

NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed \$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0047

EXPIRATION DATE: 4/30/2026



U.S. Department of Transportation
Pipeline and Hazardous Materials
Safety Administration

GRAVITY AND REPORTING-REGULATED HAZARDOUS LIQUID ACCIDENT REPORT

Report Date _____

No. _____
(DOT Use Only)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline/library/forms>.

PART A – KEY REPORT INFORMATION

Report Type: (select all that apply) ☐ Original ☐ Supplemental ☐ Final

A1. Operator's OPS-issued Operator Identification Number (OPID): _____

A2. Name of Operator: auto-populated based on OPID

A3. Address of Operator:

A3.a Street Address auto-populated based on OPID

A3.b City auto-populated based on OPID

A3.c State auto-populated based on OPID

A3.d Zip Code auto-populated based on OPID

A4. Earliest local time (24-hr clock) and date an accident reporting criteria was met:

_____/_____/_____/_____
Hour Month Day Year

A4.a Time Zone for local time (select only one) ☐ Alaska ☐ Eastern ☐ Central ☐ Hawaii-Aleutian ☐ Mountain ☐ Pacific.

A4.b Daylight Savings in effect? ☐ Yes ☐ No

A5. Location of Accident:

Latitude: _____

Longitude: - _____

A6. Commodity released: (select only one, based on predominant volume released)

☐ Crude Oil

☐ HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions

☐ LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid)

☐ Other HVL ➡ Name: _____

A7. Estimated volume of commodity released unintentionally: _____ Barrels

A8. Estimated volume of intentional and/or controlled release/blowdown:
(only reported for HVL Commodity) _____ Barrels

A9. Estimated volume of commodity recovered _____ Barrels

A10. Were there fatalities? ☐ Yes ☐ No

If Yes, specify the number in each category:

A10.a Operator employees _____

A10.b Contractor employees
working for the Operator _____

A10.c Non-Operator
emergency responders _____

A10.d Workers working on the
right-of-way, but NOT
associated with this Operator _____

A10.e General public _____

A10.f Total fatalities (sum of above) *calculated*

A11. Were there injuries requiring inpatient hospitalization? ☐ Yes ☐ No

If Yes, specify the number in each category:

A11.a Operator employees _____

A11.b Contractor employees
working for the Operator _____

A11.c Non-Operator
emergency responders _____

A11.d Workers working on the
right-of-way, but NOT
associated with this Operator _____

A11.e General public _____

A11.f Total injuries (sum of above) *calculated*

☐ CPM leak detection system
☐ SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations)
☐ Static Shut-in Test or Other Pressure or Leak Test
☐ Controller
☐ Air Patrol
☐ Notification from Public
☐ Notification from Third Party that caused the Accident

☐ Local Operating Personnel, including contractors
☐ Ground Patrol by Operator or its contractor
☐ Notification from Emergency Responder
☐ Other

☐ Operator employee ☐ Contractor working for the Operator

☐ Yes (Complete Questions B1-B6) ☐ No (Complete Questions B7)

A15a. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident? ☐ Yes ☐ No

A15b. Which party initiated communication about the accident? ☐ Operator ☐ Local/State/Federal Emergency Responder

A17. Local time (24-hr clock) and date of initial operator report to the National Response Center :

A18 Initial Operator National Response Center Report Number OR ☐ NRC Notification Not Required OR ☐ NRC Notification Required But Not Made

A20. Did the commodity ignite? ☐ Yes ☐ No If Yes, answer A20a through d:

A20b. How was the fire extinguished?

☐ Operator/Contractor ☐ Local/State/Federal Emergency Responder ☐ Allowed to burn out ☐ Other, specify: _____

A20c. Volume of product consumed by fire (barrels) (must be less than or equal to A7) _____

A20d. Did the commodity explode? ☐ Yes ☐ No

If A6. = Crude Oil AND A14. = Onshore, answer questions A21a and b:

A21a. Did the operator activate its Onshore Oil Spill Response Plan? ☐ Yes ☐ No

A21b. Did the operator mobilize an Oil Spill Response Organization (OSRO)? ☐ Yes ☐ No

If Yes, answer A21c. and d:

A21c. Local time operator notified OSRO / / / / / / / /
 Hour Month Day Year

A21d. Local time OSRO arrived at site

A22. Number of general public evacuated: / / / / / / / /

PART B – ADDITIONAL LOCATION INFORMATION			
If Onshore:			
B1. State: <u> </u> / <u> </u> / <u> </u>	B2. <u> </u> City	B3. <u> </u> County or Parish	
B4. Was this onshore Accident on Federal land? <input type="radio"/> Yes <input type="radio"/> No			
B5. Location of Accident: (<i>select only one</i>)			
<input type="checkbox"/> Totally contained on Operator-controlled property <input type="checkbox"/> Pipeline right-of-way <input type="checkbox"/> Originated on Operator-controlled property, but then flowed or migrated off the property			
B6. Did the Accident occur in a crossing?: <input type="radio"/> Yes <input type="radio"/> No			
If Yes, B6a. specify type: <input type="checkbox"/> Bridge crossing Specify: <input type="radio"/> Cased <input type="radio"/> Uncased			
<input type="checkbox"/> Railroad crossing (<i>select all that apply</i>) <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled <input type="checkbox"/> Road crossing (<i>select all that apply</i>) <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled <input type="checkbox"/> Water crossing Specify: <input type="radio"/> Cased <input type="radio"/> Uncased			
If B6a. = Water crossing, answer B6.b through e			
B6b. Name of body of water, if commonly known: <u> </u>			
B6c. Approx. water depth (ft) at the point of the Accident: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> OR <input type="radio"/> Unknown			
B6d. (<i>select only one</i>) <input type="radio"/> Shoreline/Bank/Marsh crossing <input type="radio"/> Below water, pipe buried below bottom (NOT in bored/drilled crossing)			
<input type="radio"/> Below water, pipe in bored/drilled crossing <input type="radio"/> Below water, pipe on or above bottom			
B6e. Year of most recent engineering/risk evaluation of the crossing <u> </u> OR <input type="radio"/> None			
If Offshore:			
B7. Origin of Accident: <input type="checkbox"/> In State waters			
Specify: State: <u> </u> Area: <u> </u> Block/Tract #: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> Nearest County/Parish: <u> </u>			
<input type="checkbox"/> On the Outer Continental Shelf (OCS) (<i>select only one</i>) <input type="radio"/> OCS – Alaska <input type="radio"/> OCS- Atlantic <input type="radio"/> OCS-Gulf of Mexico <input type="radio"/> OCS – Pacific			
Specify: Area: <u> </u> Block/Tract #: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>			

PART C – ADDITIONAL FACILITY INFORMATION	
<p>C1. Item involved in Accident: <i>(select only one)</i></p> <p><input type="checkbox"/> Pipe ➡ Specify: <input type="radio"/> Pipe Body <input type="radio"/> Pipe Seam</p> <p><input type="checkbox"/> Joint, including heat-affected zone ➡ Specify: <input type="radio"/> Pipe Girth Joint <input type="radio"/> Other Butt Joint <input type="radio"/> Fillet Joint</p> <p><input type="checkbox"/> Other _____ mandatory text field _____</p> <p>If C1. is Pipe or Pipe Girth Joint, answer C1.a:</p> <p>C1.a Nominal Pipe Size: <u> / / / / / </u></p>	
<p>C2. Material involved in Accident: <i>(select only one)</i></p> <p><input type="checkbox"/> Carbon Steel</p> <p><input type="checkbox"/> Material other than Carbon Steel ➡ Specify: _____</p> <p>If C2. is Carbon Steel, answer C2.a:</p> <p>C2.a % SMYS caused by operating pressure at the time of failure: <u> / / / / </u></p>	
<p>C3. Classification of pipeline system: <i>(select only one)</i></p> <p><input type="checkbox"/> Gravity Transmission <input type="checkbox"/> Gravity Gathering <input type="checkbox"/> Reporting-Regulated Gathering</p>	

