


NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil as provided in 49 USC 60122.		OMB NO: 2137-0635 EXPIRATION DATE: 6/30/2026	
 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<b>Report Date:</b>	10/20/2023	
	<b>No.</b>	20230002- 38765	
		----- (DOT Use Only)	
<b>INCIDENT REPORT – LIQUEFIED NATURAL GAS (LNG) FACILITIES</b>			
<p>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 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 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 collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</p>			
<b>INSTRUCTIONS</b>			
<p><b>Important:</b> 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 <a href="http://www.phmsa.dot.gov/pipeline/library/forms">http://www.phmsa.dot.gov/pipeline/library/forms</a>.</p>			
<b>PART A - KEY REPORT INFORMATION</b>			
Report Type: (select all that apply)	<b>Original:</b>	<b>Supplemental:</b>	<b>Final:</b>
		<b>Yes</b>	
Last Revision Date:	11/08/2023		
1. Operator's OPS-issued Operator Identification Number (OPID):	2128		
2. Name of Operator	CASCADE NATURAL GAS CORP		
3. Address of Operator:			
3a. Street Address	8113 W. GRANDRIDGE BLVD		
3b. City	KENNEWICK		
3c. State	Washington		
3d. Zip Code:	99336		
4. Local time (24-hr clock) and date of incident:	09/22/2023 10:45		
4a. Time Zone for local time (select only one)	Pacific		
4b. Daylight Saving in effect?	No		
4c. Local time of confirmed discovery:			
5. Initial Operator National Response Center Report Number:	1379817		
6. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if reported):	09/22/2023 11:35		
6a. Additional NRC Report numbers submitted by the operator:	1379886		
7. Incident resulted from:			
Unintentional release of commodity	Yes		
Intentional release of commodity	No		
Emergency shutdown	No		
Reasons other than the above	No		
Describe:			
8. Commodity released: (select only one, based on predominant volume released)	LNG (Liquefied Natural Gas) while being handled in liquid phase		
- Other Commodity Name:			
9. Estimated volume of commodity released unintentionally - Thousand Cubic Feet (MCF):	0		
10. Estimated volume of intentional and controlled release/blowdown - Thousand Cubic Feet (MCF)	0		
11. Estimated volume of liquid spilled to the ground (Barrels):	83.00		
12. Were there fatalities?	Yes		
- If Yes, specify the number in each category:			
12a. Operator employees	0		

12b. Contractor employees working for the Operator	1
12c. Non-Operator emergency responders	0
12d. General public	0
12e. Total fatalities (sum of above)	1
13. Were there injuries requiring inpatient hospitalization?	Yes
- If Yes, specify the number in each category:	
13a. Operator employees	0
13b. Contractor employees working for the Operator	1
13c. Non-Operator emergency responders	0
13d. General public	0
13e. Total injuries (sum of above)	1
14. Was the LNG Facility shut down due to the incident?	Yes
- If No, Explain:	
- If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock)	
14a. Local time and date of shutdown	09/22/2023 10:50
14b. Local time LNG Facility restarted	
- Still shut down? (* Supplemental Report Required)	Yes
15. Was there an ignition?	Yes
If A15. is Yes, answer A15a. and A16:	
15a. Estimated volume of gas consumed by fire (MCF): (must be less than or equal to A9.)	.00
16. Was there an explosion?	No
17. Number of general public evacuated:	700
18. Number of operator/contractor personnel evacuated:	3
Injured Persons not included in A13 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A13. If a person is included in A13, do not include them in A19.	
19. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization:	0
If a person is included in A19, do not include them in A20.	
20. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident:	0
<b>Buildings Affected</b>	
21. Number of residential buildings affected (evacuated or required repair or gas service interrupted):	2,003
22. Number of business buildings affected (evacuated or required repair or gas service interrupted):	491
<b>PART B - ADDITIONAL FACILITY INFORMATION</b>	
1. Facility Information:	
	<b>LNG FACILITY / PLANT</b>
<b>Name of LNG Plant / Facility</b>	Temporary LNG Site - Toppenish
<b>NPMSLNG ID</b>	
<b>Plant / Facility Status</b>	In Service
<b>Plant / Facility Location</b>	
State	Washington
<b>Process</b>	
Liquefaction/Vaporization Rate (MMCF/D) at the time of the Incident	4
Number of Vaporizers in service at the time of the Incident	2
Total Capacity (MMCF/D)	4
<b>LNG Source (list all that apply)</b>	
Truck	Yes
Railroad	
Ship/Barge	

