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-2022040792
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/31/2022

4. Time of Incident (use 24-hour time):
07:45

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: PATERSON
County: PASSAIC
State: NJ
Zip Code: (if known): 07502
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
KY0136 Milepost 17.797

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: DCC TRANSPORT LLC
Street: 204 N STATE ROUTE 54
City: Roberts
State: IL
Zip Code: 60962
Federal DOT Id Number: 00242502
Hazmat Registration Number: 062121550137D

11. Shipper/Offeror:

Name: GREEN RIVER PROPANE INC
Street: 730 US HIGHWAY 431 N
City: LIVERMORE
State: KY
Zip Code: 42352-9725
Waybill/Shipping Paper:
Hazmat Registration Number: 062121550137D

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 2380 St RT 593
City: Calhoun
State: KY
Zip Code: 42327

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) 35 Gas - 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: - 134-Liquid Valve
How Failed: - 308-Leaked
Causes of Failure: - Rollover Accident

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:	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:	3500 Gas - Gallon	Package Capacity:	
Amount in Package:	3500 Gas - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	AmeriTank, Inc.	Manufacture Date:	07/20/2006
Serial Number:	109396	Last Test Date:	05/20/2020
Material of Construction:	Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	250 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	88 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	269 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: True
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire:
- Material Entered Waterway/Storm Sewer:
- Environmental Damage:

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

Fire/EMS Report #: True N/A
Police Report #: True 22-02273-79
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:	$ 0.00
Carrier Damage:	$ 165,000.00
Property Damage:	$ 0.00
Response Cost:	$ 11,000.00
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? True

If yes, how many? 8

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

If yes, provide the following information:

Estimated speed (mph):	50
Weather conditions:	Clear
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:

The driver had just left Green River Bulk Plant at 7:35 am heading to make deliveries and turned north on Hwy 136.

He traveled approximately 2 miles at a speed of 50-55 mph. At7:45 am, he met a car traveling southbound that crossed the center yellow line into his lane. At that instance, he reacted by moving over to the right and dropped
off shoulder of road. He stayed off the road trying to maintain the Slip Off/Stay Off maneuver. After traveling 184 ft, he approached a guard rail and bridge. At that point, he swerved the bobtail to the left back on to the road crossing the southbound lane.

This maneuver caused the back end of bobtail to slide to the left going off the left side of the Hwy. The edge of the asphalt road gave away under the weight of the truck causing the truck to strike the guard rail with the rear of the truck going into a steep embankment while the front end of the truck was still on the road. This action pulled the front of the truck into the steep embankment. He traveled 50ft until he was able to stop the truck. The truck was stopped on a steep embankment was full of propane which made the truck top heavy. The truck then rolled on to the driver's side. He driver exited the vehicle from the passenger side. As soon as the driver exited the vehicle, the truck turned over, rolled down the steep embankment, and came to rest on the passenger side.
A passing motorist, that did not observe the accident, called 911 for assistance. The local Fire Department and Sherriff Department responded and secured the accident scene.
The driver was taken to the hospital by his wife. He was release with no injuries or treatment and driven back to the scene.
A wrecker service arrived on scene, lifted the vehicle on to the road and towed back to the Green River Facility

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:

The Lytx camera system will be installed to better capture future events.

90-Day Probationary Period: The Driver has been assigned to a truck having a Lytx camera installed to monitor his driving performance. DM will perform and document ride along assessment at 30, 60, and 90 day intervals.

Safety Flash will be developed and sent to the entire organization.

PART VIII – CONTACT INFORMATION

Contact's Name:	Thomas Jones
Contact's Title:	Regional HSE Manager
Business Name and Address:	DCC Propane LLC 204 N HWY 54 Roberts IL 60962
E-mail Address:	alan.jones@dccpropane.com
Telephone Number:	(217)395-2281
Fax Number:	
Hazmat Registration Number:	062121550137D
Date:	04/27/2022
Preparer is:	Carrier

07/20/2006

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3. Date of Incident:
03/31/2022

4. Time of Incident (use 24-hour time):
07:45

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: PATERSON
County: PASSAIC
State: NJ
Zip Code: (if known): 07502
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
KY0136 Milepost 17.797

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: DCC TRANSPORT LLC
Street: 204 N STATE ROUTE 54
City: Roberts
State: IL
Zip Code: 60962
Federal DOT Id Number: 00242502
Hazmat Registration Number: 062121550137D

11. Shipper/Offeror:
Name: GREEN RIVER PROPANE INC
Street: 730 US HIGHWAY 431 N
City: LIVERMORE
State: KY
Zip Code: 42352-9725
Waybill/Shipping Paper:
Hazmat Registration Number: 062121550137D

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 2380 St RT 593
City: Calhoun
State: KY
Zip Code: 42327

14. Proper Shipping Name of Hazardous Material: LPG

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) 35 Gas - 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:

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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.

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How Failed: - 308-Leaked
Causes of Failure: - Rollover Accident

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(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)

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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:	3500 Gas - Gallon	Package Capacity:	
Amount in Package:	3500 Gas - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	AmeriTank, Inc.	Manufacture Date:	07/19/2006
Serial Number:	109396	Last Test Date:	07/20/2006
Material of Construction:	Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	250 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	88 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	269 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:
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Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

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- Explosion:
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(See damage definitions in the instructions)

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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:	

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If yes, provide the following information:

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

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

If yes, how many? 8

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

If yes, provide the following information:

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Weather conditions:	Clear
Vehicle overturned?	True
Vehicle left roadway/track?	True

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The driver was taken to the hospital by his wife. He was release with no injuries or treatment and driven back to the scene.
A wrecker service arrived on scene, lifted the vehicle on to the road and towed back to the Green River Facility

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Describe:

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90-Day Probationary Period: The Driver has been assigned to a truck having a Lytx camera installed to monitor his driving performance. DM will perform and document ride along assessment at 30, 60, and 90 day intervals.

Safety Flash will be developed and sent to the entire organization.

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Contact's Name:	Thomas Jones
Contact's Title:	Regional HSE Manager
Business Name and Address:	DCC Propane LLC 204 N HWY 54 Roberts IL 60962
E-mail Address:	alan.jones@dccpropane.com
Telephone Number:	(217)395-2281
Fax Number:	
Hazmat Registration Number:	062121550137D
Date:	04/27/2022
Preparer is:	Carrier

07/19/2006