



# SKAGIT COUNTY PUBLIC WORKS DEPARTMENT

1800 Continental Place, Mount Vernon, WA 98273-5625  
(360) 416-1400 FAX (360) 416-1405

August 1, 2016

Office of Safety  
Attn: Associate Administrator for Safety  
Federal Railroad Administration  
1120 Vermont Avenue N.W.  
Washington, DC 20590

**Re: Notice of Intent to Create Blanchard Quiet Zone**

Greetings,

The following is a formal Notice of Intent to Create a Quiet Zone in Skagit County Washington. This action is taken under the authority of the "Train Horn Rule" as published in the Federal Register, (49 CFR Part 222), on April 27, 2005. You have sixty (60) days from the mailing date of this notice to respond with written comments or information. Failure to respond in the allotted time will infer concurrence.

**The name of the Quiet Zone shall be "Blanchard Quiet Zone".**

#### List of Crossings within Blanchard Quiet Zone

USDOT Crossing ID Number	Street or Highway Name & Number
084787G	Colony Road #24000
084788N	South Blanchard Road #24440
084789V	Legg Road #20830
084791W	Legg Road #20830

#### Time Period Restrictions

Train horns will be restricted at the Blanchard Quiet Zone 24 hours a day.

#### Tentative Quiet Zone Improvements

To qualify for Quiet Zone status under FRA standards, a Supplemental Safety Measure (SSM) must be installed in the Quiet Zone. As per the Quiet Zone Calculator available online from the Federal Railroad Administration, Skagit County has tentatively chosen SSM number 13 – "Non-Mountable medians with Reflective Traffic Channelization Devices." This measure would be implemented prior to creating the Quiet Zone at the Colony Road crossings. All crossings in the Blanchard Quiet Zone currently have active grade crossing warning devices comprised of two quadrant gates, flashing lights, and constant warning time devices.

#### Grade Crossing Inventory Forms

A Grade Crossing Inventory Form for each crossing in the Blanchard Quiet Zone has been included.

2016 AUG - 1 AM 8:27  
RECEIVED  
OFFICE OF SAFETY  
FEDERAL RAILROAD ADMINISTRATION  
WASHINGTON, DC 20590

**Point of Contact Information - Skagit County**

The following individual is responsible for monitoring compliance with §222:

Name: Paul Randall-Grutter, P.E.  
 Title: County Engineer  
 Dept: Skagit County Public Works  
 Address: 1800 Continental Place, Mount Vernon, WA 98274  
 Phone: 360-416-1400  
 Fax: 360-416-1405  
 Email: [paulrg@co.skagit.wa.us](mailto:paulrg@co.skagit.wa.us)

**Notification List - This Notice of Intent was provided to the following:**

<b>Name</b>	<b>Bob Lauby</b>
Title	Associate Administrator for Safety
Organization	Federal Railroad Administration (FRA)
Address	1200 New Jersey Ave SE, Washington, DC 20590
<b>Name</b>	<b>Christine Adams</b>
Title	Senior Grade Crossing Manager
Organization	Federal Railroad Administration (FRA)
Address	PO Box 2744, Vancouver, WA 98668
<b>Name</b>	<b>Colleen K. Weatherford</b>
Title	Director, Public Affairs
Organization	Burlington Northern Santa Fe (BNSF)
Address	2454 Occidental Ave So, Bldg 1A, Seattle, WA 98134-1451
<b>Name</b>	<b>Richard Wagner</b>
Title	Public Projects Manager
Organization	Burlington Northern Santa Fe (BNSF)
Address	2454 Occidental Ave So, Bldg 1A, Seattle, WA 98134-1451
<b>Name</b>	<b>Rob Eaton</b>
Title	Director of Government Affairs
Organization	Amtrak, Northwest Region
Address	187 S. Holgate Street, Seattle, WA 98134
<b>Name</b>	<b>Ron Pate</b>
Title	Rail Director
Organization	WSDOT Rail Division
Address	PO Box 47407 Olympia, WA 98504
<b>Name</b>	<b>John Nisbet</b>
Title	State Traffic Engineer
Organization	Washington State Department of Transportation (WSDOT)
Address	PO Box 47344, Olympia, WA 98504-7344
<b>Name</b>	<b>Kathy Hunter</b>
Title	Rail Manager / Public Safety
Organization	Washington Utilities & Transportation Commission (WUTC)
Address	Rail Section, PO Box 47250, Olympia, WA 98504-7250

I hereby certify that the information submitted herein is accurate, correct, and complete to the best of my knowledge and belief.

Signature \_\_\_\_\_ (See Signature Page Attached)

DATED this 1 day of August, 2016.

