



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 Colliia, US DOT/ BTS, 1200 New Jersey Avenue SE, Room E36-E14, Washington, D.C. 20590 or e-mail: Demetra.colliia@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 10/15/06 TIME OF OCCURENCE (24 HR.) 10:35 DIVISION Rockhall | Line Segment Lehigh Sub | MP or YARD 130

NAME Joe Smith JOB TITLE Engineer

ADDRESS/PO BOX 325 Main Street

CITY Paradise STATE PA ZIP 19000

PHONE NUMBER (215) 777 - 1234 BEST TIME TO CALL 0900 to 1500 TIME (circle one) CST MST CAN BTS LEAVE A VOICE MAIL MESSAGE? YES NO

ALTERNATE (215) 777 - 1235 0900 TO 1500 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 Joe Doe JOB TITLE Conductor

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

3-Day Work/Sleep History Information

3-Day Work Shift History	Shift Start Time	Incident Time	Shift End Time
Incident Shift Day	0830	1147	1750
Day before Incident	0435		1330
2 Days before Incident	Off		
Please use military time (24-Hour clock) for work and sleep periods.			
3-Day Sleep History	Sleep Start Time	Sleep End Time	Nap – Yes/No
Last Sleep before Incident Shift	2300	0630	No
Sleep Period the Day Before	2200	0230	No
Sleep Period 2 Days Before	2200	0700	No

Engine #'s: 9129, 6714

Distributed Power Units: 6556

Loads: 135 Empties: 0 Tons: 1970 Length: 7555 ft. No. of Hazardous Material Cars: 0

Event Description

Please use the space below to complete your description of the event 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 event/condition. In addition, please help us prevent similar incidents from occurring by providing your suggestions to prevent this event 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.

While traveling east on Main Track #2 with a loaded coal train, CCB XXXX, at 50 MPH, I spotted maintenance of way workers working on the same track we were on. When I first spotted them, we were approximately one mile away from their location, which was MP 130. My headlight was on bright and I immediately turned on my locomotive bell and started to blow the horn. The closer we got, my conductor yelled over to me that they were not moving. There were 3 welders fouling the track, facing east away from my train. I continued blowing the horn and put the train into emergency. At the last second when we were approximately 5 car lengths away, the three individuals jumped in the clear. We ran over their welding hoses as we went by. It took us approximately a mile to stop the train. The MOW foreman contacted us by radio and said that everyone got in the clear and no one was injured. At the location there were numerous truck and a large payloader, which might have contributed to them not hearing our train approaching. The weather was great.

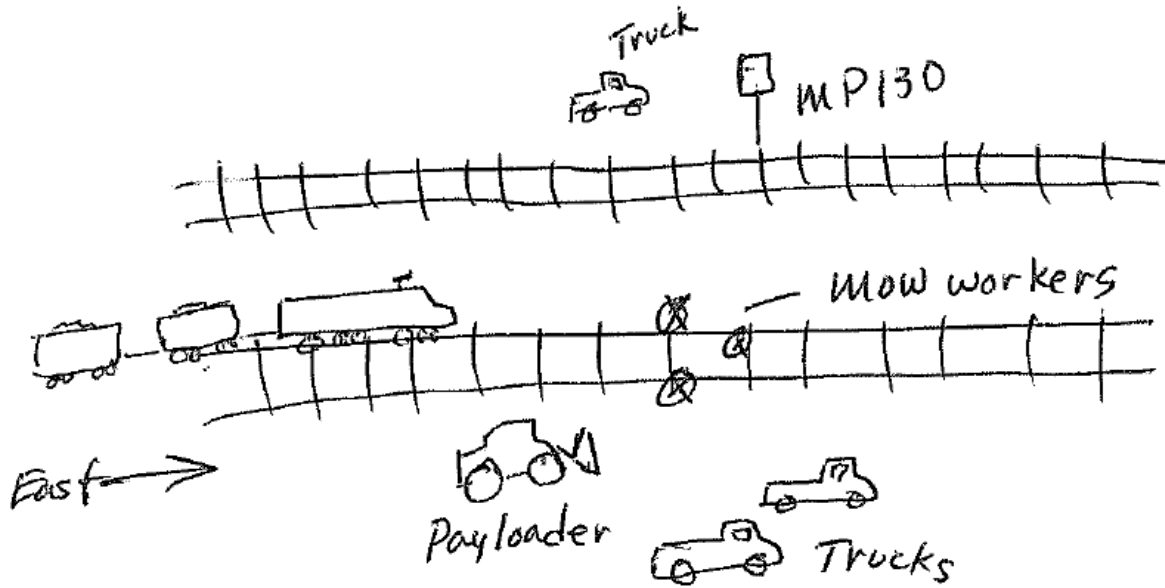
Please provide a drawing on page 4 depicting the incident. Use additional paper, if needed.

Event Description (continued)

Please use the space below to complete your description of the event 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 event/condition. You may

Event Diagram

Use this page for diagrams or additional information.



NOT A REA