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	C. Reason for Update *(Select only one)*	D. DOT Crossing Inventory Number
07 / 03 / 2023	☒ Railroad ☐ Transit ☐ State ☐ Other	☒ Change in Data ☐ New Crossing ☐ Closed ☐ No Train Traffic ☐ Quiet Zone Update ☐ Re-Open ☐ Date Change Only ☐ Change in Primary Operating RR ☐ Admin. Correction	631949S

Part I: Location and Classification Information

1. Primary Operating Railroad	2. State	3. County
CSX Transportation [CSX]	SOUTH CAROLINA	BERKELEY

4. City / Municipality	5. Street/Road Name & Block Number	6. Highway Type & No.
☐ In ☒ Near ST STEPHENS	PRIVATE *(Street/Road Name)* | * *(Block Number)*	PRIVATE

7. Do Other Railroads Operate a Separate Track at Crossing? ☐ Yes ☒ No	8. Do Other Railroads Operate Over Your Track at Crossing? ☐ Yes ☒ No
If Yes, Specify RR	If Yes, Specify RR

9. Railroad Division or Region	10. Railroad Subdivision or District	11. Branch or Line Name	12. RR Milepost
☐ None CAROLINAS	☐ None CHARLESTON	☒ None	A | 0352.690 | *(prefix) | (nnnn.nnn) | (suffix)*

13. Line Segment *	14. Nearest RR Timetable Station *	15. Parent RR *(if applicable)*	16. Crossing Owner *(if applicable)*
939310	ST STEPHEN	☒ N/A	☒ N/A

17. Crossing Type	18. Crossing Purpose	19. Crossing Position	20. Public Access *(if Private Crossing)*	21. Type of Train		22. Average Passenger Train Count Per Day
☐ Public ☒ Private	☒ Highway ☐ Pathway, Ped. ☐ Station, Ped.	☒ At Grade ☐ RR Under ☐ RR Over	☐ Yes ☒ No	☒ Freight ☒ Intercity Passenger ☐ Commuter	☐ Transit ☐ Shared Use Transit ☐ Tourist/Other	☐ Less Than One Per Day ☒ Number Per Day 6

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?	25. Quiet Zone *(FRA provided)*
☐ Yes ☒ No If Yes, Provide Crossing Number	☒ No ☐ 24 Hr ☐ Partial ☐ Chicago Excused Date Established

26. HSR Corridor ID	27. Latitude in decimal degrees	28. Longitude in decimal degrees	29. Lat/Long Source
☐ N/A	*(WGS84 std: nn.nnnnnnn)* 33.3622720	*(WGS84 std: -nnn.nnnnnnn)* -79.9381060	☒ 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.)*
800-232-0144	904-366-3051	803-737-1624

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	8	6	0	

2. Year of Train Count Data *(YYYY)*	3. Speed of Train at Crossing
2023	3.A. Maximum Timetable Speed *(mph)* 79 3.B. Typical Speed Range Over Crossing *(mph)* From 40 to 79

4. Type and Count of Tracks
Main 2 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?	7.A. Event Recorder	7.B. Remote Health Monitoring
☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No

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A. Revision Date *(MM/DD/YYYY)*	PAGE 2	D. Crossing Inventory Number *(7 char.)*
07/03/2023		631949S

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

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	2.K. Private Crossing Signs *(if private)*	2.L. LED Enhanced Signs *(List types)*
☐ Yes ☒ No 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 _____	☐ 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 1	☐ 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)* 75	☐ 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	_____ 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 1988 AADT 000025	05 %	☐ Yes ☒ No Average Number per Day 0	☐ Yes ☐ No

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

Submitted by _____ Organization _____ Phone _____ Date _____