

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Control No. 2130-0017

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	B. Crossing Number 290068L	C. Reason for Update <input type="checkbox"/> Changes in Existing Data <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Closed Crossing or Abandoned	D. Effective Date 02/15/2012
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Part I: Location and Classification Information

1. Railroad Operating Company (max 4 char.)		2. State (max 2 char.)		3. COUNTY (max 20 char.)	
4. Railroad Division or Region (max 14 char.)		5. Railroad Subdivision or District (max 14 char.)		6. Branch or Line Name (max 15 char.)	
7. RR Milepost (nnnnn.nn)		8. RR I.D. No. (max 10 char.)		9. Nearest RR Timetable Station (max 15 char.) (optional)	
10. Parent RR (max 4 char.) (if applicable)		11. Crossing Owner (RR or Company Name)			
12. City (max 16 char.) <input type="checkbox"/> IN <input type="checkbox"/> Near		13. Street or Road Name (max 17 char.)			STATE SUPPLIED INFORMATION
14. Highway Type & No. (max 7 char.)		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Quiet Zone – FRA DETERMINED <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> 24 hr. <input type="checkbox"/> Unknown	
21. HSR Corridor ID (max 2 char.)		22. County Map Ref. No. (max 10 char.)		23. Latitude (nn.nnnnnnnn)	
17. Crossing Type (choose one only) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Pedestrian		18. Crossing Position <input type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over		19. Type of Passenger Service <input type="checkbox"/> AMTRAK <input type="checkbox"/> AMTRAK & Other <input type="checkbox"/> Other <input type="checkbox"/> None	
20. Average Passenger Train Count Per Day		24. Longitude (nnn.nnnnnnnn)		25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Number					

27. PRIVATE CROSSING INFORMATION					
27.A. Category (check one) <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Recreational <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial		27.B. Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify _____ <input type="checkbox"/> Signals Specify _____	
28. A. Railroad Use (max 20 char.)			29.A. State Use (max 20 char.)		
28. B. Railroad Use (max 20 char.)			29.B. State Use (max 20 char.)		
28. C. Railroad Use (max 20 char.)			29.C. State Use (max 20 char.)		
28. D. Railroad Use (max 20 char.)			29.D. State Use (max 20 char.)		
30. Narrative _____					
31. Emergency Contact (Telephone No.) - -		32. Railroad Contact (Telephone No.) - -		33. State Contact (Telephone No.) - -	

MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE

Part II: Railroad Information

1. Number of Daily Train Movements			
1.A. Total Trains	1.B. Total Switching Trains	1.C. Total Daylight Thru Trains (6 AM to 6 PM)	1.D. Check if Less Than One Movement Per Day <input type="checkbox"/>
2. Speed of Train at Crossing 2.A. Maximum Time Table Speed (mph) 2.B. Typical Speed Range Over Crossing (mph) from _____ to _____			
3. Type and Number of Tracks Main Other If Other, Specify _____			
4. Does Another RR Operate a Separate Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max 16 char.) <input type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max 16 char.) <input type="checkbox"/> No	

U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number	PAGE 2	D. Effective Date
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Part III: Traffic Control Device Information

1. No Signs or Signals <input type="checkbox"/> Check if Correct		2. Type of Warning Device at Crossing – Signs (<i>specify number of each</i>)			
		2.A. Crossbucks	2.B. Highway Stop Signs (<i>R1-1</i>)	2.C. RR Advance Warning Signs (<i>W10-1</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.D. Hump Crossing Sign (<i>W10-5</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2.E. Pavement Markings <input type="checkbox"/> Stoplines <input type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None			2.F. Other Signs: (<i>specify MUTCD type</i>) Number _____ Specify Type _____ Number _____ Specify Type _____		
3. Type of Warning Device at Crossing – Train Activated Devices (<i>specify number of each</i>)					
3.A. Gates	3.B. Four-Quadrant (<i>or full barrier</i>) Gates <input type="checkbox"/> Yes <input type="checkbox"/> No	3.C. Cantilevered (<i>or Bridged</i>) Flashing Lights Over Traffic Lane (<i>number</i>) Not Over Traffic Lane (<i>number</i>)		3.D. Mast Mounted Flashing Lights (<i>number</i>)	3.E. Number of Flashing Light Pairs
3.F. Other Flashing Lights: Number _____ Specify Type _____ (<i>max 9 characters</i>)			3.G. Highway Traffic Signals (<i>number</i>)	3.H. Wigwags (<i>number</i>)	3.J. Bells (<i>number</i>)
3.K. Other Train Activated Warning Devices: (<i>specify</i>) (<i>max 9 characters</i>)					
4. Specify Special Warning Device NOT Train Activated: DO NOT USE OR ENTER DATA			5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None		
6. Train Detection <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input type="checkbox"/> None		7. Signaling for Train Operation: Is Train Equipped with Train Signal? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input type="checkbox"/> Not Interconnected <input type="checkbox"/> N/A <input type="checkbox"/> Simultaneous Preemption <input type="checkbox"/> Advanced Preemption	
9. Reserved For Future Use		10. Reserved For Future Use		11. Reserved For Future Use	

