

**Confidential Close  
Call Reporting for  
Transit Rail System**

**Close Call Report Form  
(WMATA Employees)**

OMB NO: 0000-0000  
Expiration Date: 00-00-0000

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 0000-0000. 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 is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Close Call Data Collection Officer, Demetra Collia, US DOT/BTS, 1200 New Jersey Avenue SE, Room E36-302, Washington, D.C. 20590 or email: Demetra.collia@dot.gov.

**Incident Details**

Please provide your name, employee ID, and phone number where a close call transportation safety analyst can contact you to discuss your report, if needed. Indicate the best time to call and if you authorize BTS to leave a voice mail message on your answering service. Please provide an email address to recover a forgotten personal code.

Incident Date:	Incident Time (24 HR.)	Line Segment	Station	Yard	
Name	Job Title		Chain Marker	Track	
Department					
	Phone Number	Best Time to Call	Can BTS Staff Leave a Voice Message?		
PRIMARY			Yes <input type="checkbox"/> No <input type="checkbox"/>		
ALTERNATE			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Railroad Experience	Years	Months	Experience in Current Classification	Years	Months

**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) Initiate reporting within 16 hours of incident time. b) Finalize online report within 24 hours of the incident time.

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**3-Day Work/Sleep History Information**

3-day work shift history	Shift type	Regular start	Regular end	Swing 1st start	Swing 1st end	Swing 2nd start	Swing 2nd end
Incident shift day							
1 day before incident							
2 days before incident							

3-day 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 #: \_\_\_\_\_ Lead Car #: \_\_\_\_\_

Consist #'s: \_\_\_\_\_

Total # of cars: \_\_\_\_\_ Pushing/Pulling: \_\_\_\_\_ Direction: \_\_\_\_\_

Unit ID: \_\_\_\_\_ Equipment: \_\_\_\_\_

Roadway Maintenance Machine Unit ID/Flatcar: \_\_\_\_\_

Weather

Clear  Cloudy  Fog  Slight Rain  Intense Rain  Snow (on ground)  Snowing  High Winds

Lightning  Hail Storm  Cold  Hot

Visibility: \_\_\_\_\_ Temperature: \_\_\_\_\_

Clear  Good  Poor  Extremely Poor

30(F) and below  31 - 90(F)  91(F) and above

Elevation Level: \_\_\_\_\_

Tunnel  Above Ground  Aeria

Train Activity: \_\_\_\_\_

Stopped  Revenue  Non-Revenue  Yard movement  Servicing Station

Single Tracking  Yard Stop  ATO  Manual  Other  \_\_\_\_\_

Gang Activity: \_\_\_\_\_

Pre-Trip Inspection  Departure  Arrival  Manually Throw Switch  Track Inspection

General Maintenance  Shutdowns  Assisting Passengers  Other  \_\_\_\_\_

Maintenance/Station Activity: \_\_\_\_\_

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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?

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. 6307) 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 FTA, WMATA, L-689 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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**Incident Diagram**

Use this page for diagrams or additional information.