



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-2011040443  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
03/28/2011
4. Time of Incident (use 24-hour time):  
12:15
5. Enter National Response Center Report Number  
(if applicable):  
971350
6. If you submitted a report to another Federal DOT agency, enter  
the agency and report number:
7. Location of Incident:
- City: HOOSICK  
County: RENSSELAER  
State: NY  
Zip Code: (if known): 12089  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
RTE 7, NEAR BABCOCK ROAD
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: VENEZIA LIQUID TANK LINES  
Street: 86 AIRPORT RD  
City: Pottstown  
State: PA  
Zip Code: 19464  
Federal DOT Id Number: 1079986  
Hazmat Registration Number: 061509551063RT
11. Shipper/Officer:
- Name: GLOBAL GAS  
Street: 383 INVERNESS PARKWAY, SUITE 100  
City: Englewood  
State: CO  
Zip Code: 80112  
Waybill/Shipping Paper: 00060007799  
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street: ENTERPRISE TERMINALS & STORAGE LLC  
City: SELKIRK  
State: NY  
Zip Code: 12158
13. Destination:
- Street:  
City: PETERBOROUGH  
State: NH  
Zip Code: 03458
14. Proper Shipping Name of Hazardous  
Material: LPG
15. Technical/Trade Name: LIQUIFIED PETROLEUM GAS
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) 9500 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: - 149-Tank Head; 161-Weld or Seam

How Failed: - 310-Ripped or Torn

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: MISSISSIPPI TANK COMPANY

Serial Number: 80179

Material of Construction: SHELLSA517E (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: 265 (if Tank Car, CTMV, Portable Tank)

Shell Thickness: 0.395 INCH (if Tank Car, CTMV, Portable Tank)

Head Thickness: 0.25 INCH (if Tank Car, CTMV)

Service Pressure: (if Cylinder)

If valve or device failed:

Type:

Model:

Manufacturer:

Manufacture Date: 05/02/1977

Last Test Date: 10/22/2010

**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:               | 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 #: True  
Police Report #: True  
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: \$ 15,000.00  
Carrier Damage: \$ 25,000.00  
Property Damage: \$ 10,000.00  
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?

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: 100  
Total number of employees evacuated: 0  
Total evacuated: 100  
Duration of the evacuation: 48

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

False

If yes, how many?

### 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:

CARGO TANK WAS BEING OPERATED ON ROADWAY. THE TRUCK ENTERED A TURN AND ROLLED OVER CAUSING DAMAGE TO REAR PART OF TANK. A SEAM SEPARATED AND THE THE HEAD SUSTAINED A TEAR IN THE METAL CAUSING A RELEASE OF PROPANE. THE TANK CONTENTS THEN IGNITED FROM THE TRACTOR FIRE, LIGHTING THE RELEASING PRODUCT. PICUTRES ATTACHED. CAUSE OF FAILURE STILL UNKNOWN AT THIS POINT.

## 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:

STILL INVESTIGATING. WILL FOLLOW-UP WITH SUPPLEMENTALS.

## PART VIII – CONTACT INFORMATION

|                             |                                                                |
|-----------------------------|----------------------------------------------------------------|
| Contact's Name:             | THOMAS B. GRATER                                               |
| Contact's Title:            | DIRECTOR OF SAFETY                                             |
| Business Name and Address:  | VENEZIA LPG SERVICES INC<br>86 AIRPORT ROAD POTTSTOWN PA 19464 |
| E-mail Address:             | TGRATER@VENEZIAINC.COM                                         |
| Telephone Number:           | 610-495-5200                                                   |
| Fax Number:                 | 610-495-7392                                                   |
| Hazmat Registration Number: |                                                                |
| Date:                       | 04/20/2011                                                     |
| Preparer is:                | Carrier                                                        |

05/02/1977