



RAILROAD COMMISSION OF TEXAS

Alternative Energy Division
LP-Gas Operations

LNG FORM 2020

REPORT OF LNG INCIDENT/ACCIDENT

Please Type or Print

INSTRUCTIONS: Section 14.2049 of the Regulations for Liquefied 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. [ ] LNG 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
NAME: [ ] Injury [ ] Fatality [ ] Licensee employee [ ] Other

PART D PRODUCT INFORMATION

- 1. Were bulkheads/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 gallons
5. Did explosion occur? [ ] Yes [ ] No If yes, explain under part F.

**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: \_\_\_\_\_
4. Capacity: \_\_\_\_\_
5. Year Built: \_\_\_\_\_
6. Date tank/cylinder was last serviced with LNG \_\_\_\_\_ Gross gallons \_\_\_\_\_ delivered.
7. Nameplate damaged/destroyed?  Yes  No If Yes, indicate which container  No. 1  No. 2 Other \_\_\_\_\_
8. Were container(s) subjected to severe heat impingement or damaged?  Yes  No
9. If LNG container(s) are involved in incident/accident or vehicle collision/rollover, attach \_\_\_\_\_ photograph(s).  
(Number)
10. If bobtail or transport unit, specify RRC LNG Form 2004 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)
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**PART F SUMMARY OF INCIDENT/ACCIDENT** (Please specify manufacturer name, model, and date manufactured for any defective LNG equipment involved in incident/accident) Continue on separate sheet(s) if necessary.

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**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 14.2049 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  
 Rev. July 2012

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