

### C3RS Report Form (NJT 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 fhail: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.

Incident Date:	Incident Time (24 HR.)	Division HOBOKEN	Yard	Line Segment	
Name Address/PO Box	Job Title	NEWARK	Station	MP	
City	State		Zip		
Phone PRIMARY  ALTERNATE	Number	Best Time to Call	Time Zone  EST MST CST PST CST PST PST PST CST PST PST CST PST CST PST PST PST PST PST PST PST PST PST P	Can Staff Leave a Voice Message?  Yes No  Yes No	
Railroad Experience	Years	Experience in Craft	Years		

#### **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-H	our Work/Slee	p History In	formation			
72-hour work shift history	Shift start time	Incident tir	ne Shi	ft end time			
Incident shift day							
1 day before incident							
2 days before incident							
	litary time (24-Ho			-			
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 #:		Cab Car #:					
Engine #'s:							
Total # of cars: #	Total # of cars: # of cars in use (open):				# of Mu	lti-levels:	
—Weather ————							
Clear Cloudy Fog	Slight Rain	Intense Ra	in Sno	w (on ground)	) Snowi	ng High Winds	
Lightning Hail Storm	Conditions in	Transition	Cold	Hot			
Light Condition — Daylight Dawn	Dusk Ni	ght					
Visibility — Unlimited Limited	Less than one	car length					
Temperature 30(F) and below 31 -	90(F) 91(F) a	nd 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						



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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