Part IV: Physical Characteristics

1. Type of Development <input type="checkbox"/> Open Space <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional			2. Smallest Crossing Angle <input type="checkbox"/> 0°-29° <input type="checkbox"/> 30°-59° <input type="checkbox"/> 60°-90°		
3. Number of Traffic Lanes Crossing Railroad		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Is Highway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Crossing Surface (on main line) <input type="checkbox"/> 1. Timber <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Asphalt and Flange <input type="checkbox"/> 4. Concrete <input type="checkbox"/> 5. Concrete and Rubber <input type="checkbox"/> 6. Rubber <input type="checkbox"/> 7. Metal <input type="checkbox"/> 8. Unconsolidated <input type="checkbox"/> 9. Other (Specify)					
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Nearby Intersecting Highway <input type="checkbox"/> Less than 75 feet <input type="checkbox"/> 75 to 200 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> N/A			Is it Signalized? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is Crossing Illuminated? (<i>street lights within approx. 50 feet from nearest rail</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Is Commercial Power Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future Use.	

Part V: Highway Information

1. Highway System <input type="checkbox"/> Interstate <input type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input type="checkbox"/> Non-Federal Aid		2. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Functional Classification of Road at Crossing	4. Posted Highway Speed
5. Annual Average Daily Traffic (AADT) Year _____ AADT _____		6. Estimate Percent Trucks		7. Average Number of School Buses Over Crossing per School Day

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Control No. 2130-0017

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	B. Crossing Number 290069T	C. Reason for Update <input type="checkbox"/> Changes in Existing Data <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Closed Crossing or Abandoned	D. Effective Date 02/15/2012
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Part I: Location and Classification Information

1. Railroad Operating Company (max 4 char.)		2. State (max 2 char.)		3. COUNTY (max 20 char.)	
4. Railroad Division or Region (max 14 char.)		5. Railroad Subdivision or District (max 14 char.)		6. Branch or Line Name (max 15 char.)	
7. RR Milepost (nnnnn.nn)		8. RR I.D. No. (max 10 char.)		9. Nearest RR Timetable Station (max 15 char.) (optional)	
10. Parent RR (max 4 char.) (if applicable)		11. Crossing Owner (RR or Company Name)			
12. City (max 16 char.) <input type="checkbox"/> IN <input type="checkbox"/> Near		13. Street or Road Name (max 17 char.)		STATE SUPPLIED INFORMATION	
14. Highway Type & No. (max 7 char.)		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Quiet Zone – FRA DETERMINED <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> 24 hr. <input type="checkbox"/> Unknown	
21. HSR Corridor ID (max 2 char.)		22. County Map Ref. No. (max 10 char.)		23. Latitude (nn.nnnnnnnn)	
17. Crossing Type (choose one only) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Pedestrian		18. Crossing Position <input type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over		19. Type of Passenger Service <input type="checkbox"/> AMTRAK <input type="checkbox"/> AMTRAK & Other <input type="checkbox"/> Other <input type="checkbox"/> None	
20. Average Passenger Train Count Per Day		24. Longitude (nnn.nnnnnnnn)		25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Number					

27. PRIVATE CROSSING INFORMATION					
27.A. Category (check one) <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Recreational <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial		27.B. Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify _____ <input type="checkbox"/> Signals Specify _____	
28. A. Railroad Use (max 20 char.)			29.A. State Use (max 20 char.)		
28. B. Railroad Use (max 20 char.)			29.B. State Use (max 20 char.)		
28. C. Railroad Use (max 20 char.)			29.C. State Use (max 20 char.)		
28. D. Railroad Use (max 20 char.)			29.D. State Use (max 20 char.)		
30. Narrative _____					
31. Emergency Contact (Telephone No.) - -		32. Railroad Contact (Telephone No.) - -		33. State Contact (Telephone No.) - -	

MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE

Part II: Railroad Information

1. Number of Daily Train Movements			
1.A. Total Trains	1.B. Total Switching Trains	1.C. Total Daylight Thru Trains (6 AM to 6 PM)	1.D. Check if Less Than One Movement Per Day <input type="checkbox"/>
2. Speed of Train at Crossing 2.A. Maximum Time Table Speed (mph) 2.B. Typical Speed Range Over Crossing (mph) from _____ to _____			
3. Type and Number of Tracks Main Other If Other, Specify _____			
4. Does Another RR Operate a Separate Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max 16 char.) <input type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max 16 char.) <input type="checkbox"/> No	

U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number	PAGE 2	D. Effective Date
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Part III: Traffic Control Device Information

1. No Signs or Signals <input type="checkbox"/> Check if Correct		2. Type of Warning Device at Crossing – Signs (<i>specify number of each</i>)			
		2.A. Crossbucks	2.B. Highway Stop Signs (<i>R1-1</i>)	2.C. RR Advance Warning Signs (<i>W10-1</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.D. Hump Crossing Sign (<i>W10-5</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2.E. Pavement Markings <input type="checkbox"/> Stoptines <input type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None			2.F. Other Signs: (<i>specify MUTCD type</i>) Number _____ Specify Type _____ Number _____ Specify Type _____		
3. Type of Warning Device at Crossing – Train Activated Devices (<i>specify number of each</i>)					
3.A. Gates	3.B. Four-Quadrant (<i>or full barrier</i>) Gates <input type="checkbox"/> Yes <input type="checkbox"/> No	3.C. Cantilevered (<i>or Bridged</i>) Flashing Lights Over Traffic Lane (<i>number</i>) Not Over Traffic Lane (<i>number</i>)		3.D. Mast Mounted Flashing Lights (<i>number</i>)	3.E. Number of Flashing Light Pairs
3.F. Other Flashing Lights: Number _____ Specify Type _____ (<i>max 9 characters</i>)			3.G. Highway Traffic Signals (<i>number</i>)	3.H. Wigwags (<i>number</i>)	3.J. Bells (<i>number</i>)
3.K. Other Train Activated Warning Devices: (<i>specify</i>) (<i>max 9 characters</i>)					
4. Specify Special Warning Device NOT Train Activated: DO NOT USE OR ENTER DATA			5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None		
6. Train Detection <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input type="checkbox"/> None		7. Signaling for Train Operation: Is Train Equipped with Train Signal? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input type="checkbox"/> Not Interconnected <input type="checkbox"/> N/A <input type="checkbox"/> Simultaneous Preemption <input type="checkbox"/> Advanced Preemption	
9. Reserved For Future Use		10. Reserved For Future Use		11. Reserved For Future Use	

Part IV: Physical Characteristics

1. Type of Development <input type="checkbox"/> Open Space <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional			2. Smallest Crossing Angle <input type="checkbox"/> 0°-29° <input type="checkbox"/> 30°-59° <input type="checkbox"/> 60°-90°		
3. Number of Traffic Lanes Crossing Railroad		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Is Highway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Crossing Surface (on main line) <input type="checkbox"/> 1. Timber <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Asphalt and Flange <input type="checkbox"/> 4. Concrete <input type="checkbox"/> 5. Concrete and Rubber <input type="checkbox"/> 6. Rubber <input type="checkbox"/> 7. Metal <input type="checkbox"/> 8. Unconsolidated <input type="checkbox"/> 9. Other (Specify)					
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Nearby Intersecting Highway <input type="checkbox"/> Less than 75 feet <input type="checkbox"/> 75 to 200 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> N/A			
9. Is Crossing Illuminated? (<i>street lights within approx. 50 feet from nearest rail</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Is Commercial Power Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future Use.	

