Public reporting burden for this information collection is estimated to average 10 minutes per response, including the time for reading, 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 and its implementing regulations, a respondent is not required to respond to, conduct, or sponsor a collection of information that does not display a currently valid OMB control number. FRA intends to obtain such OMB approval for all activities within this collection of information. All responses to this collection of information are mandatory for the grantees and voluntary for all others. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Railroad Administration, Office of Railroad Safety, Regulatory Analysis Division, 1200 New Jersey Ave S.E., Washington D.C. 20590.

## REPORT OF RAILROAD TRESPASSER FORM

## INFORMATION BELOW TO BE PROVIDED BY LAW ENFORCEMENT REGARDING RAIL TRESPASSING/ENFORCEMENT ACTIVITIES

This form will be used only by law enforcement agencies (LEOs) that perform rail trespassing enforcement activities to report those activities to the Federal Railroad Administration (FRA). LEOs receiving FRA grant funding are required to fill out FRA F 6180.178. Other LEOs not receiving grant funding may voluntarily provide this data to FRA. The activities undertaken will help to reduce the number of trespasser incidents and also help FRA target and determine the effectiveness of various rail trespass prevention activities. Please complete and submit one form per trespassing incident regardless of the number of trespassers observed during the incident.

To protect your privacy and the privacy of others, no Personally Identifiable Information is required, asked for, or retained.

Reporting Agency	Required for grantees, but voluntary for non- grantees
	(Will auto-populate for grantees based on user name and password)
Email Address	Required for grantees, but voluntary for non-grantees
	(Will auto-populate for grantees based on user name and password)
City & State of Reporting Agency	Required for grantees, but voluntary for non-grantees
	(Will auto-populate for grantees based on user name and password)
Date of Incident	Dropdown with a date format
Time of Incident	Dropdown with 24-hour time format

<sup>&</sup>lt;sup>1</sup> Please be advised that completing this form does not fulfill a railroad's accident/incident reporting requirements under Title 49 of the Code of Federal Regulations Part 225 (Part 225). A railroad must still submit any and all forms for an accident/incident that are required under Part 225.

Location of Incident	Dropdown with: (will auto-populate for grantees based on user name and password)
	County
	City
	State
Latitude and Longitude	
Railroad Name	Dropdown with:
	Amtrak (ATK)
	BNSF Railway (BNSF)
	CSX Transportation (CSX)
	Canadian National (CN)
	Canadian Pacific (CP)
	Kansas City Southern (KCS)
	Norfolk Southern (NS)
	Union Pacific (UP)
	Other (This option will allow for respondent to manually enter an answer)
Railroad Division/Subdivision	
Nearest Milepost	
Nearest Grade Crossing (U.S. DOT Crossing Inventory # or Street Name)	If more than one, will auto populate additional fields below
Number of Trespassers Observed	
Number of Trespassers Interviewed	
Gender of Trespasser ( <i>Trespasser to self-identify</i> . <i>If the trespasser does not self-identify</i> ,	Required field for grantees, but voluntary for non-grantees
"Unknown/Not Gathered" should be entered by the LEOs.)	Dropdown with:
	Male

	Female
	Other
	Unknown/Not Gathered
Age of Trespasser	Required field for grantees, but voluntary for non-grantees
	(Unknown/Not Gathered is also an option.)
Ethnicity of Trespasser (Trespasser to self- identify. If the trespasser does not self-identify, "Unknown/Not Gathered" should be entered by the LEOs.)	Required for grantees, but voluntary for non-grantees
	Dropdown with:
	Hispanic or Latino
	Not Hispanic or Latino
	Unknown/Not Gathered
Race of Trespasser (Trespasser to self-identify. If the trespasser does not self-identify, "Unknown/Not Gathered" should be entered by the LEOs.)	Required for grantees, but voluntary for non-grantees
	(select all that apply):
	American Indian or Alaska Native
	Asian
	Black or African American
	White
	Native Hawaiian or Other Pacific Islander
	Other
	Unknown/Not Gathered
Can the trespasser communicate in English?	Dropdown with:
	Yes
	No
	Unknown/Not Gathered

Incident description. Please provide any information about what the trespasser(s) was/were doing or trying to do at the time of the incident in the space provided below (e.g., walking across the tracks, walking along the tracks, recreation activities, or other etc. under "Trespasser Actions").

Does the trespasser appear to be intoxicated?	Voluntary for grantees and non-grantees
	Dropdown with:
	Yes
	No
	Unknown/ Not Gathered
Frequency of Trespassing (Based on trespasser's statements or LEO Internal	Dropdown with:
database.) How often?	Rarely
	Hourly
	Daily
	Weekly
	Monthly
	Unknown/ Not Gathered
Trespasser Actions (1st actions of trespasser)	
	Walking across the tracks
	Walking along the tracks
	Recreation activities
	Other (This option will
	allow for respondent to
	manually enter an
	answer)
	Unknown/ Not Gathered

Trespassing Reason	Criminal activity
	Homeless/encampment
	Contemplating suicide
	Short cut
	Other (This option will allow for
	respondent to manually enter an answer)
	Unknown/ Not Gathered
How did the Trespasser Access the Right-of-Way?	Dropdown with:
oi-way?	No barrier to prevent access
	Accessed at a legal grade crossing
	Went over or through barrier
	Other
	Unknown
Awareness of Trespasser that Trespassing is Illegal	Dropdown with:
	Highly likely
	Likely
	Unlikely
	Highly unlikely
	Unsure

Enforcement Action Taken	(select all that apply)
	Warning
	Issued summons/citation and release
	Arrested for trespassing
	Arrested for non-trespassing crime discovered while interviewing subject
	Referred for mental health evaluation
	Referred to social services
	Other (This option will allow for respondent to manually enter an answer)
	None
	Unknown

FRA F 6180.178 (03/2021)