



C³RS Report Form

(UP Or CP Employees)

C³RS 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 2139-0010. Public reporting of a close call is estimated to take approximately 30 minutes, including the time for reviewing instructions, completing and reviewing the report. Reporting any information to the Confidential Close Calls Reporting System (C³RS) is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: C³RS Data Collection Officer, Demetra Collia, US DOT/ BTS, 1200 New Jersey Avenue SE, Room E36-E14, Washington, D.C. 20590 or e-mail: Demetra.collia@dot.gov.

Event Description

Please provide your name and at least one telephone number where a C³RS rail 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 address to receive notice which will serve as confirmation of your report.

DATE OF OCCURRENCE _____ TIME OF OCCURENCE (24 HR.) _____ DIVISION _____ | Line Segment _____ | MP or YARD _____

NAME _____ JOB TITLE _____

ADDRESS/PO BOX _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (____) ____ - _____ BEST TIME TO CALL _____ TIME (circle one) _____ CAN BTS LEAVE A VOICE MAIL MESSAGE?
PRIMARY _____ CST MST YES NO

ALTERNATE (____) ____ - _____ CST MST YES NO

Immediate Co-Workers

Please provide the name and job title of any immediate co-workers involved in the event 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 event. 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) call C³RS at 1.888.568.2377 (1.888.LOV.C3RS) within 48 hours of the event to file a report, b) mail the completed C³RS Report Form, postmarked within 3 calendar days of the call, not counting weekends and Federal holidays, and c) make yourself available for an interview on the event as needed.

Mail your report to: C³RS
Bureau of Transportation Statistics
P. O. Box 23295
Washington, DC 20026-3295



**Confidential
Close Call
Reporting System**

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OMB NO: 2139-0010
Expiration Date: 08-31-2013

Event Diagram

Use this page for diagrams or additional information.