Part V: Highway Information

1. Highway System <input type="checkbox"/> Interstate <input type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input type="checkbox"/> Non-Federal Aid		2. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Functional Classification of Road at Crossing	4. Posted Highway Speed
5. Annual Average Daily Traffic (AADT) Year _____ AADT _____		6. Estimate Percent Trucks		7. Average Number of School Buses Over Crossing per School Day

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Control No. 2130-0017

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	B. Crossing Number 290070M	C. Reason for Update <input type="checkbox"/> Changes in Existing Data <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Closed Crossing or Abandoned	D. Effective Date 02/15/2012
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Part I: Location and Classification Information

1. Railroad Operating Company (max 4 char.)		2. State (max 2 char.)		3. COUNTY (max 20 char.)	
4. Railroad Division or Region (max 14 char.)		5. Railroad Subdivision or District (max 14 char.)		6. Branch or Line Name (max 15 char.)	
7. RR Milepost (nnnnn.nn)		8. RR I.D. No. (max 10 char.)		9. Nearest RR Timetable Station (max 15 char.) (optional)	
10. Parent RR (max 4 char.) (if applicable)		11. Crossing Owner (RR or Company Name)			
12. City (max 16 char.) <input type="checkbox"/> IN <input type="checkbox"/> Near		13. Street or Road Name (max 17 char.)			STATE SUPPLIED INFORMATION
14. Highway Type & No. (max 7 char.)		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Quiet Zone – FRA DETERMINED <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> 24 hr. <input type="checkbox"/> Unknown	
21. HSR Corridor ID (max 2 char.)		22. County Map Ref. No. (max 10 char.)		23. Latitude (nn.nnnnnnnn)	
17. Crossing Type (choose one only) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Pedestrian		18. Crossing Position <input type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over		19. Type of Passenger Service <input type="checkbox"/> AMTRAK <input type="checkbox"/> AMTRAK & Other <input type="checkbox"/> Other <input type="checkbox"/> None	
20. Average Passenger Train Count Per Day		24. Longitude (nnn.nnnnnnnn)		25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Number					

27. PRIVATE CROSSING INFORMATION					
27.A. Category (check one) <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Recreational <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial		27.B. Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify _____ <input type="checkbox"/> Signals Specify _____	
28. A. Railroad Use (max 20 char.)			29.A. State Use (max 20 char.)		
28. B. Railroad Use (max 20 char.)			29.B. State Use (max 20 char.)		
28. C. Railroad Use (max 20 char.)			29.C. State Use (max 20 char.)		
28. D. Railroad Use (max 20 char.)			29.D. State Use (max 20 char.)		
30. Narrative _____					
31. Emergency Contact (Telephone No.) - -		32. Railroad Contact (Telephone No.) - -		33. State Contact (Telephone No.) - -	

MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE

Part II: Railroad Information

1. Number of Daily Train Movements			
1.A. Total Trains	1.B. Total Switching Trains	1.C. Total Daylight Thru Trains (6 AM to 6 PM)	1.D. Check if Less Than One Movement Per Day <input type="checkbox"/>
2. Speed of Train at Crossing 2.A. Maximum Time Table Speed (mph) 2.B. Typical Speed Range Over Crossing (mph) from _____ to _____			
3. Type and Number of Tracks Main Other If Other, Specify _____			
4. Does Another RR Operate a Separate Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max 16 char.) <input type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max 16 char.) <input type="checkbox"/> No	

U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number	PAGE 2	D. Effective Date
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Part III: Traffic Control Device Information

1. No Signs or Signals <input type="checkbox"/> Check if Correct		2. Type of Warning Device at Crossing – Signs (specify number of each)			
		2.A. Crossbucks	2.B. Highway Stop Signs (R1-1)	2.C. RR Advance Warning Signs (W10-1) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.D. Hump Crossing Sign (W10-5) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2.E. Pavement Markings <input type="checkbox"/> Stoplines <input type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None			2.F. Other Signs: (specify MUTCD type) Number _____ Specify Type _____ Number _____ Specify Type _____		
3. Type of Warning Device at Crossing – Train Activated Devices (specify number of each)					
3.A. Gates	3.B. Four-Quadrant (or full barrier) Gates <input type="checkbox"/> Yes <input type="checkbox"/> No	3.C. Cantilevered (or Bridged) Flashing Lights Over Traffic Lane (number) Not Over Traffic Lane (number)		3.D. Mast Mounted Flashing Lights (number)	3.E. Number of Flashing Light Pairs
3.F. Other Flashing Lights: Number _____ Specify Type _____ (max 9 characters)			3.G. Highway Traffic Signals (number)	3.H. Wigwags (number)	3.J. Bells (number)
3.K. Other Train Activated Warning Devices: (specify) (max 9 characters)					
4. Specify Special Warning Device NOT Train Activated: DO NOT USE OR ENTER DATA			5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None		
6. Train Detection <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input type="checkbox"/> None		7. Signaling for Train Operation: Is Train Equipped with Train Signal? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input type="checkbox"/> Not Interconnected <input type="checkbox"/> N/A <input type="checkbox"/> Simultaneous Preemption <input type="checkbox"/> Advanced Preemption	
9. Reserved For Future Use	10. Reserved For Future Use	11. Reserved For Future Use	12. Reserved For Future Use		

