

C3RS Report Form (UP Employees)

OMB NO: 2139-0010

Expiration Date: 08-31-2013

C3RS Confirmation 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 2139-0010. Public reporting of a close call is estimated to take approximately 20 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 Collia, US DOT/BTS, 1200 New Jersey Avenue SE, Room E36-302, Washington, D.C. 20590 or email: demetra.collia@dot.gov

Incident Details

Please provide your name and at least one telephone number where a C3RS rail safety analyst can contact you to discuss your report, if needed. Indicate the best time to call and if you authorize C3RS 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.

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Incident Date:	Incident Time (24 HR.)	Sub Divsion		Line Segment		
Name	Job Title		Yard	MP		
Address/PO Box						
City	State		Zip			
Phone	e Number	Best Time to Call	Time Zone	Can Staff Leave a		
PRIMARY			EST MST	Voice Message?		
			CST PST	Yes No No		
ALTERNATE			EST MST	Yes No		
			CST PST			
Railroad Experience	e Years	Experience in Craft	Years Job	#:		
Immediate Co-Workers						

Please provide the name and job title of any immediate co-workers involved in the incident 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 incident. You may send in your reports together or separately.

Name	Job Title
Name	Job Title

To receive protection from discipline, you must: a) call C3RS at 1.888.568.2377 (1.888.LOV.C3RS) within 48 hours of the incident to file a report, b) mail the completed C3RS 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 incident as needed.

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



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72-Hour Work/Sleep History Information								
72-hour work shift history	Shift start time	Incident ti	me S	Shift end time				
Incident shift day								
1 day before incident								
2 days before incident								
	litary time (24-H		1					
	Sleep start time	Sleep end time	Sleep quali	ty Rest quali	ty Nap-Y	'es/No	Nap start/end time	
Last sleep before incident								
Sleep period 1 day before								
Sleep period 2 days before								
Train symbol:								
Engine #'s:								
Distributed Power Units:								
Loads: Empti	es:	Tons:	Len	gth:	ft No.	. of Haz	zmat:	
—Weather ————								
Clear Cloudy Fog Slight Rain Intense Rain Snow (on ground) Snowing High Winds								
Lightning Hail Storm Conditions in Transition Cold Hot								
Light Condition								
Unlimited Limited Less than one car length								
Temperature 30(F) and below 31 - 90(F) 91(F) and above								
Train Activity Stopped En route Hold (siding for meet, M/W work, other) Lite engine movement Switching on siding Switching in yard Remote control operation Other								
Crew Activity								
Pre-departure inspection by crew Pre-departure inspection by others Departure Arrival								
Pilot/Hostler move Switching Humping Road Crew Lite Power Move								
Car/Bad Order Cross Haul Other Other								



PLEASE PRINT CLEARLY, USE ADDITIONAL PAPER IF NEEDED.

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Incident Description

Please use the space below to complete your description of the incident or condition you wish to report. Remember: the more detailed your report is, the better prepared the Rail Safety Analyst Team (RSAT) member will be to conduct a thorough interview related to the incident/condition. In addition, please help us prevent similar incidents from occurring by providing your suggestions to prevent this incident from happening again.

You may find the following questions useful as you think through what information to provide. What were you and your crew doing immediately prior to the close call incident? What did you notice that made you think a problem was developing? What factors (weather, light, terrain, equipment, human error, etc.) may have contributed to the incident? What, if anything, was unusual or unfamiliar to you or your crew with respect to this job assignment? If anything or anybody interfered with your ability to perform the assigned task safely, describe how. What prevented this incident from becoming a more serious accident?

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 information 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.



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Use this page for diagrams or additional information.