

NASA C3RS

<https://c3rs.arc.nasa.gov/report/electronic.html>

Welcome to the NASA Confidential Close Call Reporting System!

The Confidential Close Call Reporting System (C³RS) is a partnership between the National Aeronautics and Space Administration (NASA), the Federal Railroad Administration (FRA), in conjunction with participating railroad carriers and labor organizations. The program is designed to improve railroad safety by collecting and analyzing reports which describe unsafe conditions and events in the railroad industry. Employees will be able to report safety issues or "close calls" voluntarily and confidentially.

Learn More

Learn about the Confidential Close Call Reporting System, such as program policies and report processing method.

► [Read more](#)



Report to C³RS

File your close call event today!

- [Electronic Report Submission \(ERS\)](#)
- [Download and Print for US Mail](#)



To report electronically, select a C³RS Report Form:

► Transportation Report Form	e.g. Conductor, Dispatcher, Engineer *
► Mechanical Report Form	e.g. Carman, Laborer, Machinist, Pipe Fitter *
► Engineering Report Form	e.g. Signal Maintainer, Track Inspector, Track Supervisor *

*Refer to form for full list of selections

4 Steps to Report Electronically

1. **Review the ERS Frequently Asked Questions (FAQ).** Browser settings are in the [ERS FAQ](#) and are important to the success of your report submission. Be sure your computer is secure and clear of vulnerabilities (see [Online Security Tips](#)).
2. Click on the button above for the appropriate electronic C³RS form.
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ERS Resources

- [ERS Frequently Asked Questions](#)
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NOTE: Train Accidents and/or criminal acts should not be reported on this form. Such events should be filed through appropriate authorities.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 2700-XXXX and it expires on mm/dd/yyyy. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: P.O. Box 177 Moffett Field, CA 94035-0177. Send only comments relating to our time estimate to this address.

Thank you for your contribution to railroad safety!



Back

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IDENTIFICATION STRIP: Please fill in all blanks to ensure return of ID strip to you. NO RECORD WILL BE KEPT OF YOUR IDENTITY.

TYPE OF EVENT / SITUATION

INVOLVED CO-WORKERS

TELEPHONE NUMBERS where we may reach you for further details of this occurrence.

Primary Hours ☐ H ☐ M ☐ W

Alternate Hours ☐ H ☐ M ☐ W

EVENT LOCATION
Subdivision

Facility

Milepost State

Nearest Station

NAME (required)

ADDRESS/PO BOX (required)

ADDRESS LINE 2

CITY (required) STATE ZIP (required)

CARRIER / RAILROAD (required)

DATE OF OCCURRENCE (MM/DD/YYYY)
 MM/DD/YYYY

LOCAL TIME (24 HR. CLOCK) (HH:MM)
 HH:MM

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.

REPORTER

☐ Engineer ☐ Brakeman ☐ Dispatcher ☐ Other:

☐ Assistant Engineer ☐ RCL Operator ☐ On Board Service

☐ Conductor ☐ Yardmaster ☐ Foreman

☐ Assistant Conductor ☐ Hostler (Outside) ☐ Trainee

REPORTER EXPERIENCE **SHIFT DURING EVENT** **REPORTER LOCATION**

Railroad Years: yrs

Years in Craft: yrs

CREW SIZE

Crew Size:

At time of incident, were you on:

☐ Regular Start Time Job

☐ Unassigned (Pool Turn)

☐ Extra Board

☐ Other:

Hours into Shift hrs

Locomotive:

☐ Cab

☐ Walkway / Steps

☐ Adjacent to track / on ground

☐ Dispatch Center

☐ Station Platform

☐ Yard Control Center

☐ Other:

Train Car:

☐ Car

☐ Vestibule

WEATHER **LIGHT / VISIBILITY**

☐ Clear ☐ Ice ☐ Wind

☐ Fog ☐ Rain ☐ Haze / Smoke

☐ Hail ☐ Snow ☐ Thunderstorm / Lightning

☐ Other:

Light: (Select Light)

☐ Reduced Visibility car lengths

TRAIN

- ☐ Shoving
- ☐ Pulling
- ☐ Push / Pull (Passenger)

Equipment

C3RS - Transportation Report Form

Controlling Loco. Make / Model Total Head End # Remote Control ☐ Yes ☐ NoControl Stand Type # of Helpers Distributed Power ☐ Yes ☐ No

