



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-2012050204
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 02/03/2012
4. Time of Incident (use 24-hour time): 15:11
5. Enter National Response Center Report Number (if applicable): 1002115
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WHITEWATER
County: WALWORTH
State: WI
Zip Code: (if known): 53190
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
12743 W. State Road 59
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: Landmark Logistics, Inc.
Street: 6631 County M
City: Evansville
State: WI
Zip Code: 53536
Federal DOT Id Number: 224648
Hazmat Registration Number: 062011004021T
11. Shipper/Officer:
Name: Landmark Services Cooperative
Street: 1401 Landmark Drive
City: Cottage Grove
State: WI
Zip Code: 53527
Waybill/Shipping Paper:
Hazmat Registration Number: 061011006002T
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: LIQUEFIED PETROLEUM GAS
15. Technical/Trade Name:
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) 4000 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: - 152-Threaded Connection
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Over-pressurized

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

Identification Markings: MC 331

(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: 4000 Liquid - Gallon
Amount in Package: 3400 Liquid - Gallon
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: Arrow
Serial Number: 39826
Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 250 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.486 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.269 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date: 08/02/2006
Last Test Date: 05/01/2011

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: | True | - 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 12-0000032
Police Report #: True LSO12000338
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: \$ 7,000.00
Carrier Damage: \$ 100,000.00
Property Damage: \$ 600,000.00
Response Cost: \$ 1,400.00
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?

False

If yes, provide the following information:

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

36. Was a major transportation artery or facility closed?

True

If yes, how many? 1

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

False

If yes, provide the following information:

Estimated speed (mph): 0
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:

This is an interview of the driver involved in the incident, taken by Lawrence Eastman, Investigator, Fire Check Inc.

**INTERVIEW WITH JAMES W. FLEMING
DRIVER OF BOB-TAIL TRUCK THAT EXPLODED**

On Monday, February 06, 2012 at 1:30 p.m. I conducted an interview with James W. Fleming at Landmark Service Co-op in Whitewater, WI. The following information was obtained:

Started working with Cooperative Plus in May 2008 as a Propane Sales & Delivery person.
He was considered a Seasonal Driver. On Jan 11, 2009 he was promoted to LP Driver and Location Energy Manager.

In Oct of 2011 there was a merger of Cooperative Plus with Landmark Services Co-op. They are headquartered in Burlington, WI and have offices in E. Troy and Clinton.

On Friday, Feb. 3, 2012 an LP gas incident occurred at approximately 3:10 p.m. Mr. Fleming had been in the process of filling his Bob-tail truck with LP gas, when a gas leak occurred and a vapor ignition took place. In short order the relief valve on the tank truck opened and fire went skyward. This was followed by a BLEVE of the Bob-tail tank.

Mr. Fleming provided the following information regarding his work day on 2/3/12:

- Reported to work at 7:00 a.m. and was the first one there.
- Checked his e-mails and downloaded info to his laptop computer.
- Completed paper work until 8:00 a.m.
- Started to fill his 2006 Kenworth truck, topping it off from almost empty.
- Backed the truck up to a sign and parked.
- Opened the fence gates which were padlocked.
- Opened cabinet and turned on the vapor valve.
- Took cap off the liquid line and put liquid line on truck and tightened with a spanner wrench, then opened both valves on hose and truck. He then went back and got vapor line and hooked it up with a pipe wrench and opened the valves on it.
- Pulled up the emergency levers.
- Turned the pump on with on/off switch
- Checked the pressure on the tank and opened properly.
- Normal fill time is approx 40 to 45 minutes.
- Shut off the pump
- Flipped down the emergency valves and turned off the valves.
- Relieved the pressure on the liquid line for approx a minute.
- Opened the hose and dumped liquid on the ground.
- Completed the vapor line first.
- Now ready for delivery of auto fills and call-ins.

Returned back to yard at noon for a second load of LP. Refilled Bob-tail and went back out on more deliveries.

At approx. 2:30 p.m. he returned back to the yard and started to fill, or top off his truck for Sat. morning run. The incident happened at approx 3:10 p.m.

- The truck was shut off while he went into the office to talk with the IT man
- He was done filling his truck by 3:00 p.m.
- The vapor line was disconnected and hanging up.
- The liquid line was still connected while he was getting the spanner wrench.
- He was at the rear of his truck with his back to the bulk tank when he heard a lowed clap sound. It was very distinguishable. Then he heard a metallic sound hitting something metal.
- He felt something hit the upper part of his back and hand and it felt very cold on the back of his legs.
- I knew something was going wrong and I was in a vapor cloud.

- Thought immediately to get the truck away, as all of my customer record were in there.
- Ran and jumped into the truck, but looked at my spare LP truck and wondered if I had enough room to get out.
- I released the air brakes and punched the auto transmission. I started the truck and then I was in a vapor cloud and knew I had to get away from there. I shut the truck off by the key, but could hear the engine trying to continue running.
- Jumped out of the truck and ran for the building
- As I went around the corner of the building ignition of the vapor cloud took place.

Rod the Plant Mgr. and someone else came out of the building and called 911. We all ran to the front building. In about 5 minutes the pressure relief valve on the truck opened up and fire shot skyward. It took about 10 minutes for the Whitewater Fire Dept. to arrive. An ambulance came and took me and checked my back, hand and lungs. The Fire Chief was asking for help in shutting down the bulk tank, so I went and helped him get the right valves shutoff. End interview 2:15 p.m.

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:

True cause of failure has yet to be determined. Investigators from potential interested parties are working on determining whether a valve failed or fitting at bulkhead failed, or both.

All propane drivers have gone through DOT Hazmat Refresher training subsequent to the incident, and the system will be rebuilt to NFPA 58, 2011 Edition standards.

PART VIII – CONTACT INFORMATION

Contact's Name:	Michael Elder
Contact's Title:	Exec VP - Corporate Services
Business Name and Address:	Landamrk Logistics Inc.
	PO Box 277 Cottage Grove WI 53527
E-mail Address:	mike.elder@landmark.coop
Telephone Number:	608-819-3117
Fax Number:	708-221-6689
Hazmat Registration Number:	224648
Date:	05/08/2012
Preparer is:	Shipper

08/02/2006