Liquefaction	
<b>Interstate or Intrastate</b>	Intrastate
<b>LNG Storage</b>	
Number of LNG Tanks	8
Volume of LNG in Storage at the time of the Incident (Bbls)	905
2. Type of LNG Plant / Facility: <i>(select all that apply)</i>	
Base Load	
Peak Shaving	
Satellite	
Mobile / Temporary <i>(select the following based on use at time of Incident)</i>	Yes
Intrastate	Yes
Interstate	
Other	
Describe:	
3. Function of LNG Plant / Facility at the time and date of the Incident: <i>(select all that apply)</i>	
Marine Terminal <i>(select one or both)</i>	
Import Terminal	
Export Terminal	
Storage <i>(select one or both)</i>	
With Liquefaction	
Without Liquefaction	
Stranded Utility	Yes
Vehicular Fuel	
Nitrogen Rejection Unit or Other Special Use	
Describe:	
4. Item involved in Incident: <i>(select only one)</i>	
Item involved	High Pressure Hose/Line
- If Other Describe:	
<b>PART C - ADDITIONAL CONSEQUENCE INFORMATION</b>	
1. Estimated Property Damage:	
1a. Estimated cost of public and non-Operator private property damage	\$0
1b. Estimated cost of Operator's property damage & repairs	\$0
1c. Estimated cost of emergency response	\$350,000
1d. Estimated other costs	\$125,000
Describe:	Estimate received for damages to Contractor equipment.
1e. Total estimated property damage (sum of above)	\$475,000
Cost of Commodity Released	
1f. Estimated cost of commodity released unintentionally	\$2,305
1g. Estimated cost of commodity released during intentional and controlled blowdown	\$0
1h. Total estimated cost of commodity released (sum of 1.f & 1.g above)	\$2,305
1i. Estimated Total Cost (sum of 1.e and 1.h above)	\$477,305
<b>PART D - ADDITIONAL OPERATING INFORMATION</b>	
1. Was a computerized Control System in place?	No
- If Yes:	
1a. Was it operating at the time of the Incident?	
1b. Was it fully functional at the time of the Incident?	
2. What was the Operator's initial indication of the Failure? <i>(select only one)</i>	Local operating personnel, including contractors working for the Operator

- If Other - (Explain in PART G Narrative)	
<b>PART E - DRUG &amp; ALCOHOL TESTING INFORMATION</b>	
1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. Specify how many were tested:	
1b. Specify how many failed:	
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	
<b>PART F - APPARENT CAUSE</b>	
<i>Select only one APPARENT Cause of the Incident, and answer any questions on the right or below as indicated. Enter secondary, contributing, or root causes of the Incident in Part I – Contributing Factors</i>	
<b>Apparent Cause:</b>	F7 - Incorrect Operation
<b>F1 - Corrosion Failure</b>	
External / Internal Corrosion	
<b>F2 - Natural Force Damage</b>	
<b>Natural Force Damage</b>	
If <b>Other Natural Force Damage</b> ,	
1. Describe:	
<b>Complete the following if any Natural Force Damage sub-cause is selected.</b>	
2. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?	
2a. If yes, specify: (select all that apply):	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Describe:	
<b>F3 - Excavation Damage</b>	
<b>Excavation Damage</b>	
<b>F4 - Other Outside Force Damage</b>	
<b>Other Outside Force Damage</b>	
<b>- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:</b>	
1. Vehicle/Equipment operated by:	
<b>- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:</b>	
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Describe:	
<b>- If Intentional Damage:</b>	
3. Specify:	

- If Other, Describe:		
4. Did the Intentional Damage involve a breach of security?		
- If Yes, (Explain fully in the PART G Narrative)		
<b>- If Other Outside Force Damage:</b>		
5. Describe:		
<b>F5 – Material Failure of Pipe or Weld</b>	Use this section to report material failures ONLY IF the “Item Involved in Incident” (from PART B, Question 4) is “In-plant Piping” or “Weld”.	
1. The sub-case selected below is based on the following (select all that apply):		
- Field Examination		
- Determined by Metallurgical Analysis		
- Other Analysis		
- Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)		
<b>Material Failure of Pipe or Weld</b>		
If Low Temperature Embrittlement (due to a process fluid)		
2. Was <b>insulation degradation</b> a factor in this failure?		
<b>F6 - Equipment Failure</b>		
<b>Equipment Failure:</b>		
<b>- If Other Equipment Failure:</b>		
1. Describe:		
<b>Complete the following if any Equipment Failure sub-cause is selected.</b>		
2. Did this failure involve <b>Low Temperature Embrittlement</b> due to process fluids?		
3. Was <b>insulation degradation</b> a factor in this failure?		
<b>F7 - Incorrect Operation</b>		
<b>Incorrect Operation:</b>		Other Incorrect Operation
<b>- If Other Incorrect Operation:</b>		
1. Describe:		Details pertaining to why the driver pulled the truck forward during offloading is still under investigation.
<b>Complete the following if any Incorrect Operation sub-cause is selected.</b>		
2. Was this Incident related to: (select all that apply)		
- Inadequate procedure		
- No procedure established		
- Failure to follow procedure		
- Other:		Yes
- If Other, Describe:		Details pertaining to why the driver pulled the truck forward during offloading is still under investigation.
<b>F8 - Other Incident Cause</b>		
<b>Other Incident Cause:</b>		
<b>- If Miscellaneous:</b>		
1. Describe:		
<b>- If Unknown:</b>		
2. Specify:		
<b>PART I - CONTRIBUTING FACTORS</b>		
The Apparent Cause of the accident is contained in Part F. Do not report the Apparent Cause again in this Part I. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:		
External Corrosion		
External Corrosion, Galvanic		
External Corrosion, Atmospheric		

