

**DO NOT REPORT TRAIN ACCIDENTS OR CRIMINAL ACTIVITIES ON THIS FORM. ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE C<sup>3</sup>RS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA. ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.**

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

(SPACE BELOW RESERVED FOR NASA DATE/TIME STAMP)

**TYPE OF EVENT/SITUATION** \_\_\_\_\_

**INVOLVED CO-WORKERS** \_\_\_\_\_

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

**PRIMARY** Area \_\_\_\_\_ No. \_\_\_\_\_ Hours \_\_\_\_\_ OH OM OW

**ALTERNATE** Area \_\_\_\_\_ No. \_\_\_\_\_ Hours \_\_\_\_\_ OH OM OW

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

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

**EVENT LOCATION**

**Subdivision** \_\_\_\_\_

**Facility** \_\_\_\_\_

**Milepost** \_\_\_\_\_ **State** \_\_\_\_\_

**Nearest Station** \_\_\_\_\_

**CARRIER / RAILROAD** \_\_\_\_\_

**DATE OF OCCURRENCE** \_\_\_\_\_

(MM/DD/YYYY)

**LOCAL TIME (24 hr. clock)** \_\_\_\_\_

(HH:MM)

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

**REPORTER**

- |   |   |   |   |                                       |
|---|---|---|---|---------------------------------------|
| <input type="checkbox"/> Buildings & Bridges    | <input type="checkbox"/> Carpenter            | <input type="checkbox"/> Laborer          | <input type="checkbox"/> Signal Inspector/Tester    | <input type="checkbox"/> Trainee      |
| <input type="checkbox"/> Maintenance of Way     | <input type="checkbox"/> CDL Vehicle Operator | <input type="checkbox"/> Lineman          | <input type="checkbox"/> Signal Maintainer          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Signal & Train Control | <input type="checkbox"/> Crane Operator       | <input type="checkbox"/> Machine Operator | <input type="checkbox"/> Signaller                  |                                       |
| <input type="checkbox"/> Telecommunications     | <input type="checkbox"/> Electrician          | <input type="checkbox"/> Mechanic         | <input type="checkbox"/> Technician                 |                                       |
|   | <input type="checkbox"/> Foreman              | <input type="checkbox"/> Plumber          | <input type="checkbox"/> Track Supervisor/Inspector |                                       |

**REPORTER EXPERIENCE**

**WORK GROUP SIZE**

**SHIFT DURING EVENT**

Railroad Years \_\_\_\_\_ yrs

Work Group Size \_\_\_\_\_

At time of incident, were you on

Assigned Shift  Other: \_\_\_\_\_

Hours into Shift \_\_\_\_\_

Years in Craft \_\_\_\_\_ yrs

Overtime Duty \_\_\_\_\_

Emergency Duty \_\_\_\_\_

\_\_\_\_\_ hrs

**REPORTER LOCATION**

**WEATHER**

**LIGHT / VISIBILITY**

- |                                      |  |                                |   |  |                                 |
|--------------------------------------|--|--------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Yard        | <input type="checkbox"/> Adjacent to track/on ground | <input type="checkbox"/> Clear | <input type="checkbox"/> Snow                   | <u>Outdoors</u>  | <u>Work Area Lighting</u>       |
| <input type="checkbox"/> Shop        | <input type="checkbox"/> Office/Crew Facility        | <input type="checkbox"/> Fog   | <input type="checkbox"/> Wind                   | <input type="checkbox"/> Dawn                          | <input type="checkbox"/> High   |
| <input type="checkbox"/> Main Track  | <input type="checkbox"/> On Track Equipment          | <input type="checkbox"/> Hail  | <input type="checkbox"/> Haze/Smoke             | <input type="checkbox"/> Daylight                      | <input type="checkbox"/> Medium |
| <input type="checkbox"/> Other Track | <input type="checkbox"/> Station Platform            | <input type="checkbox"/> Ice   | <input type="checkbox"/> Thunderstorm/Lightning | <input type="checkbox"/> Night                         | <input type="checkbox"/> Low    |
|                                      | <input type="checkbox"/> Other: _____                | <input type="checkbox"/> Rain  | <input type="checkbox"/> Other: _____           | <input type="checkbox"/> Dusk                          | <input type="checkbox"/> Off    |
|                                      |  |                                |   | <input type="checkbox"/> Reduced Visibility _____ feet |                                 |

**ACTIVITY**

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Blocking/Jacking/Rerailing | <input type="checkbox"/> Installation                | <input type="checkbox"/> Testing      | Were job/safety briefings completed?<br>O Yes O No |
| <input type="checkbox"/> Construction               | <input type="checkbox"/> Operating Vehicle/Equipment | <input type="checkbox"/> Other: _____ |  |
| <input type="checkbox"/> Documentation              | <input type="checkbox"/> Repair/Replace              |                                       |  |
| <input type="checkbox"/> Inspection                 | <input type="checkbox"/> Scheduled Maintenance       |                                       |  |

**EQUIPMENT**

- |   |  |  |  |
|---|--|--|--|
| <b>Type</b>   | <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: _____            |
| <b>Location</b>   | <input type="checkbox"/> Yard                        | <input type="checkbox"/> Main Track                  | <input type="checkbox"/> Public Roadway          |
|   | <input type="checkbox"/> Shop                        | <input type="checkbox"/> Other Track                 | <input type="checkbox"/> Adjacent to track       |
| <b>Operating Rules</b>  | <input type="checkbox"/> MOW Rules                   | <input type="checkbox"/> GCOR                        | <input type="checkbox"/> NORAC                   |
|   |  |  | <input type="checkbox"/> Other: _____            |
| <b>Rules in Effect - Methods of Operation</b><br>(check all that apply) | <input type="checkbox"/> Centralized traffic control | <input type="checkbox"/> Yard limits                 | <input type="checkbox"/> Automatic block signals |
|   | <input type="checkbox"/> Interlocking                | <input type="checkbox"/> Other than main track rules | <input type="checkbox"/> Automatic cab signals   |
|   | <input type="checkbox"/> Track warrant control       | <input type="checkbox"/> Positive train control      | <input type="checkbox"/> Automatic train stop    |
|   | <input type="checkbox"/> Direct traffic control      | <input type="checkbox"/> Dark Territory (Non-ABS)    | <input type="checkbox"/> Camp Car Protection     |

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

CONFIDENTIAL CLOSE CALL REPORTING SYSTEM

NASA, through agreements with the Federal Railroad Administration, is managing, operating, and accepting reports for the Railroad Confidential Close Call Reporting System (C<sup>3</sup>RS). The C<sup>3</sup>RS 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 C<sup>3</sup>RS 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 at address below 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 C<sup>3</sup>RS. 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.

Thank you for your contribution to railroad safety.

**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 189 Moffett Field, CA 94035-0189. Send only comments relating to our time estimate to this address.

If you want to mail this form, please fold both pages (and additional pages if required), enclose in a sealed, stamped envelope, and mail to:



NASA CONFIDENTIAL CLOSE CALL REPORTING SYSTEM  
POST OFFICE BOX 177  
MOFFETT FIELD, CALIFORNIA 94035-0177

**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. (USE ADDITIONAL PAPER IF NEEDED)

CHAIN OF EVENTS

- How the problem arose
- How it was discovered
- Contributing factors
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

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

**DESCRIBE EVENT/SITUATION, continued...**

[Empty area for describing the event/situation]

**CHAIN OF EVENTS**

- How the problem arose
- How it was discovered
- Contributing factors
- Corrective actions

**HUMAN PERFORMANCE CONSIDERATIONS**

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