**BOARD OF COUNTY COMMISSIONERS  
SKAGIT COUNTY, WASHINGTON**

Lisa Janicki  
Lisa Janicki, Chair

Ron Wesen  
Ron Wesen, Commissioner

Kenneth A. Dahlstedt  
Kenneth A. Dahlstedt, Commissioner

Attest:

Jinda Hummer  
Clerk of the Board

For contracts under \$5,000:  
Authorization per Resolution R20030146

Recommended:

P.A. Kelly for D.B.  
Department Head

\_\_\_\_\_  
County Administrator

Approved as to form:

[Signature] 7/26/16  
Civil Deputy Prosecuting Attorney

Approved as to indemnification:

[Signature]  
Risk Manager

Approved as to budget:

Linda Logue  
Budget & Finance Director

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk \* denotes an optional field.

<b>A. Revision Date</b> (MM/DD/YYYY) 03 / 04 / 2016	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Quiet Zone Update	<b>D. DOT Crossing Inventory Number</b>  084787G
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## Part I: Location and Classification Information

1. Primary Operating Railroad BNSF Railway Company [BNSF]		2. State WASHINGTON		3. County SKAGIT	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near BURLINGTON		5. Street/Road Name & Block Number COLONY RD. <small>(Street/Road Name)   * (Block Number)</small>		6. Highway Type & No. CO24000	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, Specify RR</small>			8. Do Other Railroads Operate Over Your Track at Crossing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, Specify RR</small> ATK		
9. Railroad Division or Region <input type="checkbox"/> None NORTHWEST		10. Railroad Subdivision or District <input type="checkbox"/> None BELLINGHAM		11. Branch or Line Name <input type="checkbox"/> None PA J-US CAN BDR	
12. RR Milepost 0080.925 <small>(prefix)   (nnnn.nnn)   (suffix)</small>		13. Line Segment * 0050			
14. Nearest RR Timetable Station * BOW		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A BNSF	
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Type of Train <input type="checkbox"/> Freight <input checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter	22. Average Passenger Train Count Per Day <input checked="" type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day
23. Type of Land Use <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, Provide Crossing Number</small>			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused <small>Date Established</small>		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees <small>(WGS84 std: nn.nnnnnnn)</small> 48.5844109		28. Longitude in decimal degrees <small>(WGS84 std: -nnn.nnnnnnn)</small> -122.4120508	
29. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated		30.A. Railroad Use * 30.B. Railroad Use * 30.C. Railroad Use * 30.D. Railroad Use *			
31.A. State Use * 31.B. State Use * 31.C. State Use * 31.D. State Use *		32.A. Narrative (Railroad Use) * 32.B. Narrative (State Use) *			
33. Emergency Notification Telephone No. (posted) 800-832-5452		34. Railroad Contact (Telephone No.) 817-352-1549		35. State Contact (Telephone No.) 360-664-1262	

## Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains <small>(6 AM to 6 PM)</small> 7	1.B. Total Night Thru Trains <small>(6 PM to 6 AM)</small> 7	1.C. Total Switching Trains 0	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day How many trains per week? <input type="checkbox"/>
2. Year of Train Count Data (YYYY) 2013		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 79 3.B. Typical Speed Range Over Crossing (mph) From 1 to 79		
4. Type and Count of Tracks Main 1    Siding 0    Yard 0    Transit 0    Industry 0				
5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

## U. S. DOT CROSSING INVENTORY FORM

<b>A. Revision Date (MM/DD/YYYY)</b> 03/04/2016	<b>PAGE 2</b>	<b>D. Crossing Inventory Number (7 char.)</b> 084787G
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### Part III: Highway or Pathway Traffic Control Device Information

