

# 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.

<b>A. Revision Date</b> (MM/DD/YYYY) 12 / 11 / 2020	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR	<input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 508701W
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> NEW YORK		<b>3. County</b> ALBANY	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near VOORHEESVILLE		<b>5. Street/Road Name &amp; Block Number</b> VOORHEESVILLE AVE <small>(Street/Road Name)   * (Block Number)</small>		<b>6. Highway Type &amp; No.</b> CR-306	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, Specify RR</small>			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, Specify RR</small>		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NORTHERN		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None SELKIRK		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> QG   0022.020 <small>(prefix)   (nnnn.nnn)   (suffix)</small>		<b>13. Line Segment</b> * 929320		<b>14. Nearest RR Timetable Station</b> * VOORHEESVILLE	
<b>15. Parent RR (if applicable)</b> <input checked="" type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input checked="" type="checkbox"/> N/A		<b>17. Crossing Type</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		<b>19. Crossing Position</b> <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over		<b>20. Public Access (if Private Crossing)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21. Type of Train</b> <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		<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
<b>23. Type of Land Use</b> <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, Provide Crossing Number</small>			<b>25. Quiet Zone (FRA provided)</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused <small>Date Established</small>		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> <small>(WGS84 std: nn.nnnnnnn)</small> 42.6527448		<b>28. Longitude in decimal degrees</b> <small>(WGS84 std: -nnn.nnnnnnn)</small> -73.9273953	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. Railroad Use *</b>		<b>31.D. State Use *</b>			
<b>32.A. Narrative (Railroad Use) *</b>			<b>32.B. Narrative (State Use) *</b> UPDATED INFORMATION PROVIDED BY DAN LAI		
<b>33. Emergency Notification Telephone No. (posted)</b> 800-232-0144		<b>34. Railroad Contact (Telephone No.)</b> 904-366-3051		<b>35. State Contact (Telephone No.)</b> 518-457-5521	

## Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains (6 AM to 6 PM)</b> 19	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 16	<b>1.C. Total Switching Trains</b> 1	<b>1.D. Total Transit Trains</b> 0	<b>1.E. Check if Less Than One Movement Per Day</b> <input type="checkbox"/> <small>How many trains per week? _____</small>
<b>2. Year of Train Count Data (YYYY)</b> 2020		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 50 to 50		
<b>4. Type and Count of Tracks</b> Main 2    Siding 0    Yard 0    Transit 0    Industry 0				
<b>5. Train Detection (Main Track only)</b> <input checked="" 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 type="checkbox"/> None				
<b>6. Is Track Signaled?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.A. Event Recorder</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

# U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 12/11/2020		PAGE 2			D. Crossing Inventory Number (7 char.) 508701W	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>						
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) 0		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count) 0	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None <input checked="" type="checkbox"/> W10-1 2 <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 checked="" type="checkbox"/> No		2.F. Pavement Markings <input checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input checked="" type="checkbox"/> None		2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify Type R15-2P Count 2 Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)	
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>						
3.A. Gate Arms (count) Roadway 2 Pedestrian 1	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates		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) 2 <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 4
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) ____/____/____ <input checked="" type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/____ <input checked="" type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.I. Bells (count) 1	
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 checked="" 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 checked="" type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input checked="" 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 checked="" 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 checked="" type="checkbox"/> None	
<b>Part IV: Physical Characteristics</b>						
1. Traffic Lanes Crossing Railroad Number of Lanes 2 <input type="checkbox"/> One-way Traffic <input checked="" type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input checked="" type="checkbox"/> 3 Asphalt and Timber <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 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) 350			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Part V: Public Highway Information</b>						
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 type="checkbox"/> (0) Rural <input checked="" 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 30 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory	
5. Linear Referencing System (LRS Route ID) *						
6. LRS Milepost *						
7. Annual Average Daily Traffic (AADT) Year 2014 AADT 002575		8. Estimated Percent Trucks 06 _____ %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day 24 _____		10. Emergency Services Route <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>						
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.						