



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) Driver's full name, who last serviced container: Last Four Digits' of S.S. #:
b) Driver's full name, if involving CNG transport registered with the Commission: Last Four Digits' of S.S. #:
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
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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.

**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 CNG \_\_\_\_\_ Gross standard cubic feet \_\_\_\_\_ 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 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.

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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.

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 13.36 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) 682-9066

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