



**Confidential  
Close Call  
Reporting System**

# C<sup>3</sup>RS Report Form (UP Or CP Employees)

OMB NO: 2139-0010  
EXP. DATE: xx/xx/xx

**C<sup>3</sup>RS Receipt Number:** \_\_\_\_\_

**C<sup>3</sup>RS Date/Time Stamp:** \_\_\_\_\_

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 2139-0010. 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 (C<sup>3</sup>RS) is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: C<sup>3</sup>RS Data Collection Officer, Demetra Colli, US DOT/ BTS, 1200 New Jersey Avenue SE, Room E36-E14, Washington, D.C. 20590 or e-mail: [Demetra.colli@dot.gov](mailto:Demetra.colli@dot.gov).

## Incident Description

Please provide your name and at least one telephone number where a C<sup>3</sup>RS rail safety analyst can contact you to discuss your report, if needed. Indicate the best time to call and if you authorize BTS to leave a voice mail message on your answering service. Please provide an address to receive notice which will serve as confirmation of your report.

<b>DATE OF OCCURRENCE</b>	<b>TIME OF OCCURENCE (24 HR.)</b>	<b>DIVISION</b>	<b>Line Segment</b>	<b>MP or YARD</b>
_____	_____	_____	_____	_____

**NAME** \_\_\_\_\_ **JOB TITLE** \_\_\_\_\_

**ADDRESS/PO BOX** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

	<b>PHONE NUMBER</b>	<b>BEST TIME TO CALL</b>	<b>TIME (circle one)</b>	<b>CAN BTS LEAVE A VOICE MAIL MESSAGE?</b>
<b>PRIMARY</b>	(____) ____ - _____	_____	CST    MST	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ALTERNATE</b>	(____) ____ - _____	_____	CST    MST	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Immediate Co-Workers

Please provide the name and job title of any immediate co-workers involved in an event eligible for protection from discipline. Please encourage your immediate co-worker(s) to file their own report(s) so they receive a receipt confirming their participation in this event. You may send in your reports together or separately.

**NAME** \_\_\_\_\_ **JOB TITLE** \_\_\_\_\_ **PHONE #** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**NAME** \_\_\_\_\_ **JOB TITLE** \_\_\_\_\_ **PHONE #** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**NAME** \_\_\_\_\_ **JOB TITLE** \_\_\_\_\_ **PHONE #** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**NAME** \_\_\_\_\_ **JOB TITLE** \_\_\_\_\_ **PHONE #** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

To receive protection from discipline, **you must:** a) call C<sup>3</sup>RS at **1.888.568.2377 (1.888.LOV.C3RS)** within 48 hours of the event to file a report, b) mail the completed C<sup>3</sup>RS Report Form, postmarked within 3 calendar days of the call, not counting weekends and Federal holidays, and c) make yourself available for an interview on the event as needed.

**Mail your report to: C<sup>3</sup>RS  
Bureau of Transportation Statistics  
P. O. Box 23295  
Washington, DC 20026-3295**



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## Event Diagram

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Use this page for diagrams or additional information.