

Public reporting burden for this information collection is estimated to average 3 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-NEW. All responses to this collection of information are voluntary. 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., S.E., Washington D.C. 20590.

### BLOCKED CROSSING REPORTING FORM

Use this form to report a blocked crossing. Please report only once for each blocked crossing.

There are no federal laws or regulations pertaining to blocked crossings. Therefore, this information is only being used to track the location and impacts of blocked crossings. FRA's purpose of collecting this information is to learn where, when, for how long, and what impacts result from blocked highway-rail grade crossings. FRA may share this information with stakeholders, including railroads, state and local governments, and other federal authorities. There may be legitimate operating and/or safety-related reasons for a crossing to be occupied by a slow or idling train.

1. Where was the crossing?

City \_\_\_\_\_

State \_\_\_\_\_

Street \_\_\_\_\_

Nearest Cross Street (optional) \_\_\_\_\_

DOT Crossing Number. This information can be found on the blue Emergency Notification System Sign posted at the crossing. (optional, if known) \_\_\_\_\_

Railroad Name (optional, if known) \_\_\_\_\_

2. What was the reason the crossing was blocked? (check one)

A stationary train

A slow-moving train

No train was present but the lights and/or gates were activated

3. When did you observe that the crossing was blocked?

Date \_\_\_\_\_

Time \_\_\_\_\_ : \_\_\_\_\_ AM/PM

4. If you witnessed the train stop and start, how long was the duration that the crossing was blocked?

\_\_\_\_ hours: \_\_\_\_ minutes OR From: \_\_\_\_ AM/PM To: \_\_\_\_ AM/PM OR \_\_\_\_ NA

5. For this event, were you aware of any immediate impacts from the crossing blocked? (Check all that apply):

First responders were observed being unable to cross the tracks

Pedestrians were observed climbing on, over, or through the train cars

Other \_\_\_\_\_

6. Any additional comments about this event? (i.e. school arrival/dismissal disrupted; postal or other deliveries delayed; fewer customers visiting businesses, traffic congestion/gridlock, etc.)

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