

Close Call Reporting

REPORTING MAKES A DIFFERENCE

Submit Report Online

Home

About

FAQs

Publications

Reporting

CONTACT US

1-888-568-2377

C3RS.Team@dot.gov

Bus

1

2

3

REVIEW

DONE!

REPORTING EMPLOYEE

SAVE & FINISH LATER

Please provide your name and at least one telephone number where a safety analyst can contact you to discuss your report. Indicate the best time to call and if you authorize BTS staff to leave a voice mail message on your answering service. Please encourage your immediate co-worker(s) to file their own report(s) to enrich the information collected about this event.

REVIEW & SUBMIT

CANCEL REPORT

EXIT SESSION

Reporting Employee Information

Full Name

First Name: null Last Name: null

Department

null

Job Title

null

Other:

null

Primary Phone Number*

(000) 000-0000

(999) 999-9999

Best time to call?

From: To:

Can BTS contact you further regarding this report to gain more information?

Yes

No

Email Address *

shuyue.weng.ctr@dot.gov

NEXT

Home

About

FAQs

Publications

Reporting

CONTACT US

1-888-568-2377

C3RS.Team@dot.gov

Bus



INCIDENT DETAILS

- [SAVE & FINISH LATER](#)
- [REVIEW & SUBMIT](#)
- [CANCEL REPORT](#)
- [EXIT SESSION](#)

Incident

Incident Date* Incident Time* : Bus / Equipment Number

How did you discover this incident?* Where did this incident occur? (Select One)

In/Around the Shop

Shop Location of Incident

Shop Condition - Please Describe

Incident Environment

Weather Conditions (Check all that apply.)

Clear Slight rain High winds Snowing

Cloudy Intense rain Lightning Cold (Below 32 F)

Fog Snow(on ground) Hail Storm Hot (Above 90 F)

[Select All](#) [Clear All](#)

Lighting Light Condition Grade Road Condition

What was happening at the time of the incident?

WMATA Equipment Involved Equipment Condition Did the Equipment Fail? Yes No

Bus Activity Employee Activity

Damage

Damage to WMATA vehicle? Yes No

Damage to other vehicle or property? Yes No

Report History

Reported this Close Call to WMATA before? Yes No

[BACK](#) [NEXT](#)

On Road

Bus Route Location of Incident Location Type

Distance Landmark/Intersection
N S E W of

Incident Environment

Weather Conditions (Check all that apply.)

- Clear Slight rain High winds Snowing
 Cloudy Intense rain Lightning Cold (Below 32 F)
 Fog Snow(on ground) Hail Storm Hot (Above 90 F)

[Select All](#) [Clear All](#)

Visibility Lighting Light Condition Street Lights

Grade Road Type Road Condition Traffic Condition

Traffic Control

What was happening at the time of the incident?

Bus Activity Employee Activity

Passenger Activity Pedestrian Activity

No. of WMATA Vehicles Involved No. of Other Vehicles Involved No. of Passengers Involved No. of Pedestrians Involved

No. of Witnesses Speed at Time of Incident Skid marks?

Type of Movement (Check all that apply.)

- Forward Changing lanes Turning right
 Backward Merging Turning left
 Slowing Overtaking U-turn
 Stopped Standing in traffic lane Other:
 Parked Ran off the road

Entering/leaving parking lot Avoiding

[Select All](#) [Clear All](#)

Damage

Damage to WMATA vehicle?

- Yes No

Damage to other vehicle or property?

- Yes No

Report History

Reported this Close Call to WMATA before?

Yes No

Facility

Facility

Location of Incident

Facility Condition - Please Describe

Incident Environment

Weather Conditions (Check all that apply.)

- Clear Slight rain High winds Snowing
 Cloudy Intense rain Lightning Cold (Below 32 F)
 Fog Snow(on ground) Hail Storm Hot (Above 90 F)

[Select All](#)

[Clear All](#)

Lighting

Light Condition

Grade

Road Condition

Damage

Damage to Facility?

- Yes No

Report History

Reported this Close Call to WMATA before?

- Yes No

[← BACK](#)

[NEXT →](#)

- Home
- About
- FAQs
- Publications
- Reporting

CONTACT US

1-888-568-2377
C3RS.Team@dot.gov

Bus

1 2 3 REVIEW DONE!

INCIDENT DESCRIPTION

Please use the space below to complete your description of the incident or condition you wish to report.

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?

Has this happened before? If so, what were the prevailing conditions?

