE, THERE WAS A VARIETY OF EVIDENCE THAT INDICATED THE BYPASS HOSE WAS THE MOST LIKELY SOURCE OF THE HYDROCARBON RELEASE AND ELIMINATED OTHER EQUIPMENT AS THE SOURCE, INCLUDING THE FOLLOWING: 1. EVIDENCE OF A SUDDEN AND SIGNIFICANT RELEASE OF HYDROCARBON WAS CONSISTENT WITH THE RUPTURE OF A PRESSURIZED HOSE, NOT A LEAKING GASKET, PUMP SEAL OR VALVE PACKING. NO RUPTURES WERE FOUND IN ANY RIGID PIPING, VALVES OR TANK NOZZLES WHICH COULD EXPLAIN THE SUDDEN HYDROCARBON RELEASE. 2. THE ACCIDENT SCENE, INCLUDING THE FIRE PATTERN, INDICATED THAT THE HYDROCARBON RELEASE WAS IN THE VICINITY OF THE BYPASS HOSE. 3. THE FIRE, WHICH PERSISTED FOR SEVERAL HOURS AFTER IGNITION, WAS FED BY HYDROCARBON ESCAPING FROM UNDER THE MID SECTION OF THE TRANSPORT TRAILER CONSISTENT WITH THE LOCATION OF THE BYPASS HOSE. TO PREVENT RECURRENCE OF THIS PARTICULAR TYPE OF INCIDENT MARTIN TRANSPORT INC AUDITED OUR MC331 FLEET AND REMOVED THIS TYPE OF SECONDARY BYPASS (ONLY 4 UNITS REQUIRED THIS ACTION).

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:

PART VIII - CONTACT INFORMATION

Contact's Name: JACK ABLA
Contact's Title: SAFETY DIRECTOR
Business Name and Address:

E-mail Address:
Telephone Number: 903-983-6203
Fax Number:
Hazmat Registration Number:
Date: 05/30/2001
Preparer is: