

RAILROAD COMMISSION OF TEXAS Alternative Energy Division

Alternative Energy Divisior LP-Gas Operations

CNG FORM 1020

REPORT OF CNG INCIDENT/ACCIDENT

Please Type or Print

INSTRUCTIONS: Section 13.36 of the *Regulations for Compressed Natural Gas* requires the licensee making the telephonic report of a CNG incident/accident to submit a properly completed Form 1020 postmarked within 14 calendar days of the date of initial notification to the Alternative Energy Division. An authorized representative of the licensee must sign this report.

PART A 1. COMPANY NAME:		LICE	NSF#	Tel No. (
				(C) 140. <u>(</u>	
2. PRINCIPAL BUSINESS ADDRESS:					
3. ☐ CNG STATIONARY INSTALLATION	□ VEŀ	□ VEHICLE OR OTHER MOBILE EQUIPMENT			
PART B 1. NAME OF ENTITY INVOLVED:	(Nar	ne of: owner. occ	supant, business, licensee, fa	cility, or operator)	
Telephone No ()		, , , , , , , , , , , , , , , , , , , ,	,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. FULL MAILING ADDRESS:					
3. DATE OCCURRED: Month	Day	Year	Time: [□ Unknown	
4. LOCATION OF INCIDENT/ACCIDENT:					
a) Identify Physical Location:	(Nloaro	at mila markar b	iabuay atraat interpolition o	r CDC accordinates)	
(Nearest mile marker, highway, street, intersection or GPS coordinates)					
b) In State (city, county)					
c) Out of State	Out of State(city, county, state)				
 5. DRIVER/LICENSEE INFORMATION: a) Driver's full name, who last send b) Driver's full name, if involving C 	NG transport regi	stered with the	Las	st Four Digits' of S.S. #:st Four Digits' of S.S. #:	
c) c) Licensee name servicing/owning container:			License Number:		
PART C DEATHS/INJURIES (If multiple de	aths or injuries co	ontinue on sepa	arate sheet) TOTAL: fatalii	ties injuries	
NAME:	_	_	☐ Licensee employee	_	
NAME:		☐ Fatality	☐ Licensee employee	☐ Other	
NAME:	lnjury	☐ Fatality	☐ Licensee employee	Other	
PART D PRODUCT INFORMATION					
1. Were emergency shut-off valves installed	d? ☐ Yes ☐ No	o □N/A			
2. Did incident/accident occur during transp	ort as a result of	a pullaway? 🗖	Yes 🗖 No		
3. Did product ignite? ☐ Yes ☐ No 4. Estimated loss of product standard cubic feet					
5. Did explosion occur? ☐ Yes ☐ No					

PART E CONTAINER IDENTIFICATION/OWNER INFORMATION (If more than two containers, continue on separate sheet) Container No. 1 Container No. 2 1. Manufacture Name: 2. Manufacture Serial No: 3. Working Pressure: Capacity: Year Built: 5. Gross standard cubic feet ____ Date tank/cylinder was last serviced with CNG 6. delivered. If Yes, indicate which container \square No. 1 \square No. 2 Other Nameplate damaged/destroyed? ☐ Yes ☐ No Were container(s) subjected to severe heat impingement or damaged? Yes 8. 9. If CNG container(s) are involved in incident/accident or vehicle collision/rollover, attach photograph(s). (Number) 10. If transport unit or cylinder delivery unit, specify RRC CNG Form 1004 decal no. 11. If owner of container(s) is different from licensee, give mailing address of tank owner below. (Name) (Address) (City, State) (Zip Code) PART F SUMMARY OF INCIDENT/ACCIDENT (Please specify manufacturer name, model, and date manufactured for any defective CNG equipment involved in incident/accident) Continue on separate sheet(s) if necessary. 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. Printed Name 2. Authorized signature

This report is made to comply with the provisions of 16 TAC Section 13.36 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

Date report completed:

Date of initial knowledge of incident/accident:

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

Rev. July 2012

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