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-2023010017
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/25/2022

4. Time of Incident (use 24-hour time):
14:55

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: Unincorporated
County: El Dorado
State: CA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Grizzley Flat Rdl 80 FT East o

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: EDPO, LLC
Street: 10 S WACKER DR STE 3325
City: CHICAGO
State: IL
Zip Code: 60606-4733
Federal DOT Id Number: 2435977
Hazmat Registration Number: 060722550324EG

11. Shipper/Offeror:

Name: EDPO LLC
Street: 10 South Wacker Dr. Suite 3325
City: Chicago
State: IL
Zip Code: 60606
Waybill/Shipping Paper:
Hazmat Registration Number: 060722550324EG

12. Origin (if different from shipper address)

Street: 6151 Pony Express Trail #13
City: Pollock Pines
State: CA
Zip Code: 95726

13. Destination:

Street: Various Residential Deliveries
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)

19. Quantity Released: (Include Measurement Units) 200 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: - 141-Piping or Fittings
How Failed: - 304-Cracked
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: MC331
(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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

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

Manufacturer:	Ransome Manufacturing	Manufacture Date:	07/01/2016
Serial Number:	32432	Last Test Date:	09/01/2016
Material of Construction:	SA-612 Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.5 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.283 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:	False	- Fire:	False
- 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
Police Report #: True CA-452433
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:	$ 600.00
Carrier Damage:	$ 120,000.00
Property Damage:	$ 40,000.00
Response Cost:	$ 11,500.00
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? True

If yes, provide the following information:

Estimated speed (mph):	35
Weather conditions:	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:

On 11/25/2022 at approximately 1500 PST, our driver was heading eastbound along Grizzly Flats Rd. This road contains many narrow curves. While navigating
the route the driver reported an encounter with another vehicle "hugging the centerline" and moved as far over as possible to allow the oncoming vehicle to
pass. Upon execution of this decision the driver! truck left the asphalt surfaced - hard pack of the roadway. Directly adjacent to the white fog line at the
location of the accident was a substantial shoulder drop off of approximately 18 inches. Consequently, the driver attempted to correct the situation to quickly
bring the truck back to the asphalt surface. The resulting improper procedure of over-steering caused the truck to rollover sideways onto the roadway resulting
in contact with another vehicle traveling on the same road. Upon impact with the other vehicle our truck continued to move and came to rest on its side off the
roadway. The accident resulted in the occupants of the other vehicle going to hospital to be checked out and later released. Our driver signed a letter of
declination at the scene to be treated for injuries, but at the managers request visited the ER to be checked out for possible injuries and required post-accident
drug! alcohol screening. The rollover caused a small crack in the piping of the CTMV and damage (denting) to the tank. The damage to the piping allowed the
release of approximately 200 gallons of product in vapor form from the vessel. In order to correct the issue, product had to be removed from the tank in order
to upright the vehicle. Our responding personnel were able to remove enough product by means of controlled flaring to allow the vehicle to be up righted, the
leak was stopped allowing the safe removal of the vehicle and remaining product from the scene. Upon completed transfer of the CTMV back to the home
facility the remaining product was removed from the vessel.

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:

Currently, drivers are required to complete industry specific training, Hazmat training, rollover prevention training,
road test upon hire before assignment of job duties to include operation of a CTMV. We are modifying our
requirements to include two ride along evaluations being performed by the General Manager annually and requiring
Rollover Prevention training annually in addition to the initial training.

PART VIII – CONTACT INFORMATION

Contact's Name:	Joshua Perceful
Contact's Title:	Safety and Compliance Manager
Business Name and Address:	EDPO LLC, 10 South Wacker Dr Suite 3325 chicago IL 60606
E-mail Address:	jperceful@edplp.net
Telephone Number:	405) 258-8953
Fax Number:	
Hazmat Registration Number:	
Date:	12/23/2022
Preparer is:	Carrier

07/01/2016