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)*: 03 / 08 / 2024

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: 341472M

Part I: Location and Classification Information

1. Primary Operating Railroad: CSX Transportation [CSX]

2. State: INDIANA

3. County: PUTNAM

4. City / Municipality: ☐ In ☒ Near GREENCASTLE

5. Street/Road Name & Block Number: CR 100E | _____ (Street/Road Name) | * (Block Number)

6. Highway Type & No.: CR 55

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 CHICAGO

10. Railroad Subdivision or District: ☐ None MONON

11. Branch or Line Name: ☒ None

12. RR Milepost: 00Q | 0175.240 | _____ (prefix) | (nnnn.nnn) | (suffix)

13. Line Segment *: 910613

14. Nearest RR Timetable Station *: GREENCASTLE

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 0

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)*: 39.6728640

28. Longitude in decimal degrees *(WGS84 std: -nnn.nnnnnnn)*: -86.8313310

29. Lat/Long Source: ☒ Actual ☐ Estimated

30.A. Railroad Use *:

31.A. State Use *: 2

30.B. Railroad Use *:

31.B. State Use *: 75

30.C. Railroad Use *:

31.C. State Use *: 1

30.D. Railroad Use *:

31.D. State Use *: 2

32.A. Narrative *(Railroad Use)* *:

32.B. Narrative *(State Use)* *: BOTH ENS SIGNS DAMAGED

33. Emergency Notification Telephone No. *(posted)*: 800-232-0144

34. Railroad Contact *(Telephone No.)*: 904-366-3051

35. State Contact *(Telephone No.)*: 855-463-6848

Part II: Railroad Information

1. Estimated Number of Daily Train Movements

1.A. Total Day Thru Trains *(6 AM to 6 PM)*: 1

1.B. Total Night Thru Trains *(6 PM to 6 AM)*: 0

1.C. Total Switching Trains: 0

1.D. Total Transit Trains: 0

1.E. Check if Less Than One Movement Per Day ☐ How many trains per week? _____

2. Year of Train Count Data *(YYYY)*: 2024

3. Speed of Train at Crossing
3.A. Maximum Timetable Speed *(mph)*: 25
3.B. Typical Speed Range Over Crossing *(mph)* From 25 to 25

4. Type and Count of Tracks
Main 1 Siding 0 Yard 0 Transit 0 Industry 0

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

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A. Revision Date *(MM/DD/YYYY)*	PAGE 2	D. Crossing Inventory Number *(7 char.)*
03/08/2024		341472M

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
2	2	0	☒ W10-1 2 ☐ W10-3 ☐ W10-11 ☐ W10-2 ☐ W10-4 ☐ W10-12

2.E. Low Ground Clearance Sign *(W10-5)*	2.F. Pavement Markings	2.G. Channelization Devices/Medians	2.H. EXEMPT Sign *(R15-3)*	2.I. ENS Sign *(I-13)* Displayed
☐ Yes *(count_____)* ☒ No	☒ Stop Lines ☐ Dynamic Envelope ☒ RR Xing Symbols ☐ None	☐ All Approaches ☐ Median ☐ One Approach ☒ None	☐ Yes ☒ No	☒ Yes ☐ No

2.J. Other MUTCD Signs ☐ Yes ☒ No	2.K. Private Crossing Signs *(if private)*	2.L. LED Enhanced Signs *(List types)*
Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____	☐ Yes ☐ No	

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)*	3.B. Gate Configuration	3.C. Cantilevered *(or Bridged)* Flashing Light Structures *(count)*	3.D. Mast Mounted Flashing Lights *(count of masts)* 0	3.E. Total Count of Flashing Light Pairs
Roadway 0 Pedestrian 0	☐ 2 Quad ☐ 3 Quad ☐ 4 Quad ☐ Full *(Barrier)* Resistance ☐ Median Gates	Over Traffic Lane 0 ☐ Incandescent Not Over Traffic Lane 0 ☐ LED	☐ Incandescent ☐ LED ☐ Back Lights Included ☐ Side Lights Included	0

3.F. Installation Date of Current Active Warning Devices: *(MM/YYYY)*	3.G. Wayside Horn	3.H. Highway Traffic Signals Controlling Crossing	3.I. Bells *(count)*
_____/_____ ☒ Not Required	☐ Yes Installed on *(MM/YYYY)* _____/_____ ☒ No	☐ Yes ☒ No	0

3.J. Non-Train Active Warning	3.K. Other Flashing Lights or Warning Devices
☐ Flagging/Flagman ☐ Manually Operated Signals ☐ Watchman ☐ Floodlighting ☒ None	Count 0 Specify type _____

4.A. Does nearby Hwy Intersection have Traffic Signals?	4.B. Hwy Traffic Signal Interconnection	4.C. Hwy Traffic Signal Preemption	5. Highway Traffic Pre-Signals	6. Highway Monitoring Devices *(Check all that apply)*
☒ Yes ☐ No	☒ Not Interconnected ☐ For Traffic Signals ☐ For Warning Signs	☐ Simultaneous ☐ Advance	☐ Yes ☒ No Storage Distance * _____ Stop Line Distance * _____	☐ Yes - Photo/Video Recording ☐ Yes – Vehicle Presence Detection ☒ None

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad	2. Is Roadway/Pathway Paved?	3. Does Track Run Down a Street?	4. Is Crossing Illuminated? *(Street lights within approx. 50 feet from nearest rail)*
☐ One-way Traffic ☒ Two-way Traffic ☐ Divided Traffic Number of Lanes 2	☒ Yes ☐ No	☐ Yes ☒ No	☐ 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?	7. Smallest Crossing Angle	8. Is Commercial Power Available? *
☐ Yes ☒ No If Yes, Approximate Distance *(feet)* _____	☐ 0° – 29° ☐ 30° – 59° ☒ 60° - 90°	☐ Yes ☒ No

Part V: Public Highway Information

1. Highway System	2. Functional Classification of Road at Crossing	3. Is Crossing on State Highway System?	4. Highway Speed Limit
☐ (01) Interstate Highway System ☐ (02) Other Nat Hwy System (NHS) ☐ (03) Federal AID, Not NHS ☒ (08) Non-Federal Aid	☒ (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	☐ Yes ☒ No	55 MPH ☒ Posted ☐ Statutory

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

6. LRS Milepost *

7. Annual Average Daily Traffic *(AADT)*	8. Estimated Percent Trucks	9. Regularly Used by School Buses?	10. Emergency Services Route
Year 2018 AADT 1050	7 %	☐ Yes ☒ No Average Number per Day _____	☐ Yes ☒ No

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

Submitted by _____ Organization _____ Phone _____ Date _____