

DO NOT REPORT TRAIN ACCIDENTS OR CRIMINAL ACTIVITIES ON THIS FORM. ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE C³RS 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				REPORTER EXPERIENCE	
<input type="checkbox"/> Engineer	<input type="checkbox"/> Assistant Conductor	<input type="checkbox"/> Yardmaster	<input type="checkbox"/> On Board Service	Railroad Years _____ yrs	
<input type="checkbox"/> Assistant Engineer	<input type="checkbox"/> Brakeman	<input type="checkbox"/> Hostler (Outside)	<input type="checkbox"/> Foreman	Years in Craft _____ yrs	
<input type="checkbox"/> Conductor	<input type="checkbox"/> RCL Operator	<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Trainee	CREW SIZE	
<input type="checkbox"/> Other: _____				Crew Size _____	
SHIFT DURING EVENT	REPORTER LOCATION		WEATHER		LIGHT / VISIBILITY
At time of incident, were you on <input type="radio"/> Regular Start Time Job <input type="radio"/> Unassigned (Pool Turn) <input type="radio"/> Extra Board <input type="radio"/> Other: _____ Hours into Shift _____ hrs	Locomotive <input type="radio"/> Cab <input type="radio"/> Walkway/Steps <input type="radio"/> Adjacent to track/on ground <input type="radio"/> Dispatch Center <input type="radio"/> Station Platform <input type="radio"/> Yard Control Center <input type="radio"/> Other: _____	Train Car <input type="radio"/> Car <input type="radio"/> Vestibule	<input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Hail <input type="checkbox"/> Ice <input type="checkbox"/> Rain	<input type="checkbox"/> Snow <input type="checkbox"/> Wind <input type="checkbox"/> Haze/Smoke <input type="checkbox"/> Thunderstorm/Lightning <input type="checkbox"/> Other: _____	<input type="radio"/> Dawn <input type="radio"/> Night <input type="radio"/> Daylight <input type="radio"/> Dusk <input type="checkbox"/> Reduced Visibility _____ car lengths
TRAIN					
Type of Operation	<input type="checkbox"/> Passenger/Commuter <input type="checkbox"/> Freight		<input type="checkbox"/> Yard Assignment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Shoving <input type="checkbox"/> Pulling	<input type="checkbox"/> Push/Pull (Passenger)
Equipment	Locomotives	Controlling Loco. Make/Model _____ Total Head End # _____ Control Stand Type _____ # of Helpers _____		Remote Control <input type="radio"/> Yes <input type="radio"/> No	Distributed Power <input type="radio"/> Yes <input type="radio"/> No
	Passenger	# of Cars _____	# In Service _____	Cab Car Controlling <input type="radio"/> Yes <input type="radio"/> No	
	Freight	Loads _____ Tons _____ Empties _____ Length _____ feet	<input type="radio"/> Unit Train <input type="radio"/> Intermodal Train		<input type="radio"/> Mixed Freight <input type="radio"/> Other: _____
Train Location	<input type="checkbox"/> Main Track <input type="checkbox"/> Yard <input type="checkbox"/> Passenger Station <input type="checkbox"/> Industry <input type="checkbox"/> Other: _____				
Rules in Effect - Methods of Operation (check all that apply)	<input type="checkbox"/> Centralized traffic control <input type="checkbox"/> Interlocking <input type="checkbox"/> Track warrant control <input type="checkbox"/> Direct traffic control <input type="checkbox"/> Yard limits <input type="checkbox"/> Other than main track rules <input type="checkbox"/> Positive train control <input type="checkbox"/> Dark Territory (Non-ABS) <input type="checkbox"/> Automatic block signals <input type="checkbox"/> Automatic cab signals <input type="checkbox"/> Automatic train stop <input type="checkbox"/> Other: _____				
Operating Rules	<input type="radio"/> GCOR <input type="radio"/> NORAC <input type="radio"/> Other: _____			Were job/safety briefings completed? <input type="radio"/> Yes <input type="radio"/> No	
Train Activity	<input type="checkbox"/> Pre-Departure <input type="checkbox"/> Departure <input type="checkbox"/> Enroute <input type="checkbox"/> Arrival <input type="checkbox"/> Switching in yard <input type="checkbox"/> Hold (meet, MOW, yard, etc.) <input type="checkbox"/> Passenger boarding/disembarking <input type="checkbox"/> Freight loading/unloading <input type="checkbox"/> Other: _____				

If more than one train was involved, please describe the additional train in the "Describe Event/Situation" section.

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 (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 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 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.

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
- Contributing factors
- How it was discovered
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

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