- SAVE & FINISH LATER
- REVIEW & SUBMIT
- CANCEL REPORT
- EXIT SESSION

Incident Description

Attachments

Upload Pictures / Diagrams / Other Supporting Documents

No file chosen

BACK

NEXT

- Home
- About
- FAQs
- Publications
- Reporting
- CONTACT US
- 1-888-588-2377
- C3RS.Team@dot.gov

Bus

1 2 3 REVIEW DONE

REVIEW YOUR REPORT

Before submitting your report, please review what you have filled in. Click on the "edit" button in each section to make changes.

SAVE & FINISH LATER

REVIEW & SUBMIT

CANCEL REPORT

EDIT SESSION

Reporting Employee edit

Full Name*

Primary Phone Number Best time to call? Can Staff Leave a Voice Mail Message?

Email Address Department

Job Title

Hire Date

Incident Details edit

Incident Date Incident Time Bus / Equipment Number

How did you discover this incident?

Where did this incident occur?

Facility Location of Incident

Facility Condition

Weather Conditions

Lighting Light Condition Grade Road Condition

Reported the Close Call to WMATA before?

Damage to Facility? Damage Condition

Incident Description edit

Incident Description

Attachments

BACK

SUBMIT REPORT

Close Call Reporting

REPORTING MAKES A DIFFERENCE [Submit Report Online](#)

Home

About

FAQs

Publications

Reporting

CONTACT US

1-888-568-2377

C3RS.Team@dot.gov

Rail

1 2 3 REVIEW DONE!

REPORTING EMPLOYEE

Please provide your name and at least one telephone number where a safety analyst can contact you to discuss your report. Indicate the best time to call and if you authorize BTS staff to leave a voice mail message on your answering service. Please encourage your immediate co-worker(s) to file their own report(s) to enrich the information collected about this event.

SAVE & FINISH LATER

REVIEW & SUBMIT

CANCEL REPORT

EXIT SESSION

Reporting Employee Information

Full Name

First Name: null Last Name: null

Primary Phone Number*

(999) 999-9999 From: To:

Can BTS contact you further regarding this report to gain more information?

Yes
 No

Email Address *

shuyue.weng.ctr@dot.gov

Department

null

Job Title

null

NEXT

REPORTING MAKES A DIFFERENCE [Submit Report Online](#)

Home

About

FAQs

Publications

Reporting

CONTACT US

1-888-568-2377

C3RS.Team@dot.gov

Rail

1 2 3 REVIEW DONE!

INCIDENT DETAILS

Date and Time of Incident

Incident Date*

06/07/2023
MM/DD/YYYY

Incident Time*

9 : 51 AM

Overtime?

Yes No

SAVE & FINISH LATER

REVIEW & SUBMIT

CANCEL REPORT

EXIT SESSION

Where did this incident occur? (Select One)

Train Activity Facility Maintenance

BACK

NEXT

Where did this incident occur? (Select One)

Location

Line Segment
 Station

 Track
 Chain Marker

Train Configuration

Vehicle Type
 Service Type

 Train ID
 Lead Car #

 Total No. of cars
 Movement Type

Train Activity

Train Activity (check all that apply)

Stopped
 Revenue
 Non-Revenue
 Servicing Station
 ATO

 Manual
 Single Tracking
 Other - Specify:

[Select All](#)
[Clear All](#)

Station Activity

Activity (please describe)

Weather Conditions

Weather Conditions (check all that apply)

Clear
 Slight rain
 High winds
 Snowing

 Cloudy
 Intense rain
 Lightning
 Cold (Below 32 F)

 Fog
 Snow(on ground)
 Hail Storm
 Hot (Above 90 F)

[Select All](#)
[Clear All](#)

Visibility
 Elevation Level

[Train Activity](#) | [Facility](#) | [Maintenance](#)

[Mainline](#) | [Yard](#)

Location

Yard Location in Yard Track

Train Configuration

Vehicle Type Service Type
Train ID Lead Car #
Total No. of cars Direction

Train & Gang Activity

Yard Movement Yard Stop Manual Other - Specify:
[Select All](#) [Clear All](#)

Gang Activity (please describe)

Weather Conditions

Weather Conditions (check all that apply)

<input type="checkbox"/> Clear	<input type="checkbox"/> Slight rain	<input type="checkbox"/> High winds	<input type="checkbox"/> Snowing
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Intense rain	<input type="checkbox"/> Lightning	<input type="checkbox"/> Cold (Below 32 F)
<input type="checkbox"/> Fog	<input type="checkbox"/> Snow(on ground)	<input type="checkbox"/> Hail Storm	<input type="checkbox"/> Hot (Above 90 F)

[Select All](#) [Clear All](#)

Visibility Elevation Level

[← BACK](#)

[NEXT →](#)

[Train Activity](#) | [Facility](#) | [Maintenance](#)