Passenger

of Cars # In Service Cab Car Controlling ☐ Yes ☐ No

Freight

Loads Tons ☐ Unit Train☐ Mixed FreightEmpties Length feet☐ Intermodal Train☐ Other:

Train Location

☐ Main Track☐ Yard☐ Passenger Station☐ Industry☐ Other:

Rules in Effect -

☐ Centralized traffic control☐ Yard limits☐ Automatic block signals

Methods of

☐ Interlocking☐ Other than main track rules☐ Automatic cab signals

Operation

☐ Track warrant control☐ Positive train control☐ Automatic train stop

(check all that apply)

☐ Direct traffic control☐ Dark Territory (Non-ABS)☐ Other:

Operating Rules

☐ GCOR☐ NORAC☐ Other: Were job / safety briefings completed? ☐ Yes ☐ No

Train Activity

☐ Predeparture☐ Arrival☐ Passenger boarding / disembarking☐ Departure☐ Switching in yard☐ Freight loading / unloading☐ Enroute☐ Hold (meet, MOW, yard, etc.)☐ Other:

IF MORE THAN ONE TRAIN WAS INVOLVED, PLEASE DESCRIBE THE ADDITIONAL TRAIN IN THE "DESCRIBE EVENT / SITUATION" SECTION.

DESCRIBE EVENT / SITUATION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation.

(required) Who, What, Where, When, Why?

CHAIN OF EVENTS

- How the problem arose
- Contributing factors

- How it was discovered
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Factors affecting the quality of human performance

- Actions or inactions

NASA ARC 277F (September 2013)

C3RS TRANSPORTATION FORM

v1.6.0

Reset Form

View Printable Format

Submit Report

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The C³RS website at <http://c3rs.arc.nasa.gov> Describe Event ins: download, complete form, print, enclose in a sealed envelope, affix proper postage, and mail directly to us or submit your report through a secure, electronic submission (ERS) process.

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C3RS MECHANICAL FORM

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TYPE OF EVENT / SITUATION

EVENT LOCATION

INVOLVED CO-WORKERS

Facility

TELEPHONE NUMBERS where we may reach you for further details of this occurrence.

Primary

Hours

 ☐ H ☐ M ☐ W

Alternate

Hours

 ☐ H ☐ M ☐ W

Milepost

State

Nearest Station

NAME (required)

CARRIER / RAILROAD

 (required)

ADDRESS/PO BOX (required)

DATE OF OCCURRENCE (MM/DD/YYYY)

ADDRESS LINE 2

LOCAL TIME (24 HR. CLOCK) (HH:MM)

CITY (required)

STATE

ZIP (required)

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.

REPORTER

☐ Boiler Maker

☐ Foreman

☐ Machinist

☐ Trainee

☐ Carman

☐ Hostler (Inside)

☐ Manager

☐ Other:
☐ Electrician

☐ Laborer

☐ Pipe Fitter

CERTIFICATION

☐ Air Brake Inspections

☐ Freight Car Inspection

☐ Rear End Marker / EOT

☐ Blue Signal Protection

☐ Locomotive Engineer Certification

☐ Safety Appliances

☐ Conductor Certification

☐ Locomotive Inspection

☐ Other:
☐ FRA Glazing

☐ Passenger Car Inspection

REPORTER EXPERIENCE

SHIFT DURING EVENT

REPORTER LOCATION

Railroad Years: yrs

Years in Craft: yrs

WORK GROUP SIZE

Work Group Size:

At time of incident, were you on:

☐ Assigned Shift

☐ Overtime Duty

☐ Emergency Duty

☐ Other:

Hours into Shift: hrs

☐ Yard ☐ Shop ☐ Other Track

☐ Adjacent to track / on ground

☐ Office / Crew Facility

☐ On / under / between Motive Power

☐ On / under / between Rolling Equipment

☐ Station Platform

☐ Other:

WEATHER

LIGHT / VISIBILITY

☐ Clear

☐ Ice

☐ Wind

☐ Fog

☐ Rain

☐ Haze / Smoke

☐ Hail

☐ Snow

☐ Thunderstorm / Lightning

☐ Other:

Outdoors: (Select Outdoors)

Work Area Lighting: (Select Area Lighting)

☐ Reduced Visibility feet

ACTIVITY

☐ Blocking / Jacking / Rerailing

☐ Installation

☐ Scheduled Maintenance

☐ Documentation

☐ Operating Vehicle / Equipment

☐ Testing

☐ Inspection

☐ Repair / Replace

☐ Other:

Were job / safety briefings completed? ☐ Yes ☐ No

EQUIPMENT

Locomotives

Total Head End #

Remote Control ☐ Yes ☐ No

Locomotive Make / Model

Distributed Power ☐ Yes ☐ No

Position in Train

Passenger	# of Cars <input type="text"/>	# In Service <input type="text"/>	Cab Car Controlling <input type="radio"/> Yes <input type="radio"/> No	
Freight	Loads <input type="text"/>	Empties <input type="text"/>	Tons <input type="text"/>	Length <input type="text"/> feet
Status	<div style="display: flex; justify-content: space-between;"> <div> Records complete <input type="radio"/> Yes <input type="radio"/> No Required / correct documents on board <input type="radio"/> Yes <input type="radio"/> No Maintenance deferred <input type="radio"/> Yes <input type="radio"/> No </div> <div> Released for Service <input type="radio"/> Yes <input type="radio"/> No Moving for repair <input type="radio"/> Yes <input type="radio"/> No </div> </div>			
Type	<div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Passenger / Commuter <input type="radio"/> Freight <input type="radio"/> Other: <input type="text"/> </div> <div>Involved Car Kind: <input type="text"/></div> </div>			
Location	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Main Track <input type="checkbox"/> Passenger Station <input type="checkbox"/> Yard <input type="checkbox"/> Industry </div> <div> <input type="checkbox"/> Repair Facility <input type="checkbox"/> Other: <input type="text"/> </div> </div>			
Operating Rules	<input type="radio"/> GCOR <input type="radio"/> NORAC <input type="radio"/> Other: <input type="text"/>		Blue Signal Protection <input type="radio"/> Yes <input type="radio"/> No	
IF MORE THAN ONE EQUIPMENT WAS INVOLVED, PLEASE DESCRIBE ADDITIONAL EQUIPMENT IN THE "DESCRIBE EVENT" / SITUATION" SECTION.				
DESCRIBE EVENT / SITUATION				
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<div style="border: 1px solid #ccc; min-height: 100px; margin-bottom: 5px;"> (required) Who, What, Where, When, Why? </div>				
CHAIN OF EVENTS - How the problem arose - Contributing factors - How it was discovered - Corrective actions		HUMAN PERFORMANCE CONSIDERATIONS - Perceptions, judgments, decisions - Factors affecting the quality of human performance - Actions or inactions		
NASA ARC 277G (September 2013)		C3RS MECHANICAL FORM		v1.6.0
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Back

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TYPE OF EVENT / SITUATION

INVOLVED CO-WORKERS

TELEPHONE NUMBERS where we may reach you for further details of this occurrence.

Primary

Hours

☐ H ☐ M ☐ W

Alternate

Hours

☐ H ☐ M ☐ W

EVENT LOCATION

Subdivision

Facility

Milepost

State

Nearest Station

NAME (required)

CARRIER / RAILROAD

(required)

ADDRESS/PO BOX (required)

DATE OF OCCURRENCE (MM/DD/YYYY)

MM/DD/YYYY

ADDRESS LINE 2

LOCAL TIME (24 HR. CLOCK) (HH:MM)

HH:MM

CITY (required)

STATE

ZIP (required)

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.

REPORTER Reset

- ☐ Buildings & Bridges
- ☐ Maintenance of Way
- ☐ Signal & Train Control
- ☐ Telecommunications

- ☐ Carpenter
- ☐ CDL Vehicle Operator
- ☐ Crane Operator
- ☐ Electrician
- ☐ Foreman
- ☐ Laborer

- ☐ Lineman
- ☐ Machine Operator
- ☐ Mechanic
- ☐ Plumber
- ☐ Signal Inspector / Tester
- ☐ Signal Maintainer

- ☐ Signalman
- ☐ Technician
- ☐ Track Supervisor / Inspector
- ☐ Trainee
- ☐ Other:

REPORTER EXPERIENCE

Railroad Years: yrs

Years in Craft: yrs

WORK GROUP SIZE

Work Group Size:

SHIFT DURING EVENT

At time of incident, were you on:

- ☐ Assigned Shift
- ☐ Overtime Duty
- ☐ Emergency Duty
- ☐ Other:

Hours into Shift hrs

REPORTER LOCATION Reset

- ☐ Yard
- ☐ Shop
- ☐ Main Track
- ☐ Other Track

- ☐ Adjacent to track / on ground
- ☐ Office / Crew Facility
- ☐ On Track Equipment
- ☐ Station Platform
- ☐ Other:

WEATHER

- ☐ Clear
- ☐ Fog
- ☐ Hail
- ☐ Other:
- ☐ Ice
- ☐ Rain
- ☐ Snow
- ☐ Wind
- ☐ Haze / Smoke
- ☐ Thunderstorm / Lightning

LIGHT / VISIBILITY

Outdoors: { Select Outdoors } Address/PO Box

Work Area Lighting: { Select Area Lighting }

☐ Reduced Visibility feet

ACTIVITY Reset

- ☐ Blocking / Jacking / Rerailing
- ☐ Construction
- ☐ Documentation
- ☐ Inspection
- ☐ Installation
- ☐ Operating Vehicle / Equipment
- ☐ Repair / Replace
- ☐ Scheduled Maintenance
- ☐ Testing
- ☐ Other:

EQUIPMENT		Reset
Type	<input type="checkbox"/> Crane <input type="checkbox"/> Off Track Equipment <input type="checkbox"/> Portable / Hand Tools <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> On Track Equipment <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>	
Location	<input type="checkbox"/> Yard <input type="checkbox"/> Main Track <input type="checkbox"/> Public Roadway <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Shop <input type="checkbox"/> Other Track <input type="checkbox"/> Adjacent to track	
Operating Rules	<input type="radio"/> MOW Rules <input type="radio"/> GCOR <input type="radio"/> NORAC <input type="radio"/> Other: <input style="width: 100px;" type="text"/>	
Rules in Effect -	<input type="checkbox"/> Centralized traffic control <input type="checkbox"/> Other than main track rules <input type="checkbox"/> Automatic train stop	
Methods of	<input type="checkbox"/> Interlocking <input type="checkbox"/> Positive train control <input type="checkbox"/> Camp Car Protection	
Operation	<input type="checkbox"/> Track warrant control <input type="checkbox"/> Dark Territory (Non-ABS) <input type="checkbox"/> Roadway Worker Protection	
(check all that apply)	<input type="checkbox"/> Direct traffic control <input type="checkbox"/> Automatic block signals <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Yard limits <input type="checkbox"/> Automatic cab signals	
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<small>CHAIN OF EVENTS</small> - How the problem arose - Contributing factors	<small>HUMAN PERFORMANCE CONSIDERATIONS</small> - How it was discovered - Corrective actions - Perceptions, judgments, decisions - Factors affecting the quality of human performance - Actions or inactions	
<small>NASA ARC 277H (September 2013)</small>	C3RS ENGINEERING FORM	<small>v1.6.0</small>
<div style="background-color: #4f81bd; color: white; padding: 10px 20px; display: inline-block;">Reset Form</div>	<div style="background-color: #4f81bd; color: white; padding: 10px 20px; display: inline-block;">View Printable Format</div>	<div style="background-color: #4f81bd; color: white; padding: 10px 20px; display: inline-block;">Submit Report</div>

From the NASA Confidential Close Call Rail Reporting System:

NASA, through agreements with the Federal Railroad Administration, is managing, operating, and accepting reports for the Railroad Confidential Close Call Reporting System (C³RS). The C³RS is expected to identify issues in the railroad system that could be addressed to provide improvements in safety. Your assistance in informing us about such issues is essential to the success of the project. Please fill out this form as completely as possible. The paper form is pre-addressed and postage paid.

The C³RS website at <http://c3rs.arc.nasa.gov> provides two options: download, complete form, print, enclose in a sealed envelope, affix proper postage, and mail directly to us OR submit your report through a secure, electronic submission (ERS) process.

The FRA has agreed through MOU's with rail carriers that the reports filed with NASA are prohibited from being used for FRA enforcement purposes. This report will not be made available to the FRA for disciplinary actions for violations. Your identity strip, date stamped by NASA, is proof that you have submitted a report to the C³RS. We can only return the ID strip to you if you have provided a mailing address. The information you provide on the identity strip will be used only by NASA to contact you for further information. We can often obtain additional useful information if our safety analysts can talk with you directly by telephone. For this reason, we have requested telephone numbers where we may reach you. **THIS IDENTITY STRIP WILL BE RETURNED BY MAIL DIRECTLY TO YOU.** The return of the identity strip assures your anonymity.

NOTE: TRAIN ACCIDENTS AND/OR CRIMINAL ACTS SHOULD NOT BE REPORTED ON THIS FORM. SUCH EVENTS SHOULD BE FILED THROUGH APPROPRIATE AUTHORITIES.

Thank you for your contribution to railroad safety.

