



# RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division  
Alternative Fuels Safety Department

# 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 \_\_\_\_\_

NAME: \_\_\_\_\_  Injury  Fatality  Licensee employee  Other \_\_\_\_\_

### 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.