<b>1. Are there Signs or Signals?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>2. Types of Passive Traffic Control Devices associated with the Crossing</b>				
<b>2.A. Crossbuck Assemblies (count)</b> 2		<b>2.B. STOP Signs (R1-1) (count)</b> 0	<b>2.C. YIELD Signs (R1-2) (count)</b>	<b>2.D. Advance Warning Signs (Check all that apply; include count)</b> <input type="checkbox"/> None		
				<input checked="" type="checkbox"/> W10-1	<input type="checkbox"/> W10-3	<input type="checkbox"/> W10-11
				<input type="checkbox"/> W10-2	<input type="checkbox"/> W10-4	<input type="checkbox"/> W10-12
<b>2.E. Low Ground Clearance Sign (W10-5)</b> <input type="checkbox"/> Yes (count) <input type="checkbox"/> No		<b>2.F. Pavement Markings</b> <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None		<b>2.G. Channelization Devices/Medians</b> <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None		<b>2.H. EXEMPT Sign (R15-3)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
						<b>2.I. ENS Sign (I-13) Displayed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.J. Other MUTCD Signs</b> Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>2.K. Private Crossing Signs (if private)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2.L. LED Enhanced Signs (List types)</b>	
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>						
<b>3.A. Gate Arms (count)</b> Roadway 2 Pedestrian _____	<b>3.B. Gate Configuration</b> <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad		<b>3.C. Cantilevered (or Bridged) Flashing Light Structures (count)</b> Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		<b>3.D. Mast Mounted Flashing Lights (count of masts) 2</b> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	<b>3.E. Total Count of Flashing Light Pairs</b> 0
<b>3.F. Installation Date of Current Active Warning Devices: (MM/YYYY)</b> ____/____/____ <input type="checkbox"/> Not Required		<b>3.G. Wayside Horn</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Installed on (MM/YYYY) ____/____/____		<b>3.H. Highway Traffic Signals Controlling Crossing</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>3.I. Bells (count)</b> 1	
<b>3.J. Non-Train Active Warning</b> <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				<b>3.K. Other Flashing Lights or Warning Devices</b> Count 0 Specify type _____		
<b>4.A. Does nearby Hwy Intersection have Traffic Signals?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>4.B. Hwy Traffic Signal Interconnection</b> <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	<b>4.C. Hwy Traffic Signal Preemption</b> <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	<b>5. Highway Traffic Pre-Signals</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____		<b>6. Highway Monitoring Devices (Check all that apply)</b> <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	

### Part IV: Paperwork Details

<b>1. Traffic Lanes Crossing Railroad</b> Number of Lanes 2	<input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	<b>2. Is Roadway/Pathway Paved?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>3. Does Track Run Down a Street?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5. Crossing Surface (on Main Track, multiple types allowed)</b> Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____						
<input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input checked="" type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____						
<b>6. Intersecting Roadway within 500 feet?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) _____			<b>7. Smallest Crossing Angle</b> <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		<b>8. Is Commercial Power Available? *</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

### Part V: Public Highway Information

<b>1. Highway System</b> <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal Aid		<b>2. Functional Classification of Road at Crossing</b> <input checked="" type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		<b>3. Is Crossing on State Highway System?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>4. Highway Speed Limit System?</b> _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
				<b>5. Linear Referencing System (LRS Route ID) *</b>	
				<b>6. LRS Milepost *</b>	
<b>7. Annual Average Daily Traffic (AADT)</b> Year 1994 AADT 000570		<b>8. Estimated Percent Trucks</b> 12 %	<b>9. Regularly Used by School Buses?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		<b>10. Emergency Services Route</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

### Submission Information - This information is used for administrative purposes and is not available on the public website.

Submitted by \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Public reporting burden for this information collection is estimated to average 30 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, 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 information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk \* denotes an optional field.

<b>A. Revision Date</b> (MM/DD/YYYY) 03 / 04 / 2016	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b>  084788N
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## Part I: Location and Classification Information

1. Primary Operating Railroad BNSF Railway Company [BNSF]		2. State WASHINGTON		3. County SKAGIT		
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near BURLINGTON		5. Street/Road Name & Block Number S BLANCHARD RD (Street/Road Name)   * (Block Number)		6. Highway Type & No. CO22440		
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK			
9. Railroad Division or Region <input type="checkbox"/> None NORTHWEST		10. Railroad Subdivision or District <input type="checkbox"/> None BELLINGHAM		11. Branch or Line Name <input type="checkbox"/> None PA J-US CAN BDR		
12. RR Milepost 0081.210 (prefix)   (nnnn.nnn)   (suffix)		13. Line Segment 0050				
14. Nearest RR Timetable Station BOW		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A BNSF		
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Type of Train <input type="checkbox"/> Freight <input checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other	22. Average Passenger Train Count Per Day <input checked="" type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day	
23. Type of Land Use <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard						
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused    Date Established			
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 48.5881325		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -122.4146972		
29. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated		30.A. Railroad Use *				
30.B. Railroad Use *		30.C. Railroad Use *				
30.D. Railroad Use *		30.E. Railroad Use *				
31.A. Narrative (Railroad Use) *			31.B. Narrative (State Use) *			
32. Emergency Notification Telephone No. (posted) 800-832-5452		33. Railroad Contact (Telephone No.) 817-352-1549		34. State Contact (Telephone No.) 360-664-1262		

## Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 7	1.B. Total Night Thru Trains (6 PM to 6 AM) 7	1.C. Total Switching Trains 0	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week?
2. Year of Train Count Data (YYYY) 2013		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 79 3.B. Typical Speed Range Over Crossing (mph) From 1 to 79		
4. Type and Count of Tracks Main 1    Siding 0    Yard 0    Transit 0    Industry 0				
5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

## U. S. DOT CROSSING INVENTORY FORM

<b>A. Revision Date (MM/DD/YYYY)</b> 03/04/2016	<b>PAGE 2</b>	<b>D. Crossing Inventory Number (7 char.)</b> 084788N
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<b>1. Are there Signs or Signals?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>2. Types of Passive Traffic Control Devices associated with the Crossing</b>				
	<b>2.A. Crossbuck Assemblies (count)</b> 2	<b>2.B. STOP Signs (R1-1) (count)</b> 0	<b>2.C. YIELD Signs (R1-2) (count)</b>	<b>2.D. Advance Warning Signs (Check all that apply; include count)</b> <input type="checkbox"/> None	
				<input checked="" type="checkbox"/> W10-1 <input type="checkbox"/> W10-3 <input type="checkbox"/> W10-11	<input type="checkbox"/> W10-2 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-12
<b>2.E. Low Ground Clearance Sign (W10-5)</b> <input type="checkbox"/> Yes (count) <input type="checkbox"/> No	<b>2.F. Pavement Markings</b> <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR King Symbols <input type="checkbox"/> None		<b>2.G. Channelization Devices/Medians</b> <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	<b>2.H. EXEMPT Sign (R15-3)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2.I. ENS Sign (I-13) Displayed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.J. Other MUTCD Signs</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			<b>2.K. Private Crossing Signs (if private)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2.L. LED Enhanced Signs (List types)</b>	

<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>				
<b>3.A. Gate Arms (count)</b> Roadway 2 Pedestrian _____	<b>3.B. Gate Configuration</b> <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) <input type="checkbox"/> 3 Quad Resistance <input type="checkbox"/> 4 Quad <input type="checkbox"/> Median Gates	<b>3.C. Cantilevered (or Bridged) Flashing Light Structures (count)</b> Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED	<b>3.D. Mast Mounted Flashing Lights (count of masts) 2</b> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	<b>3.E. Total Count of Flashing Light Pairs</b> 0

<b>3.F. Installation Date of Current Active Warning Devices: (MM/YYYY)</b> ____/____/____ <input type="checkbox"/> Not Required	<b>3.G. Wayside Horn</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Installed on (MM/YYYY) ____/____/____	<b>3.H. Highway Traffic Signals Controlling Crossing</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>3.I. Bells (count)</b> 1
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<b>3.J. Non-Train Active Warning</b> <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None	<b>3.K. Other Flashing Lights or Warning Devices</b> Count 0 Specify type _____
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<b>4.A. Does nearby Hwy Intersection have Traffic Signals?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>4.B. Hwy Traffic Signal Interconnection</b> <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	<b>4.C. Hwy Traffic Signal Preemption</b> <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	<b>5. Highway Traffic Pre-Signals</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	<b>6. Highway Monitoring Devices (Check all that apply)</b> <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None
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<b>1. Traffic Lanes Crossing Railroad</b> Number of Lanes 1 <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	<b>2. Is Roadway/Pathway Paved?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>3. Does Track Run Down a Street?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Crossing Surface (on Main Track, multiple types allowed)</b> Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input checked="" type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____			
<b>6. Intersecting Roadway within 500 feet?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) _____		<b>7. Smallest Crossing Angle</b> <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°	
<b>8. Is Commercial Power Available? *</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

### Part V: Public Highway Information

<b>1. Highway System</b> <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal Aid, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal Aid	<b>2. Functional Classification of Road at Crossing</b> <input checked="" type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local	<b>3. Is Crossing on State Highway System?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>4. Highway Speed Limit</b> _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
		<b>5. Linear Referencing System (LRS Route ID) *</b>	
		<b>6. LRS Milepost *</b>	
<b>7. Annual Average Daily Traffic (AADT)</b> Year 1994 AADT 000023	<b>8. Estimated Percent Trucks</b> 00 %	<b>9. Regularly Used by School Buses?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0	<b>10. Emergency Services Route</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Submission Information - This information is used for administrative purposes and is not available on the public website.**

Submitted by \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Public reporting burden for this information collection is estimated to average 30 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, 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 information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inventory Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (including pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Header, Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, Part I, and the Submission Information section. For changes to existing data, complete the Header, Part I Items 1-3, and the Submission Information section, in addition to the updated data fields. Note: For private crossings only, Part I Item 20 and Part III Item 2.K. are required unless otherwise noted. An asterisk \* denotes an optional field.

