U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk * denotes an optional field.

A. Revision Date *(MM/DD/YYYY)* _____/_____/_____	**B. Reporting Agency** ☐ Railroad ☐ Transit ☐ State ☐ Other	**C. Reason for Update** *(Select only one)* ☐ Change in Data ☐ New Crossing ☐ Closed ☐ No Train Traffic ☐ Quiet Zone Update ☐ Re-Open ☐ Date Change Only ☐ Change in Primary Operating RR ☐ Admin. Correction	**D. DOT Crossing Inventory Number**

Part I: Location and Classification Information

1. Primary Operating Railroad _____	**2. State** _____	**3. County** _____
4. City / Municipality ☐ In ☐ Near _____	**5. Street/Road Name & Block Number** _____ | _____ *(Street/Road Name)* | * *(Block Number)*	**6. Highway Type & No.** _____
7. Do Other Railroads Operate a Separate Track at Crossing? ☐ Yes ☐ No If Yes, Specify RR _____, _____, _____, _____	**8. Do Other Railroads Operate Over Your Track at Crossing?** ☐ Yes ☐ No If Yes, Specify RR _____, _____, _____, _____	

9. Railroad Division or Region ☐ None _____	**10. Railroad Subdivision or District** ☐ None _____	**11. Branch or Line Name** ☐ None _____	**12. RR Milepost** _____|_____|_____ *(prefix)* | *(nnnn.nnn)* | *(suffix)*

13. Line Segment * _____	**14. Nearest RR Timetable Station** * _____	**15. Parent RR** *(if applicable)* ☐ N/A _____	**16. Crossing Owner** *(if applicable)* ☐ N/A _____

17. Crossing Type ☐ Public ☐ Private	**18. Crossing Purpose** ☐ Highway ☐ Pathway, Ped. ☐ Station, Ped.	**19. Crossing Position** ☐ At Grade ☐ RR Under ☐ RR Over	**20. Public Access** *(if Private Crossing)* ☐ Yes ☐ No	**21. Type of Train** ☐ Freight ☐ Intercity Passenger ☐ Commuter ☐ Transit ☐ Shared Use Transit ☐ Tourist/Other	**22. Average Passenger Train Count Per Day** ☐ Less Than One Per Day ☐ Number Per Day_____

23. Type of Land Use
☐ Open Space ☐ Farm ☐ Residential ☐ Commercial ☐ Industrial ☐ Institutional ☐ Recreational ☐ RR Yard

24. Is there an Adjacent Crossing with a Separate Number? ☐ Yes ☐ No If Yes, Provide Crossing Number _____	**25. Quiet Zone** *(FRA provided)* ☐ No ☐ 24 Hr ☐ Partial ☐ Chicago Excused Date Established _____

26. HSR Corridor ID _____ ☐ N/A	**27. Latitude in decimal degrees** *(WGS84 std: nn.nnnnnnn)*	**28. Longitude in decimal degrees** *(WGS84 std: -nnn.nnnnnnn)*	**29. Lat/Long Source** ☐ Actual ☐ Estimated

30.A. Railroad Use *	**31.A. State Use** *
30.B. Railroad Use *	**31.B. State Use** *
30.C. Railroad Use *	**31.C. State Use** *
30.D. Railroad Use *	**31.D. State Use** *
32.A. Narrative *(Railroad Use)* *	**32.B. Narrative** *(State Use)* *

33. Emergency Notification Telephone No. *(posted)* _____	**34. Railroad Contact** *(Telephone No.)* _____	**35. State Contact** *(Telephone No.)* _____

Part II: Railroad Information

1. Estimated Number of Daily Train Movements

1.A. Total Day Thru Trains *(6 AM to 6 PM)* _____	1.B. Total Night Thru Trains *(6 PM to 6 AM)* _____	1.C. Total Switching Trains _____	1.D. Total Transit Trains _____	1.E. Check if Less Than One Movement Per Day ☐ How many trains per week? _____

2. Year of Train Count Data *(YYYY)* _____	3. Speed of Train at Crossing 3.A. Maximum Timetable Speed *(mph)* _____ 3.B. Typical Speed Range Over Crossing *(mph)* From _____ to _____

4. Type and Count of Tracks

Main _____ Siding _____ Yard _____ Transit _____ Industry _____

5. Train Detection *(Main Track only)*
☐ Constant Warning Time ☐ Motion Detection ☐AFO ☐ PTC ☐ DC ☐ Other ☐ None

6. Is Track Signaled? ☐ Yes ☐ No	7.A. Event Recorder ☐ Yes ☐ No	7.B. Remote Health Monitoring ☐ Yes ☐ No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date *(MM/DD/YYYY)*	PAGE 2	**D. Crossing Inventory Number** *(7 char.)*

Part III: Highway or Pathway Traffic Control Device Information

1. Are there Signs or Signals? ☐ Yes ☐ No

2. Types of Passive Traffic Control Devices associated with the Crossing

2.A. Crossbuck Assemblies *(count)*

2.B. STOP Signs *(R1-1)* *(count)*

2.C. YIELD Signs *(R1-2)* *(count)*

2.D. Advance Warning Signs *(Check all that apply; include count)* ☐ None
☐ W10-1 _____ ☐ W10-3 _____ ☐ W10-11 _____
☐ W10-2 _____ ☐ W10-4 _____ ☐ W10-12 _____

