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 by law enforcement agencies that perform rail trespassing enforcement activities to report those activities to the Federal Railroad Administration (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 |

¹ 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.

| Time of Incident | Dropdown with 24-hour time format |
|--|--|
| 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 | Required field for grantees, but voluntary for non-grantees |
| | Dropdown with: |
| | Male |

| | Female |
|---|---|
| | Other |
| | Unknown |
| Age of Trespasser | Required field for grantees, but voluntary for non-grantees |
| | (Unknown is also an option.) |
| Race/Ethnicity of Trespasser | Required for grantees, but voluntary for non- grantees |
| | Dropdown with: |
| | American Indian or Alaska Native |
| | Asian |
| | Black or African American |
| | White |
| | Hispanic or Latino |
| | Native Hawaiian or Other Pacific Islander |
| | Other |
| | Unknown |
| Does the trespasser appear to be intoxicated? | Voluntary for grantees and non-grantees |
| | Dropdown with: |
| | Yes |
| | No |
| | Unknown |

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., getting on or off train, sleeping, walking, etc.).

| Frequency of Trespassing | Dropdown with: |
|--------------------------|----------------|
| | Rarely |

| | Hourly |
|---|---|
| | Daily |
| | Weekly |
| | Monthly |
| | Unknown |
| Trespasser Actions | Dropdown with: |
| | Walking across the tracks |
| | Walking along the tracks |
| | Recreation |
| | Criminal activity |
| | Homeless/encampment |
| | Contemplating suicide |
| | Other (This option will allow for respondent to manually enter an answer) |
| | Unknown |
| How did the Trespasser Access the Right- | Dropdown with: |
| of-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 | Dropdown with: |
| Illegal | Highly likely |
| | Likely |
| | Unlikely |

| | Unknown |
|--------------------------|---|
| Enforcement Action Taken | (check 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 |
| Repeat Offender | Dropdown with: |
| | Yes |
| | No |
| | Unknown |

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