Part IV: Physical Characteristics

1. Type of Development <input type="checkbox"/> Open Space <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional			2. Smallest Crossing Angle <input type="checkbox"/> 0°-29° <input type="checkbox"/> 30°-59° <input type="checkbox"/> 60°-90°		
3. Number of Traffic Lanes Crossing Railroad		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Is Highway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Crossing Surface (on main line) <input type="checkbox"/> 1. Timber <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Asphalt and Flange <input type="checkbox"/> 4. Concrete <input type="checkbox"/> 5. Concrete and Rubber <input type="checkbox"/> 6. Rubber <input type="checkbox"/> 7. Metal <input type="checkbox"/> 8. Unconsolidated <input type="checkbox"/> 9. Other (Specify)					
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Nearby Intersecting Highway <input type="checkbox"/> Less than 75 feet <input type="checkbox"/> 75 to 200 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> N/A			
9. Is Crossing Illuminated? (street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Is Commercial Power Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future Use.	

Part V: Highway Information

1. Highway System <input type="checkbox"/> Interstate <input type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input type="checkbox"/> Non-Federal Aid		2. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Functional Classification of Road at Crossing	4. Posted Highway Speed
5. Annual Average Daily Traffic (AADT) Year _____ AADT _____		6. Estimate Percent Trucks		7. Average Number of School Buses Over Crossing per School Day	

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DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Control No. 2130-0017

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	B. Crossing Number 290071U	C. Reason for Update <input type="checkbox"/> Changes in Existing Data <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Closed Crossing or Abandoned	D. Effective Date 02/15/2012
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Part I: Location and Classification Information

1. Railroad Operating Company (max 4 char.)		2. State (max 2 char.)		3. COUNTY (max 20 char.)	
4. Railroad Division or Region (max 14 char.)		5. Railroad Subdivision or District (max 14 char.)		6. Branch or Line Name (max 15 char.)	
7. RR Milepost (nnnnn.nn)		8. RR I.D. No. (max 10 char.)		9. Nearest RR Timetable Station (max 15 char.) (optional)	
10. Parent RR (max 4 char.) (if applicable)		11. Crossing Owner (RR or Company Name)			
12. City (max 16 char.) <input type="checkbox"/> IN <input type="checkbox"/> Near		13. Street or Road Name (max 17 char.)		STATE SUPPLIED INFORMATION	
14. Highway Type & No. (max 7 char.)		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Quiet Zone – FRA DETERMINED <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> 24 hr. <input type="checkbox"/> Unknown	
21. HSR Corridor ID (max 2 char.)		22. County Map Ref. No. (max 10 char.)		23. Latitude (nn.nnnnnnnn)	
17. Crossing Type (choose one only) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Pedestrian		18. Crossing Position <input type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over		19. Type of Passenger Service <input type="checkbox"/> AMTRAK <input type="checkbox"/> AMTRAK & Other <input type="checkbox"/> Other <input type="checkbox"/> None	
20. Average Passenger Train Count Per Day		24. Longitude (nnn.nnnnnnnn)		25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Number					

27. PRIVATE CROSSING INFORMATION					
27.A. Category (check one) <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Recreational <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial		27.B. Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify _____ <input type="checkbox"/> Signals Specify _____	
28. A. Railroad Use (max 20 char.)			29.A. State Use (max 20 char.)		
28. B. Railroad Use (max 20 char.)			29.B. State Use (max 20 char.)		
28. C. Railroad Use (max 20 char.)			29.C. State Use (max 20 char.)		
28. D. Railroad Use (max 20 char.)			29.D. State Use (max 20 char.)		
30. Narrative _____					
31. Emergency Contact (Telephone No.) - -		32. Railroad Contact (Telephone No.) - -		33. State Contact (Telephone No.) - -	

MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE

Part II: Railroad Information

1. Number of Daily Train Movements			
1.A. Total Trains	1.B. Total Switching Trains	1.C. Total Daylight Thru Trains (6 AM to 6 PM)	1.D. Check if Less Than One Movement Per Day <input type="checkbox"/>
2. Speed of Train at Crossing 2.A. Maximum Time Table Speed (mph) 2.B. Typical Speed Range Over Crossing (mph) from _____ to _____			
3. Type and Number of Tracks Main Other If Other, Specify _____			
4. Does Another RR Operate a Separate Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max 16 char.) <input type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max 16 char.) <input type="checkbox"/> No	

U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number	PAGE 2	D. Effective Date
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Part III: Traffic Control Device Information

1. No Signs or Signals <input type="checkbox"/> Check if Correct		2. Type of Warning Device at Crossing – Signs (<i>specify number of each</i>)			
		2.A. Crossbucks	2.B. Highway Stop Signs (R1-1)	2.C. RR Advance Warning Signs (W10-1) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.D. Hump Crossing Sign (W10-5) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2.E. Pavement Markings <input type="checkbox"/> Stoplines <input type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None			2.F. Other Signs: (<i>specify MUTCD type</i>) Number ____ Specify Type _____ Number ____ Specify Type _____		
3. Type of Warning Device at Crossing – Train Activated Devices (<i>specify number of each</i>)					
3.A. Gates	3.B. Four-Quadrant (or full barrier) Gates <input type="checkbox"/> Yes <input type="checkbox"/> No	3.C. Cantilevered (or Bridged) Flashing Lights Over Traffic Lane (<i>number</i>) Not Over Traffic Lane (<i>number</i>)		3.D. Mast Mounted Flashing Lights (<i>number</i>)	3.E. Number of Flashing Light Pairs
3.F. Other Flashing Lights: Number ____ Specify Type _____ (<i>max 9 characters</i>)			3.G. Highway Traffic Signals (<i>number</i>)	3.H. Wigwags (<i>number</i>)	3.J. Bells (<i>number</i>)
3.K. Other Train Activated Warning Devices: (<i>specify</i>) (<i>max 9 characters</i>)					
4. Specify Special Warning Device NOT Train Activated: DO NOT USE OR ENTER DATA			5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None		
6. Train Detection <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input type="checkbox"/> None		7. Signaling for Train Operation: Is Train Equipped with Train Signal? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input type="checkbox"/> Not Interconnected <input type="checkbox"/> N/A <input type="checkbox"/> Simultaneous Preemption <input type="checkbox"/> Advanced Preemption	
9. Reserved For Future Use	10. Reserved For Future Use	11. Reserved For Future Use	12. Reserved For Future Use		

Part IV: Physical Characteristics

1. Type of Development <input type="checkbox"/> Open Space <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional			2. Smallest Crossing Angle <input type="checkbox"/> 0°-29° <input type="checkbox"/> 30°-59° <input type="checkbox"/> 60°-90°		
3. Number of Traffic Lanes Crossing Railroad		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Is Highway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Crossing Surface (on main line) <input type="checkbox"/> 1. Timber <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Asphalt and Flange <input type="checkbox"/> 4. Concrete <input type="checkbox"/> 5. Concrete and Rubber <input type="checkbox"/> 6. Rubber <input type="checkbox"/> 7. Metal <input type="checkbox"/> 8. Unconsolidated <input type="checkbox"/> 9. Other (Specify)					
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Nearby Intersecting Highway <input type="checkbox"/> Less than 75 feet <input type="checkbox"/> 75 to 200 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> N/A			Is it Signalized? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is Crossing Illuminated? (<i>street lights within approx. 50 feet from nearest rail</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Is Commercial Power Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future Use.	

Part V: Highway Information

1. Highway System <input type="checkbox"/> Interstate <input type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input type="checkbox"/> Non-Federal Aid		2. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Functional Classification of Road at Crossing	4. Posted Highway Speed
5. Annual Average Daily Traffic (AADT) Year ____ AADT ____		6. Estimate Percent Trucks		7. Average Number of School Buses Over Crossing per School Day