2.E. Low Ground Clearance Sign *(W10-5)*
☐ Yes *(count_____)*
☐ No

2.F. Pavement Markings
☐ Stop Lines ☐Dynamic Envelope
☐ RR Xing Symbols ☐ None

2.G. Channelization Devices/Medians
☐ All Approaches ☐ Median
☐ One Approach ☐ None

2.H. EXEMPT Sign *(R15-3)*
☐ Yes
☐ No

2.I. ENS Sign *(I-13)* Displayed
☐ Yes
☐ No

2.J. Other MUTCD Signs ☐ Yes ☐ No
Specify Type _____ Count _____
Specify Type _____ Count _____
Specify Type _____ Count _____

2.K. Private Crossing Signs *(if private)*
☐ Yes ☐ No

2.L. LED Enhanced Signs *(List types)*

3. Types of Train Activated Warning Devices at the Grade Crossing *(specify count of each device for all that apply)*

3.A. Gate Arms *(count)*
Roadway _____
Pedestrian _____

3.B. Gate Configuration
☐ 2 Quad ☐ Full *(Barrier)* Resistance
☐ 3 Quad
☐ 4 Quad ☐ Median Gates

3.C. Cantilevered *(or Bridged)* Flashing Light Structures *(count)*
Over Traffic Lane _____ ☐ Incandescent
Not Over Traffic Lane _____ ☐ LED

3.D. Mast Mounted Flashing Lights *(count of masts)* _____
☐ Incandescent ☐ LED
☐ Back Lights Included ☐ Side Lights Included

3.E. Total Count of Flashing Light Pairs

3.F. Installation Date of Current Active Warning Devices: *(MM/YYYY)*
_____/_____ ☐ Not Required

3.G. Wayside Horn
☐ Yes Installed on *(MM/YYYY)* _____/_____
☐ No

3.H. Highway Traffic Signals Controlling Crossing
☐ Yes ☐ No

3.I. Bells *(count)*

3.J. Non-Train Active Warning
☐ Flagging/Flagman ☐Manually Operated Signals ☐ Watchman ☐ Floodlighting ☐ None

3.K. Other Flashing Lights or Warning Devices
Count _____ Specify type _____

4.A. Does nearby Hwy Intersection have Traffic Signals?
☐ Yes ☐ No

4.B. Hwy Traffic Signal Interconnection
☐ Not Interconnected
☐ For Traffic Signals
☐ For Warning Signs

4.C. Hwy Traffic Signal Preemption
☐ Simultaneous
☐ Advance

5. Highway Traffic Pre-Signals
☐ Yes ☐ No
Storage Distance * _____
Stop Line Distance * _____

6. Highway Monitoring Devices *(Check all that apply)*
☐ Yes - Photo/Video Recording
☐ Yes – Vehicle Presence Detection
☐ None

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad ☐ One-way Traffic ☐ Two-way Traffic ☐ Divided Traffic
Number of Lanes _____

2. Is Roadway/Pathway Paved? ☐ Yes ☐ No

3. Does Track Run Down a Street? ☐ Yes ☐ No

4. Is Crossing Illuminated? *(Street lights within approx. 50 feet from nearest rail)* ☐ Yes ☐ No

5. Crossing Surface *(on Main Track, multiple types allowed)* Installation Date * *(MM/YYYY)* _____/_____ Width * _____ Length * _____
☐ 1 Timber ☐ 2 Asphalt ☐ 3 Asphalt and Timber ☐ 4 Concrete ☐ 5 Concrete and Rubber ☐ 6 Rubber ☐ 7 Metal
☐ 8 Unconsolidated ☐ 9 Composite ☐ 10 Other *(specify)* _____

6. Intersecting Roadway within 500 feet?
☐ Yes ☐ No If Yes, Approximate Distance *(feet)* _____

7. Smallest Crossing Angle
☐ 0° – 29° ☐ 30° – 59° ☐ 60° - 90°

8. Is Commercial Power Available? *
☐ Yes ☐ No

Part V: Public Highway Information

1. Highway System
☐ (01) Interstate Highway System
☐ (02) Other Nat Hwy System (NHS)
☐ (03) Federal AID, Not NHS
☐ (08) Non-Federal Aid

2. Functional Classification of Road at Crossing
☐ (0) Rural ☐ (1) Urban
☐ (1) Interstate ☐ (5) Major Collector
☐ (2) Other Freeways and Expressways
☐ (3) Other Principal Arterial ☐ (6) Minor Collector
☐ (4) Minor Arterial ☐ (7) Local

3. Is Crossing on State Highway System?
☐ Yes ☐ No

4. Highway Speed Limit
_____ MPH
☐ Posted ☐ Statutory

5. Linear Referencing System *(LRS Route ID)* *

6. LRS Milepost *

7. Annual Average Daily Traffic *(AADT)*
Year _____ AADT _____

8. Estimated Percent Trucks
_____ %

9. Regularly Used by School Buses?
☐ Yes ☐ No Average Number per Day _____

10. Emergency Services Route
☐ Yes ☐ No

Submission Information - *This information is used for administrative purposes and is not available on the public website.*

Submitted by _____ Organization _____ Phone _____ Date _____

Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.