



**Confidential
Close Call
Reporting System**

C³RS Report Form

OMB NO: XXXX-XXXX
EXPIRATION DATE: XX-XX-200X

C³RS Receipt Number:

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 xxxx-xxxx. Public reporting of a close call is estimated to take approximately 30 minutes, including the time for reviewing instructions, completing and reviewing the report. Reporting any information to the Confidential Close Calls Reporting System (C³RS) is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: C³RS Data Collection Officer, Demetra Colliia, US DOT/ BTS, RTS-34, Room 3430, 400 7th Street, SW, Washington, D.C. 20590 or e-mail: Demetra.colliia@dot.gov.

Please provide your name and at least one telephone number where a C³RS interviewer can contact you to discuss your report, if needed. Indicate the best time to call. Please provide an address to receive the time-stamped postcard, which will serve as confirmation of your report. The details of your report will be stored in a secure database.

DATE OF OCCURRENCE	LOCAL TIME (24 HR. CLOCK)	(SPACE RESERVED FOR C ³ RS DATE/TIME STAMP)
MILEPOST FOR OCCURRENCE		
PHONE NUMBER	BEST TIME TO CALL	TIME ZONE
PRIMARY () -		Eastern Central Mountain Pacific
ALTERNATE () -		Eastern Central Mountain Pacific
NAME		JOB TITLE
ADDRESS/PO BOX		
CITY STATE ZIP		

Immediate Co-Workers

Please provide the name and job title of any immediate co-workers involved in an event eligible for protection from discipline. Since no names or identifying information will be retained in C3RS, the only record of the immediate co-worker's involvement will be returned to you. Please encourage your immediate co-worker(s) to file their own report so they receive a receipt confirming their participation in this event. You can file your reports together or separately.

NAME	JOB TITLE	PHONE # () -
NAME	JOB TITLE	PHONE # () -

Mail your report to:
C³RS
Bureau of Transportation Statistics
P. O. Box 23295
Washington, DC 20026-3295

To receive protection from discipline, submit a report postmarked within 48 hours of the event. If you are unable to submit a report within 48 hours, call C³RS at (866) 683-9265 within 48 hours of the event to file a report by phone. Reports filed by telephone must be followed by mailing the completed report form, postmarked within 3 calendar days of the call.



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NAME _____ JOB TITLE _____ PHONE # (____) _____ - _____

The information you provide will be used for statistical purposes only. In accordance with the BTS confidentiality statute (49 U.S.C. 111 (k)) and the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than BTS employees or BTS agents such as telephone interviewers. In accordance with these confidentiality statutes, only statistical and non-identifying data will be made publicly available through reports. By law, every BTS employee and BTS agent has taken an oath of confidentiality and is subject to a jail term of up to 5 years, a fine of up to \$250,000, or both if he or she discloses ANY identifiable about the respondent. BTS will not release to FRA or any other public or private entity any information that might reveal the identity of individuals or organizations mentioned in close call reports.



Event Description

Please use the space below to continue your description of the event or condition you wish to report. Use the topics below you feel are relevant and anything else important to discuss the event. Use additional paper, if needed.

How did the event arise?
How was the event discovered?
What factors contributed to the event?

What safety consequences could this event have resulted in?
What prevented an accident from taking place?
What corrective actions would you recommend?

Use additional paper, if needed.

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