PART D – ADDITIONAL CONSEQUENCE INFORMATION																	
<p>D1. Wildlife impact: <input type="radio"/> Yes <input type="radio"/> No</p> <p style="margin-left: 20px;">D1.a If Yes, specify all that apply:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Fish/aquatic</p> <p style="margin-left: 40px;"><input type="checkbox"/> Birds</p> <p style="margin-left: 40px;"><input type="checkbox"/> Terrestrial</p> <p>D2. Soil contamination: <input type="radio"/> Yes <input type="radio"/> No</p> <p>D3. Long term impact assessment performed or planned: <input type="radio"/> Yes <input type="radio"/> No</p> <p>D4. Anticipated remediation: <input type="radio"/> Yes <input type="radio"/> No (not needed)</p> <p style="margin-left: 20px;">D4a. If Yes, specify all that apply:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Surface water <input type="checkbox"/> Groundwater <input type="checkbox"/> Soil <input type="checkbox"/> Vegetation <input type="checkbox"/> Wildlife</p> <p>D5. Water contamination: <input type="radio"/> Yes ➔ (Complete 5.a – 5.c below) <input type="radio"/> No</p> <p style="margin-left: 20px;">D5a. Specify all that apply:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Ocean/Seawater</p> <p style="margin-left: 40px;"><input type="checkbox"/> Surface</p> <p style="margin-left: 40px;"><input type="checkbox"/> Groundwater</p> <p style="margin-left: 40px;"><input type="checkbox"/> Drinking water ➔ (Select one or both) <input type="radio"/> Private Well <input type="radio"/> Public Water Intake</p> <p>D5b. Estimated amount released in or reaching water: <u> / / / / Barrels</u></p> <p>D5c. Name of body of water, if commonly known: _____</p>																	
<p>D6. Estimated Property Damage:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;">D6a. Estimated cost of public and non-Operator private property damage</td> <td style="width: 45%; text-align: right;">\$ <u> / / / /, / / / /, / / / /</u></td> </tr> <tr> <td>D6b. Estimated cost of commodity lost</td> <td style="text-align: right;">\$ <u> / / / /, / / / /, / / / /</u></td> </tr> <tr> <td>D6c. Estimated cost of Operator's property damage & repairs</td> <td style="text-align: right;">\$ <u> / / / /, / / / /, / / / /</u></td> </tr> <tr> <td>D6d. Estimated cost of Operator's emergency response</td> <td style="text-align: right;">\$ <u> / / / /, / / / /, / / / /</u></td> </tr> <tr> <td>D6e. Estimated cost of Operator's environmental remediation</td> <td style="text-align: right;">\$ <u> / / / /, / / / /, / / / /</u></td> </tr> <tr> <td>D6f. Estimated other costs</td> <td style="text-align: right;">\$ <u> / / / /, / / / /, / / / /</u></td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Describe _____</td> </tr> <tr> <td>D6g. Total estimated property damage (sum of above)</td> <td style="text-align: right;">\$ <u>calculated</u></td> </tr> </table> <p>Injured Persons not included in A11 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A11. <i>If a person is included in A11, do not include them in D7.</i></p> <p>D7. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: _____</p> <p><u><i>If a person is included in D7, do not include them in D8.</i></u></p> <p>D8. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: _____</p> <p>Buildings Affected</p> <p>D9. Number of residential buildings affected (evacuated or required repair): _____</p> <p>D10. Number of business buildings affected (evacuated or required repair): _____</p>		D6a. Estimated cost of public and non-Operator private property damage	\$ <u> / / / /, / / / /, / / / /</u>	D6b. Estimated cost of commodity lost	\$ <u> / / / /, / / / /, / / / /</u>	D6c. Estimated cost of Operator's property damage & repairs	\$ <u> / / / /, / / / /, / / / /</u>	D6d. Estimated cost of Operator's emergency response	\$ <u> / / / /, / / / /, / / / /</u>	D6e. Estimated cost of Operator's environmental remediation	\$ <u> / / / /, / / / /, / / / /</u>	D6f. Estimated other costs	\$ <u> / / / /, / / / /, / / / /</u>	Describe _____		D6g. Total estimated property damage (sum of above)	\$ <u>calculated</u>
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PART E – APPARENT CAUSE		<i>Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Accident. Describe secondary, contributing, or root causes of the Accident in the narrative (PART H).</i>
E1 - Corrosion Failure – *only one sub-cause can be picked		
<input type="checkbox"/>	External Corrosion	
<input type="checkbox"/>	Internal Corrosion	
E2 - Natural Force Damage - *only one sub-cause can be picked		
<input type="checkbox"/>	Earth Movement, NOT due to Heavy Rains/Floods	
<input type="checkbox"/>	Heavy Rains/Floods	
<input type="checkbox"/>	Lightning	
<input type="checkbox"/>	Temperature	
<input type="checkbox"/>	High Winds	
<input type="checkbox"/>	Tree/Vegetation Root	
<input type="checkbox"/>	Snow/Ice Impact or Accumulation	
<input type="checkbox"/>	Other Natural Force Damage	
E3 – Excavation Damage - *only one sub-cause can be picked		
<input type="checkbox"/>	Excavation Damage by Operator (First Party)	
<input type="checkbox"/>	Excavation Damage by Operator's Contractor (Second Party)	
<input type="checkbox"/>	Excavation Damage by Third Party	
<input type="checkbox"/>	Previous Damage due to Excavation Activity	
E4 - Other Outside Force Damage - *only one sub-cause can be picked		
<input type="checkbox"/>	Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Accident	
<input type="checkbox"/>	Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	
<input type="checkbox"/>	Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	
<input type="checkbox"/>	Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
<input type="checkbox"/>	Electrical Arcing from Other Equipment or Facility	
<input type="checkbox"/>	Previous Mechanical Damage NOT Related to Excavation	
<input type="checkbox"/>	Intentional Damage	
<input type="checkbox"/>	Other Outside Force Damage	

