

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.

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|---|--|--|--|
| A. Revision Date (MM/DD/YYYY) 08 / 17 / 2020 | B. Reporting Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other | C. Reason for Update (Select only one) <input type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Re-Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Date Change Only <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction | D. DOT Crossing Inventory Number 095227F |
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Part I: Location and Classification Information

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|--|--|---|--|--|--|
| 1. Primary Operating Railroad BNSF Railway Company [BNSF] | | 2. State MISSOURI | | 3. County BUCHANAN | |
| 4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near RUSHVILLE | | 5. Street/Road Name & Block Number COUNTY RD (Street/Road Name) * (Block Number) | | 6. Highway Type & No. Not Yet Reported by State | |
| 7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR | | | 8. Do Other Railroads Operate Over Your Track at Crossing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR UP | | |
| 9. Railroad Division or Region <input type="checkbox"/> None HEARTLAND | | 10. Railroad Subdivision or District <input type="checkbox"/> None ST JOSEPH | | 11. Branch or Line Name <input type="checkbox"/> None KC-CARLING | |
| 12. RR Milepost 0051.242 (prefix) (nnnn.nnn) (suffix) | | 13. Line Segment * 16 | | | |
| 14. Nearest RR Timetable Station * MP 438 | | 15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A | | 16. Crossing Owner (if applicable) <input type="checkbox"/> N/A BNSF | |
| 17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | 18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped. | 19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over | 20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 21. Type of Train <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other | 22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0 |
| 23. Type of Land Use <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard | | | | | |
| 24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number | | | 25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established | | |
| 26. HSR Corridor ID <input checked="" type="checkbox"/> N/A | 27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 39.6397505 | | 28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -94.960614 | | 29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> 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) * (1.27 1.28 1.29) Value Provided by Railroad, Not Yet | | | 32.B. Narrative (State Use) * | | |
| 33. Emergency Notification Telephone No. (posted) 800-832-5452 | | 34. Railroad Contact (Telephone No.) 817-352-1549 | | 35. State Contact (Telephone No.) 573-751-7125 | |

Part II: Railroad Information

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|---|--|--|---------------------------------------|---|
| 1. Estimated Number of Daily Train Movements | | | | |
| 1.A. Total Day Thru Trains (6 AM to 6 PM) 15 | 1.B. Total Night Thru Trains (6 PM to 6 AM) 15 | 1.C. Total Switching Trains 0 | 1.D. Total Transit Trains 0 | 1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week? _____ |
| 2. Year of Train Count Data (YYYY) 2019 | | 3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 1 to 60 | | |
| 4. Type and Count of Tracks Main 1 Siding 1 Yard 0 Transit 0 Industry 0 | | | | |
| 5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" type="checkbox"/> None | | | | |
| 6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No | | 7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|--|---|--|---|---|--|
| A. Revision Date (MM/DD/YYYY) 08/17/2020 | | PAGE 2 | | D. Crossing Inventory Number (7 char.) 095227F | |
| Part III: Highway or Pathway Traffic Control Device Information | | | | | |
| 1. Are there Signs or Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 2. Types of Passive Traffic Control Devices associated with the Crossing | | | |
| 2.A. Crossbuck Assemblies (count) 2 | | 2.B. STOP Signs (R1-1) (count) 0 | 2.C. YIELD Signs (R1-2) (count) | 2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None <input type="checkbox"/> W10-1 <input type="checkbox"/> W10-3 <input type="checkbox"/> W10-11 <input type="checkbox"/> W10-2 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-12 | |
| 2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input type="checkbox"/> No | | 2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None | | 2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None | 2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.J. Other MUTCD Signs Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____ | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> 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 0 Pedestrian _____ | 3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad | 3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED | 3.D. Mast Mounted Flashing Lights (count of masts) 0 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included | 3.E. Total Count of Flashing Light Pairs 0 | |
| 3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) _____/_____/_____ <input type="checkbox"/> Not Required | | 3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/_____ <input type="checkbox"/> No | 3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 3.I. Bells (count) 0 | |
| 3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None | | | 3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____ | | |
| 4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No | 4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs | 4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance | 5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____ | 6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None | |
| Part IV: Physical Characteristics | | | | | |
| 1. Traffic Lanes Crossing Railroad Number of Lanes 1 <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic | | 2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/_____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input checked="" 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 Composite <input type="checkbox"/> 10 Other (specify) _____ | | | | | |
| 6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) 75 | | 7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input checked="" type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90° | | 8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Part V: Public Highway Information | | | | | |
| 1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal Aid | | 2. Functional Classification of Road at Crossing <input checked="" type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local | | 3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory |
| 7. Annual Average Daily Traffic (AADT) Year 1989 AADT 000010 | | 8. Estimated Percent Trucks 08 % | 9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day _____ | 10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> 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. | | | | | |