

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No. xxxx-xxxx

Instructions: For a new Public highway vehicle at-grade crossing, complete or provide data for Parts I-V. For a Private highway vehicle at-grade crossing, complete or provide data for Parts I-IV. For all Pedestrian crossings, complete or provide data for Parts I-IV as appropriate. For all grade separated crossings, complete or provide data for Part I only. For changes in data, Items A, B, C, D, and Part I, 1-3, must be provided.

A. Revision Date (MM/DD/YYYY) ____/____/____	B. Reporting Agency <input type="checkbox"/> Railroad <input type="checkbox"/> State <input type="checkbox"/> Transit <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"/> Closed <input type="checkbox"/> Abandoned <input type="checkbox"/> Out-Service/Inactive <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Operating RR Transfer <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Quiet Zone Update	D. DOT Crossing Inventory Number (7 char.)
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Part I: Location and Classification Information

1. Primary Operating Railroad (Code – max. 4 char. or name)		2. State (2 char.)		3. County (max 20 char.)		
4. City/Municipality (max. 16 char.) <input type="checkbox"/> In <input type="checkbox"/> Near		5. Street/Road Name & Block Number (max. 26 char.) (Block Number)		6. Highway Type & No. (max. 26 char.)		
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR (max. 16 char.) <input type="checkbox"/> Multiple Forms Filed			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR (max. 16 char.)			
9. Railroad Division or Region (max. 14 char.)		10. Railroad Subdivision or District (max. 14 char.)		11. Branch or Line Name (max. 15 char.)	12. RR Milepost (prefix) (nnnn.nnn) (suffix)	
13. Line Segment (max. 16 char.)		14. Nearest RR Timetable Station (max. 15 char.) (Optional)		15. Parent RR (max. 4 char.) (If applicable)	16. Crossing Owner (If applicable, RR or Company Name)	
17. Crossing Type <input type="checkbox"/> Public <input type="checkbox"/> Private	18. Crossing Purpose <input type="checkbox"/> Highway Vehicle <input type="checkbox"/> Pathway, Ped., Other <input type="checkbox"/> Station, Ped.	19. Crossing Position <input 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 type="checkbox"/> No	21. Type of Train Service (check all that apply) <input type="checkbox"/> Freight <input type="checkbox"/> Transit <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Light Rail Shared <input type="checkbox"/> Commuter <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 _____
23. Type of Development – Primary Purpose of Crossing <input type="checkbox"/> Open Space <input type="checkbox"/> Farm (Field to Field) <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 If Yes, Provide Crossing Number _____			25. Quiet Zone (FRA Provided) <input type="checkbox"/> No <input type="checkbox"/> 24 hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established _____			
26. HSR Corridor ID (4 char.)	27. Latitude in decimal degrees (max. 10 char., WGS84 std nn.nnnnnnn)		28. Longitude in decimal degrees (max. 11 char., WGS84 std nn.nnnnnnn)		29. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
30.A. Railroad Use (max. 20 char.)			31.A. State Use (max. 20 char.)			
30.B. Railroad Use (max. 20 char.)			31.B. State Use (max. 20 char.)			
30.C. Railroad Use (max. 20 char.)			31.C. State Use (max. 20 char.)			
30.D. Railroad Use (max. 20 char.)			31.D. State Use (max. 20 char.)			
32. Narrative (max. 100 char.)						
33. Emergency Notification Telephone No. (Posted)		34. Railroad Contact (Telephone No.)		35. State Contact (Telephone No.)		

