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 RE-

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 _____ O H O M O W

ALTERNATE Area _____ No. _____ Hours _____ O H O M O W

NAME _____

ADDRESS _____

_____

CITY _____ **STATE** _____ **ZIP** _____

EVENT LOCATION

Division / 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

☐ Boiler Maker ☐ Hostler (Inside) ☐ Pipe Fitter
☐ Carman ☐ Laborer ☐ Trainee
☐ Electrician ☐ Machinist ☐ Other: _____
☐ Foreman ☐ Manager

CERTIFICATION

☐ Air Brake Inspections ☐ Locomotive Inspection
☐ Blue Signal Protection ☐ Passenger Car Inspection
☐ Conductor Certification ☐ Rear End Marker/EOT
☐ FRA Glazing ☐ Safety Appliances
☐ Freight Car Inspection ☐ Other: _____
☐ Locomotive Engineer Certification

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 ☐ Emergency Duty
☐ Overtime Duty ☐ Other: _____

Hours into Shift _____ hrs

REPORTER LOCATION

O Yard O Shop O Other Track
O Adjacent to track/on ground O On/under/between Rolling Equipment
O Office/Crew Facility O Station Platform
O On/under/between Motive Power O Other: _____

WEATHER

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

LIGHT / VISIBILITY

Outdoors
O Dawn O Night
O Daylight O Dusk

Work Area Lighting
O High O Low
O Medium O Off

☐ Reduced Visibility _____ feet

ACTIVITY

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

Were job/safety briefings completed?
O Yes O No

EQUIPMENT

Locomotives
Total Head End # _____ Remote Control O Yes O No
Locomotive Make/Model _____ Distributed Power O Yes O No Position in Train _____

Passenger
# of Cars _____ # in Service _____ Cab Car Controlling O Yes O No

Freight
Loads _____ Empties _____ Tons _____ Length _____ feet

Status
Records complete O Yes O No
Required/correct documents on board O Yes O No
Maintenance deferred O Yes O No
Released for service O Yes O No
Moving for repair O Yes O No

Type
☐ Passenger/Commuter ☐ Freight ☐ Other: _____ Involved Car Kind _____

Location
☐ Main Track ☐ Yard ☐ Passenger Station ☐ Industry ☐ Repair Facility ☐ Other: _____

Operating Rules
O GCOR O NORAC O Other: _____ Blue Signal Protection O Yes O No

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

Reset Form

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

NASA, through agreements with the Federal Railroad Administration, is managing, operating, and accepting reports for the Railroad Confidential Close Call Reporting System (C^3RS). The C^3RS 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^3RS 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.

Thank you for your contribution to railroad safety.

CONFIDENTIAL CLOSE CALL REPORTING SYSTEM

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^3RS. 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.

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 2700-0172. 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.

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)

DESCRIBE EVENT/SITUATION, continued...

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