



RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division
Alternative Fuels Safety Department

**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: _____	<input type="checkbox"/> Injury	<input type="checkbox"/> Fatality	<input type="checkbox"/> Licensee employee	<input type="checkbox"/> Other _____
NAME: _____	<input type="checkbox"/> Injury	<input type="checkbox"/> Fatality	<input type="checkbox"/> Licensee employee	<input type="checkbox"/> Other _____
NAME: _____	<input type="checkbox"/> Injury	<input type="checkbox"/> Fatality	<input type="checkbox"/> Licensee employee	<input type="checkbox"/> 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)

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.

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.

Additionally, I agree that this form may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

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 Fuels Safety
PO Box 12967
Austin, TX 78711-2967
Fax (512) 463-7292

Accident Reporting (24-hours)
(512) 463-6788
844-773-0305 (toll free)