

Public reporting burden for this information collection is estimated to average 8 to 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.<sup>1</sup> 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	
Email Address	
City & State of Reporting Agency	City: State:
Date of Incident	
Time of Incident	Hour                  Minute                  AM                  PM

<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	County:  City: State:
Latitude and Longitude	
Railroad Name	
Railroad Division/Subdivision	
Nearest Milepost	
Nearest Grade Crossing (U.S. DOT Crossing Inventory # or Street Name)	
Number of Trespassers Observed	
Number of Trespassers Interviewed	
Gender of Trespasser <i>(Trespasser to self-identify. If the trespasser does not self-identify, "Unknown/Not Gathered" should be entered by the LEOs.)</i>	
Age of Trespasser	
Ethnicity of Trespasser <i>(Trespasser to self-identify. If the trespasser does not self-identify, "Unknown/Not Gathered" should be entered by the LEOs.)</i>	
Race of Trespasser <i>(Trespasser to self-identify. If the trespasser does not self-identify, "Unknown/Not Gathered" should be entered by the LEOs.)</i>	
Can the trespasser communicate in English?	Yes No

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?	Yes	No	Unknown/ Not Gathered
Frequency of Trespassing ( <i>Based on trespasser’s statements or LEO Internal database.</i> ) How often?			
Trespasser Actions ( <i>1st actions of trespasser</i> )			
Trespassing Reason			
How did the Trespasser Access the Right-of-Way?			
Awareness of Trespasser that Trespassing is Illegal			
Enforcement Action Taken			