RAILR			OAD COMMISSION OF TEXAS Alternative Energy Division LP-Gas Operations			LPG	LPG FORM 20		
	TIN		REP	ORT OF LP-GAS INCIDENT/ACCIDENT					
		***		Pleas	se Type or Prin	t			
inci 5 b	ident	accident to submit a p ss days of receipt of	roperly complete	d Form 20 pc	stmarked withi	he licensee making ti n 14 calendar days of t irst. An authorized repl	he date of initial	notification, or within	
	RT A								
1. COMPANY NAME:					LICENSE #			)	
2.	PRIN	ICIPAL BUSINESS A	DRESS:						
3.	.   LPG STATIONARY INSTALLATION  VEHICLE OR OTHER MOBILE EQUIPMENT								
PA	RT B								
1.	NAM	E OF ENTITY INVOL	/ED:	()		upant, business, licensee	f 1114		
	Tele	phone No ()		(Nar	ne of: owner, occ	upant, business, licensee	, facility, or operato	or)	
2.	FULI	_ MAILING ADDRESS	:						
3.	DAT	E OCCURRED: Month	ı D	ay	Year	Time:	Unknown		
		ATION OF INCIDENT					_		
	a)	Identify Physical Loca	ation:			ghway, street, intersection			
				(neares	st mile marker, hi	ghway, street, intersection	or GPS coordinat	es)	
b) In State									
c) Out of State									
_					(city, cour	ity, state)			
5.	<ul> <li>a) Driver's full name, who last serviced col</li> </ul>			d container:	tainer:			_ast Four Digits' of S.S. #:	
	b)	b) Driver's full name,	if involving LPG t	ransport or b	obtail registered	d with the commission:			
						l	_ast Four Digits'	of S.S. #:	
	c) c) Licensee name servicing/owning container:			ntainer:	License Number:				
DΔ	RT C		If multiple deaths	or injuries of	ntinue on sena	rate sheet) TOTAL: fat	alities	iniuries	
				Injury	Fatality	□ Licensee employe			
				<ul> <li>Injury</li> </ul>	Fatality	□ Licensee employe			
				Injury	Fatality	□ Licensee employe			
1. S	Speci	PRODUCT INFORM, fy name of product sto bulkheads/emergency	rage/release: (Propane, No			2.Odorization: ane, and Butylenes)	a) odorized 🗖 t	) non-odorized	
4. C	Did p	roduct ignite? 🗖 Yes	□ No 5.	Did explosio	n occur? 🗖 Yes	s 🗖 No 🛛 If yes, ex	plain under part	F.	

PA	RT E CONTAINER IDENTI	FICATION/OWNER INFORM	ATION (If more than two	containers, continue on s	eparate sheet)	
		Container No. 1		Container No. 2		
1.	Manufacturer Name:					
2.	Manufacture Serial No:					
3.	Working Pressure:					
4.	Water Capacity:					
5.	Year Built:	. <u></u>				
6.	Date tank/cylinder was las	t serviced with LPG	Gross ga	llons	delivered.	
7.	Nameplate damaged/dest	royed? 🗖 Yes 🛛 No	If Yes, indicate which cont	tainer 🗖 No. 1 🛛 🗖 No. 2	2 Other	
8.	Were container(s) subjecte	ed to severe heat impingeme	ent or damaged? 🗖 Yes	🗖 No		
9.	If LPG container(s) are inv	volved in incident/accident or	vehicle collision/rollover,	attach ph	otograph(s).	
10.	If bobtail or transport unit,	specify RRC LPG Form 4 de	ecal no	(Number)		
11.	If owner of container(s) is	different from licensee, give	mailing address of tank ov	wner below.		
	(Name)	(Address)		(City, State)	(Zip Code)	
	G equipment involved in inc	DENT/ACCIDENT (Please s ident/accident)				

## PART G NAME OF OFFICIAL SUBMITTING REPORT

I declare under penalties prescribed in Section 91.143, Texas Natural Resources Code, I prepared this report, and the data and facts stated therein are true and complete to the best of my knowledge.

- 1. Printed Name
- 2. Authorized signature \_
- 3. Date of initial knowledge of incident/accident:
- 4. Date report completed:

This report is made to comply with the provisions of 16 TAC Section 9.36 and is NOT a determination of responsibility or fault.

Return to: Railroad Commission of Texas Alternative Energy Division LP-Gas Operations PO Box 12967 Austin, TX 78711-2967 Fax (512) 463-0649

Accident Reporting (512) 463-6788 (24-hours)