E5 - Material Failure of Pipe or Weld *Only one **sub-cause** can be picked

- ☐ Design-, Construction-, Installation-, or Fabrication-related
- ☐ Original Manufacturing-related (NOT girth weld or other welds formed in the field)
- ☐ Environmental Cracking-related

E6 - Equipment Failure - *only one **sub-cause** can be picked

- ☐ Malfunction of Control/Relief Equipment
- ☐ Pump or Pump-related Equipment
- ☐ Threaded Connection/Coupling Failure
- ☐ Non-threaded Connection Failure
- ☐ Defective or Loose Tubing or Fitting
- ☐ Failure of Equipment Body (except Pump), Tank Plate, or other Material
- ☐ Other Equipment Failure

E7 - Incorrect Operation - *only one **sub-cause** can be picked

- ☐ Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage
- ☐ Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow
- ☐ Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure
- ☐ Pipeline or Equipment Overpressured
- ☐ Equipment Not Installed Properly
- ☐ Wrong Equipment Specified or Installed
- ☐ Other Incorrect Operation

E8 – Other Accident Cause - *only one **sub-cause** can be picked from shaded left-hand column

- ☐ Miscellaneous
- ☐ Unknown

PART F – NARRATIVE DESCRIPTION OF THE ACCIDENT

[illegible]

PART G – PREPARER

Preparer's Name (type or print)

Preparer's Telephone Number

Preparer's Title (type or print)

Preparer's E-mail Address

Preparer's Facsimile Number

Local Contact Name: optional

Local Contact Email: optional

Local Contact Phone: optional