External Corrosion, Stray Current Induced	
External Corrosion, Microbiologically Induced	
External Corrosion, Selective Seam	
Internal Corrosion	
Internal Corrosion, Corrosive Commodity	
Internal Corrosion, Water drop-out/Acid	
Internal Corrosion, Microbiological	
Internal Corrosion, Erosion	
Natural Forces	
Earth Movement, NOT due to Heavy Rains/Floods	
Heavy Rains/Floods	
Lightning	
Temperature	
High Winds	
Snow/Ice	
Tree/Vegetation Root	
Excavation Damage	
Excavation Damage by Operator (First Party)	
Excavation Damage by Operator's Contractor (Second Party)	
Excavation Damage by Third Party	
Previous Damage due to Excavation Activity	
Other Outside Force	
Nearby Industrial, Man-made, or Other Fire/Explosion	
Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	
Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment	
Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
Electrical Arcing from Other Equipment or Facility	
Previous Mechanical Damage NOT Related to Excavation	
Intentional Damage	
Other underground facilities buried within 12 inches of the failure location	
Pipe/Weld Failure	
Design-related	
Construction-related	
Installation-related	
Fabrication-related	
Original Manufacturing-related	
Equipment Failure	
Malfunction of Control/Relief Equipment	
Threaded Connection/Coupling Failure	
Non-threaded Connection Failure	
Valve Failure	
Incorrect Operation	
Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage	
Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure	
Pipeline or Equipment Over pressured	
Equipment Not Installed Properly	
Wrong Equipment Specified or Installed	
Inadequate Procedure	
No procedure established	

Failure to follow procedures	
<b>PART G - NARRATIVE DESCRIPTION OF THE INCIDENT</b>	
<p>On September 22, 2023, CNG responded to a release and ignition of natural gas at a temporary liquified natural gas (LNG) site at the intersection of Buena Way and McDonald Rd in Toppenish, WA. The LNG site was controlled by a contractor, hired by CNG, to provide temporary LNG supply. The incident occurred during the transfer of LNG from a transport truck transporting from interstate sources to temporary storage for intrastate distribution usage and resulted in the death of one of the contractor's employees and injury to a transport truck driver, hired by the contractor. CNG was not onsite at the time of the incident. Pursuant to available information gathered from the investigation and discussion with the contractor, the following events led to the incident.</p> <p>The transport truck was positioned between two queen storage trailers and offloading LNG from the transport trailer to the temporary storage trailers. The contractor reported that during the offload, the truck driver was inside the transport truck and the contractor employee was near the inlet of the storage trailer monitoring the flow of gas from the transport trailer. While the offload was in progress, the truck driver started the transport truck and pulled forward approximately fifteen (15) feet. The hose connecting the transport truck to the storage trailer disconnected from the storage trailer resulting in the release of LNG, subsequently leading to a vapor cloud that ignited. The source of ignition is unknown.</p> <p>Upon investigation of the incident site, CNG observed the truck was pulled forward and the hose was disconnected from the storage trailer, with damage to the connection of the storage trailer. These items are consistent with the information provided by the contractor.</p> <p>Details pertaining to why the driver pulled the truck forward during offloading is still under investigation.</p>	
<b>PART H - PREPARER AND AUTHORIZED PERSON</b>	
Preparer's Name	Samantha J Caldwell
Preparer's Title	Manager Policy and Procedure
Preparer's Telephone Number	2085092140
Preparer's E-mail Address	Samantha.Caldwell@mdu.com
Preparer's Facsimile Number	
Authorized Signature's Name	Josh Sanders
Authorized Signature Title	Director Policy and Procedure
Authorized Signature Telephone Number	7012227773
Authorized Signature Email	josh.sanders@mdu.com
Date	11/08/2023