Location

Facility Location of Incident

Facility Condition - Please describe

Weather Conditions

Weather Conditions (check all that apply)

<input type="checkbox"/> Clear	<input type="checkbox"/> Slight rain	<input type="checkbox"/> High winds	<input type="checkbox"/> Snowing
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Intense rain	<input type="checkbox"/> Lightning	<input type="checkbox"/> Cold (Below 32 F)
<input type="checkbox"/> Fog	<input type="checkbox"/> Snow(on ground)	<input type="checkbox"/> Hail Storm	<input type="checkbox"/> Hot (Above 90 F)

[Select All](#) [Clear All](#)

Visibility Elevation Level

[← BACK](#)

[NEXT →](#)

- Train Activity
- Facility
- Maintenance
- Mainline
- Shop
- Yard

Location

Line Segment Station

Track Chain Marker

Maintenance Activity

Job Assignment/Activity Type of RWP Protection

Power Outage Power Control Type Signal Control Type

Unit ID Roadway Maintenance Machine Unit ID/Flatcar

WMATA Equipment Involved Equipment Condition Did the Equipment Fail? Yes No

Equipment (please describe)

Station Activity

Activity (please describe)

Weather Conditions

Weather Conditions (check all that apply)

Clear Slight rain High winds Snowing

Cloudy Intense rain Lightning Cold (Below 32 F)

Fog Snow (on ground) Hail Storm Hot (Above 90 F)

[Select All](#) [Clear All](#)

Visibility Elevation Level

[← BACK](#)

[NEXT →](#)

Where did this incident occur? (Select One)

-
-
-
-
-
-

Location

Shop Location of Incident

Shop Condition - Please describe

Maintenance Activity

Job Assignment/Activity

WMATA Equipment Involved	Equipment Condition	Did the Equipment Fail?
<input type="text" value=""/>	<input type="text" value=""/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Equipment (please describe)

Weather Conditions

Weather Conditions (check all that apply)

<input type="checkbox"/> Clear	<input type="checkbox"/> Slight rain	<input type="checkbox"/> High winds	<input type="checkbox"/> Snowing
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Intense rain	<input type="checkbox"/> Lightning	<input type="checkbox"/> Cold (Below 32 F)
<input type="checkbox"/> Fog	<input type="checkbox"/> Snow(on ground)	<input type="checkbox"/> Hail Storm	<input type="checkbox"/> Hot (Above 90 F)

[Select All](#) [Clear All](#)

Visibility Elevation Level

← BACK

NEXT →

Where did this incident occur? (Select One)

-
-
-
-
-
-

Location

Yard Location in Yard Track

Yard Condition - Please describe

Maintenance Activity

Job Assignment/Activity

WMATA Equipment Involved Equipment Condition Did the Equipment Fail?
 Yes No

Equipment (please describe)

Weather Conditions

Weather Conditions (check all that apply)

Clear Slight rain High winds Snowing
 Cloudy Intense rain Lightning Cold (Below 32 F)
 Fog Snow(on ground) Hail Storm Hot (Above 90 F)

[Select All](#) [Clear All](#)

Visibility Elevation Level

[← BACK](#)

[NEXT →](#)

- Home
- About
- FAQs
- Publications
- Reporting
- CONTACT US
 - 1-888-568-2377
 - C3RS.Team@dot.gov

Rail

1 2 3 REVIEW DONE!

INCIDENT DESCRIPTION

Please use the space below to complete your description of the incident or condition you wish to report.

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?

Has this happened before? If so, what were the prevailing conditions?

[SAVE & FINISH LATER](#)

[REVIEW & SUBMIT](#)

[CANCEL REPORT](#)

[EXIT SESSION](#)

Report History

Reported this Close Call to WMATA before?

Yes No

Incident Description

Attachments

Upload Pictures / Diagrams / Other Supporting Documents

[Choose File](#) No file chosen [Attach](#)

[BACK](#) [NEXT](#)



- Home
- About
- FAQs
- Publications
- Reporting
- CONTACT US
 - 1-888-568-2377
 - C3RS.Team@dot.gov

Rail

1 2 3 REVIEW DONE!

REVIEW YOUR REPORT

Before submitting your report, please review what you have filled in. Click on the "edit" button in each section to make changes.

[SAVE & FINISH LATER](#)

[REVIEW & SUBMIT](#)

[CANCEL REPORT](#)

[EXIT SESSION](#)

Reporting Employee [edit](#)

Full Name

Primary Phone Number Best time to call? Can BTS contact you further?

Email Address *

Department

Job Title

Hire Date

Incident Details [edit](#)

Incident Date Incident Time Overtime?

Where did this incident occur?