Part II: Railroad Information

1. Estimated Average 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 Day Switching Trains (6 AM to 6 PM)	1.D. Total Night Switching Trains (6 PM to 6 AM)	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)		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 Number of Tracks Main _____ Other _____ If Other, Specify: <input type="checkbox"/> Siding <input type="checkbox"/> RR Yard <input type="checkbox"/> Transit <input type="checkbox"/> Spur/Lead <input type="checkbox"/> WYE <input type="checkbox"/> Storage <input type="checkbox"/> Industry <input type="checkbox"/> Other		5. Train Detection (Main Track Only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC <input type="checkbox"/> Motion Detection <input type="checkbox"/> Other <input type="checkbox"/> AFO <input type="checkbox"/> None <input type="checkbox"/> PTC		6. Is Track Signaled? <input type="checkbox"/> Yes <input type="checkbox"/> No
				7. Event Recorder Monitoring Device <input type="checkbox"/> Yes <input type="checkbox"/> No

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A. Revision Date (MM/DD/YYYY)	PAGE 2	D. Crossing Inventory Number (7 char.)			
Part III: Highway Traffic Control Device Information					
1. No Signs or Signals <input type="checkbox"/> Check if this applies	2. Type of Passive Traffic Control Devices at Crossing – Signs (Specify number of each)				
	2.A. Crossbuck Assemblies (count)	2.B. Stop Signs (R1-1)	2.C. Yield Signs (R1-2)	2.D. Advance Warning Signs (Check all that apply, Count optional) <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 <input type="checkbox"/> No	2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> None <input type="checkbox"/> RR Xing Symbols	2.G. Channelization Devices <input type="checkbox"/> All Approaches <input type="checkbox"/> None <input type="checkbox"/> One Approach <input type="checkbox"/> Median	2.H. Exempt (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.I. ENS Sign Displayed (I-13) <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.J. Other Signs (Specify MUTCD type) Number _____ Specify Type (max. 10 char.) _____ Number _____ Specify Type (max. 10 char.) _____ Number _____ Specify Type (max. 10 char.) _____			2.K. Private Crossing Signs (if Private) <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Type of Active Warning Devices at Crossing – Train Activated Devices (Specify number of each for all that apply)					
3.A. Gates Arms (Count) Roadway _____ Pedestrian _____	3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Full Entrance Closure <input type="checkbox"/> 4 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (Count) Over Traffic Lane _____ <input type="checkbox"/> Incandescent Not Over Traffic Lane _____ <input type="checkbox"/> LED		3.D. Post-Mounted Flashing Light Assemblies (# of posts) _____ <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Backlights Included	3.E. Total number of Flashing Light Pairs
3.F. Original Installation Date of Current Active Warning Devices: (MM/YYYY) _____ / _____	3.G. Automated Wayside Horn Installed on (MM/YYYY) _____ / _____ <input type="checkbox"/> Yes	3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input type="checkbox"/> No	3.I. Wigwags (number)	3.J. Bells (number)	
3.K. Special Active Warning [WD-5] <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting			3.L. Other Flashing Lights or Warning Devices Number _____ Specify type (max. 26 char.) _____		
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"/> Advanced	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance _____ Stop Line Distance _____	6. Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes – Photo/Video Enforcement <input type="checkbox"/> Yes – Vehicle Presence Detection	7. Crossing Warning Device WD Code (FRA Calc.)
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes _____	<input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input 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) _____ / _____ Width _____ Length _____					
<input type="checkbox"/> 1. Timber <input type="checkbox"/> 2. Asphalt <input 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 type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) _____			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°	8. Is Commercial Power Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Part V: Public Highway Information					
1. Highway System <input type="checkbox"/> (01) Interstate <input type="checkbox"/> (02) Nat. Hwy System (NHS) <input type="checkbox"/> (03) Federal Aid, Not NHS <input type="checkbox"/> (08) Non-Federal Aid	2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) PA-Other Freeway/Expressway <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (3) Principal Arterial - Other <input type="checkbox"/> (7) Local Access <input type="checkbox"/> (4) Minor Arterial		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory	
5. Linear Referencing System (LRS Route ID) (Optional - 32 char.)					
6. LRS Milepost (Optional - 7 char.)					
7. Estimated Average Daily Traffic Year _____ ADT _____	8. Estimated Percent Commercial Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes Number per Day _____		10. Regularly used by Hazmat Vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Regular Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No
This information is not recorded in the database:					
Submitted By _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 15 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 respond 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 this information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave., SE, MS-25, Washington, D.C. 20590.					