<b>A. Revision Date</b> (MM/DD/YYYY) 03 / 04 / 2016	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Quiet Zone Update	<b>D. DOT Crossing Inventory Number</b>  084789V
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## Part I: Location and Classification Information

1. Primary Operating Railroad BNSF Railway Company [BNSF]		2. State WASHINGTON		3. County SKAGIT	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near BURLINGTON		5. Street/Road Name & Block Number SO. LEGG ROAD (Street/Road Name)   * (Block Number)		6. Highway Type & No. CO20830	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK		
9. Railroad Division or Region <input type="checkbox"/> None NORTHWEST		10. Railroad Subdivision or District <input type="checkbox"/> None BELLINGHAM		11. Branch or Line Name <input type="checkbox"/> None PA J-US CAN BDR	
12. RR Milepost 0081.410 (prefix)   (nnnn.nnn)   (suffix)		13. Line Segment 0050			
14. Nearest RR Timetable Station BOW		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A BNSF	
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Type of Train <input type="checkbox"/> Freight <input checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter	<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other
22. Average Passenger Train Count Per Day <input checked="" type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day					
23. Type of Land Use <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (ERA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24-Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused    Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 48.5906606		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -122.4164870	
29. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated		30.A. Railroad Use *			
30.B. Railroad Use *		30.C. Railroad Use *			
30.D. Railroad Use *		30.E. Railroad Use *			
31.A. Narrative (Railroad Use) *			31.B. Narrative (State Use) *		
32.A. Emergency Notification Telephone No. (posted) 800-832-5452		32.B. Railroad Contact (Telephone No.) 817-352-1549		32.C. State Contact (Telephone No.) 360-664-1262	

## Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 7	1.B. Total Night Thru Trains (6 PM to 6 AM) 7	1.C. Total Switching Trains 0	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day How many trains per week? <input type="checkbox"/>
2. Year of Train Count Data (YYYY) 2013		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 79 3.B. Typical Speed Range Over Crossing (mph) From 1 to 79		
4. Type and Count of Tracks Main 1    Siding 0    Yard 0    Transit 0    Industry 0				
5. Train Detection (Main Track only) <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No



# U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 03/04/2016	PAGE 2	D. Crossing Inventory Number (7 char.) 084789V
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## Part III: Highway or Pathway Traffic Control Devices

1. Are there Signs or Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Types of Passive Traffic Control Devices associated with the Crossing				
	2.A. Crossbuck Assemblies (count) 2	2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None	
				<input checked="" type="checkbox"/> W10-1 <input type="checkbox"/> W10-3 <input type="checkbox"/> W10-11	<input type="checkbox"/> W10-2 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-12
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input type="checkbox"/> No	2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)	
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 2 Pedestrian _____	3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 2 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 2 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 0
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) ____/____/____ <input type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/____ <input type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.I. Bells (count) 1
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	

1. Traffic Lanes Crossing Railroad Number of Lanes 2	<input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____				
<input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input checked="" type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____				
6. Intersecting Roadway within 500 feet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input checked="" type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Part V: Public Highway Information

1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input checked="" type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Highway Speed Limit System? _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory			
7. Annual Average Daily Traffic (AADT) Year 1994 AADT 000193				8. Estimated Percent Trucks 05 %		9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Submission Information - This information is used for administrative purposes and is not available on the public website.**

Submitted by \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Public reporting burden for this information collection is estimated to average 30 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, 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 information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.



## U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 03/04/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 084791W	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
1. Are there Signs or Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Types of Passive Traffic Control Devices associated with the Crossing				
	2.A. Crossbuck Assemblies (count) 2	2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None	
				<input checked="" type="checkbox"/> W10-1 <input type="checkbox"/> W10-2	<input type="checkbox"/> W10-3 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-11 <input type="checkbox"/> W10-12
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input type="checkbox"/> No	2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)	
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>					
3.A. Gate Arms (count) Roadway 2 Pedestrian _____	3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) <input type="checkbox"/> 3 Quad Resistance <input type="checkbox"/> 4 Quad Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 2 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 0
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) ____/____/____ <input type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes <input type="checkbox"/> No Installed on (MM/YYYY) ____/____/____		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.I. Bells (count) 1
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	
<b>Part IV: Physical Characteristics</b>					
1. Traffic Lanes Crossing Railroad Number of Lanes 2	<input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input checked="" type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) _____			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°	8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Part V: Public Highway Information</b>					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input checked="" type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1994 AADT 000162		8. Estimated Percent Trucks 05 %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 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, 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 information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					