



# REPORT OF LP-GAS INCIDENT/ACCIDENT

Please Type or Print

## PART A

1. COMPANY NAME: \_\_\_\_\_ LICENSE # \_\_\_\_\_ Tel No. (\_\_\_\_\_) \_\_\_\_\_
2. PRINCIPAL BUSINESS ADDRESS: \_\_\_\_\_
3.  LPG 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 LPG transport or bobtail 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 a 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. Specify name of product storage/release: \_\_\_\_\_ 2.Odorization:  a) odorized  b) non-odorized  
(Propane, Normal Butane, Propylene, Isobutane, and Butylene)
3. Were bulkheads/emergency shut-off valves installed?  Yes  No  N/A
4. Did product ignite?  Yes  No 5. Did explosion occur?  Yes  No                      If yes, explain under part F.



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**PART G** NAME OF THE OFFICIAL SUBMITTING REPORT

I prepared this report, and the data and facts stated herein 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 Oklahoma Title 52 and OAC 420 and is NOT a determination of responsibility or fault.

**Return this report to:**    **LP Gas Administration**  
                                  **PO Box 53218**  
                                  **Oklahoma City, OK 73152**

**Accident Reporting (24-Hours)**  
**405-521-2458**