



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 Colli, US DOT/BTS, 1200 New Jersey Avenue SE, Room E36-302, Washington, D.C. 20590 or email: demetra.colli@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.

Incident Date:	Incident Time (24 HR.)	Sub Division	Line Segment	
Name	Job Title	Yard	MP	
Address/PO Box				
City	State	Zip		
Phone Number	Best Time to Call	Time Zone	Can Staff Leave a Voice Message?	
PRIMARY		EST <input type="checkbox"/> MST <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		CST <input type="checkbox"/> PST <input type="checkbox"/>		
ALTERNATE		EST <input type="checkbox"/> MST <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		CST <input type="checkbox"/> PST <input type="checkbox"/>		
Railroad Experience	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
Name	Job Title
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



72-Hour Work/Sleep History Information

72-hour work shift history	Shift start time	Incident time	Shift end time
Incident shift day			
1 day before incident			
2 days before incident			

Please use military time (24-Hour clock) for work and sleep periods

72-hour sleep history	Sleep start time	Sleep end time	Sleep quality	Rest quality	Nap-Yes/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: _____ Empties: _____ Tons: _____ Length: _____ ft No. of Hazmat: _____

Weather _____

Clear
 Cloudy
 Fog
 Slight Rain
 Intense Rain
 Snow (on ground)
 Snowing
 High Winds
 Lightning
 Hail Storm
 Conditions in Transition
 Cold
 Hot

Light Condition _____

Dawn
 Daylight
 Dusk
 Night

Visibility _____

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 _____



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?

PLEASE PRINT CLEARLY, USE ADDITIONAL PAPER IF NEEDED.

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.



**Confidential
Close Call
Reporting System**

C3RS Report Form (UP Employees)

OMB NO: 2139-0010
Expiration Date: 08-31-2013

Incident Diagram

Use this page for diagrams or additional information.