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-2025020247
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/22/2025

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

5. Enter National Response Center Report Number (if applicable):
1421597

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: MARS HILL
County: AROOSTOOK
State: ME
Zip Code: (if known): 04758
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
115 PRESQUE ISLE RD

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: XPRESS NATURAL GAS LLC
Street: 300 BRICKSTONE SQ # 204
City: ANDOVER
State: MA
Zip Code: 01810-1435
Federal DOT Id Number: 2374601
Hazmat Registration Number: 062824550401G

11. Shipper/Offeror:
Name: Xpress Natural Gas
Street: 300 Brickstone Sq
City: Andover
State: MA
Zip Code: 01810
Waybill/Shipping Paper: NP-BV-02457
Hazmat Registration Number: 062824550401G

12. Origin (if different from shipper address)
Street: 156 Track Rd
City: BAILEYVILLE
State: ME
Zip Code: 04694

13. Destination:
Street: 115 Presque Isle Rd
City: MARS HILL
State: ME
Zip Code: 04758

14. Proper Shipping Name of Hazardous Material: NATURAL GASES (WITH HIGH METHANE CONTENT)

15. Technical/Trade Name: Natural Gas, Compressed

16. Hazardous Class/Division: Flammable Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1971

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 355000 Gas - Cubic Foot

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? True
If yes, provide the Exemption, Approval, or CA number: DOT SP 14951

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:
Cylinder

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: - 143-Pressure Relief Valve or Device - Non-Reclosing
How Failed: - 313-Vented
Causes of Failure: - Freezing

26a. Provide the packaging identification markings, if available.
Identification Markings: USA/AB102/09-01, DOT SP-16524
(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:	364000 Gas - Cubic Foot	Package Capacity:	
Amount in Package:	355000 Gas - Cubic Foot	Amount in Package:	
Number in Shipment:	4	Number in Shipment:	
Number Failed:	4	Number Failed:	

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

Manufacturer:	Hexagon Agility	Manufacture Date:	09/01/2013
Serial Number:	LCIU 121363	Last Test Date:	08/01/2023
Material of Construction:	Carbon Fiber/HDPE (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:	3600 PSI (if Cylinder)		

If valve or device failed:
Type: FPS Regulator
Model:
Manufacturer: Swagelok

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:
- Explosion:
- Vapor (Gas) Dispersion: True
- 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
Police Report #: True
In-house cleanup:
Other Cleanup:

32. Damages Was the total damage cost more than $500? False

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
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:	
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? True

If yes, provide the following information:

Total number of general public evacuated:	150
Total number of employees evacuated:	0
Total evacuated:	150
Duration of the evacuation:	4

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

If yes, how many? 4

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

Reproduction of this form is permitted.

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:

Trailer was in line to unload and while waiting to decant. Temps were below 0 deg F. The normally open fire protection system lost supply pressure due to a frozen 1/4" swagelok tube blockage from frozen oil. All 4 cyclinders vented. The required consistant supply pressure was at 0 psig from a normal 90-100 psig supply the the FPS system fed off the bottom right hand tank

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:

Heaxgaon agility was surprised that this was not converted to a normally closed system that only activates when pressure is sent to the FPS device to activate. Heaxgon agility thought they had retrofitted all old units to the normally closed improved FPS design to prevent these issues

PART VIII – CONTACT INFORMATION

Contact's Name:	Bryce Kelly
Contact's Title:	Director of Field Services
Business Name and Address:	XPRESS NATURAL GAS LLC 300 BRICKSTONE SQ # 204 ANDOVER MA 01810-1435
E-mail Address:	bkelly@xng.com
Telephone Number:	(857)233-5329
Fax Number:	
Hazmat Registration Number:	062824550401G
Date:	02/19/2025
Preparer is:	Carrier

09/01/2013