Expires 10/31/2024 OMB Control No. 2130-0635

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, 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.[[1]](#footnote-1) 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 |

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| --- | --- |
| 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 *(Trespasser to self-identify. If the trespasser does not self-identify, “Unknown/Not Gathered” should be entered by the LEOs.)* | Required field for grantees, but voluntary for non-grantees  Dropdown with:  Male |

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| --- | --- |
|  | 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”).

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| --- | --- |
| 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 database.*) How often? | Dropdown with:  Rarely  Hourly  Daily  Weekly  Monthly  Unknown/ Not Gathered |
| Trespasser Actions (*1st actions of trespasser*) | (select all that apply)  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:  No barrier to prevent access Accessed at a legal grade crossing Went over or through barrier Other  Unknown/ Not Gathered |
| Awareness of Trespasser that Trespassing is Illegal | Dropdown with:  Fully Aware  Somewhat Aware  Not Aware  Unknown/ Not Gathered |

|  |  |
| --- | --- |
| 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/ Not Gathered |

FRA F 6180.178 (10/2021)

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. [↑](#footnote-ref-1)