



RAILROAD COMMISSION OF TEXAS

Alternative Energy Division
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: _____ LICENSE # _____ Tel No. (_____) _____

2. PRINCIPAL BUSINESS ADDRESS: _____

3. CNG STATIONARY INSTALLATION VEHICLE OR OTHER MOBILE EQUIPMENT

PART B

1. NAME OF ENTITY INVOLVED: _____
(Name of: owner, occupant, business, licensee, facility, 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: _____
(Nearest mile marker, highway, street, intersection or GPS coordinates)
b) In State _____
(city, county)
c) Out of State _____
(city, county, state)

5. DRIVER/LICENSEE INFORMATION:
a) a) Driver's full name, who last serviced container: _____ Last Four Digits' of S.S. #: _____
b) b) Driver's full name, if involving CNG transport registered with the Commission: _____
Last Four Digits' of S.S. #: _____
c) c) Licensee name servicing/owning container: _____ License Number: _____

PART C DEATHS/INJURIES (If multiple deaths or injuries continue on separate sheet) TOTAL: fatalities _____ injuries _____

NAME: _____ Injury Fatality Licensee employee Other _____
NAME: _____ Injury Fatality Licensee employee Other _____
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PART D PRODUCT INFORMATION

1. Were emergency shut-off valves installed? Yes No N/A
2. Did incident/accident occur during transport 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 If yes, explain under part F.

