



Rail Incident Investigation Report

Docket No: TR-		Report Date:	
Railroad Owning Track:		Railroad Operating on Track:	
FRA Investigation: Yes No		Inspector:	
I. Type of Accident			
Public Crossing	Private Crossing	Trestle	Pedestrian at Crossing
Pedestrian Not at Crossing	Other (explain)		
II. Time and Location of Accident			
Date:		Time:	
USDOT Crossing No.:		UTC Crossing No.:	
Railroad Milepost:		GPS Identifier: Lat:	Lon:
Number of Tracks:		City:	County:
Road name, yard name, bridge:			
III. Conditions Surrounding the Accident			
Weather:	Clear to cloudy	Fog	Rain Snow
Road Condition:	Dry	Wet	Snow Ice
Visibility Due to Weather:	Daylight	Darkness	Unknown
Train Type: Freight	Passenger	Locomotive only	Cars only
Train Speed:			
Haz-Mat on Train: Yes	No	N/A	Remote Control: Yes No N/A
Type of Haz-Mat:			
IV. Pedestrian, Driver, or Passenger Fatalities			
Does this section apply?		Yes No	
Number of Fatalities:		If a vehicle accident, number of passengers:	
Name:			
Driver:	Passenger	Pedestrian	Age: Gender: Male Female non-binary
Pedestrian trying to get on/off train? Yes		No	Suicide: Yes No Undetermined
Alcohol: Yes	No	Undetermined	Information supplied by:
Drugs: Yes	No	Undetermined	Information supplied by:
Names of additional fatalities:			

Docket No: TR-

V. Pedestrian, Driver, or Passenger Injuries

Does this section apply? Yes No

Number of people injured:

If a vehicle accident, number of passengers:

Name:

Driver: Passenger: Pedestrian: Age: Gender: Male Female non-binary

Pedestrian trying to get on/off train? Yes No

Drugs: Yes No Undetermined Alcohol: Yes No Undetermined

Names of additional injured persons:

VI. Pedestrian Access (not at a Crossing)

Does this section apply? Yes No

Obvious signs of consistent pedestrian trespass? Yes No

If yes, describe:

Pedestrian (not at a crossing) information: Accessing public area? Yes No

If yes, describe:

Deterrents at site, e.g. fence, signs, other? Yes No

If yes, describe:

Previous collisions at or near site? Yes No

If yes, describe:

VII. Crossing History

Does this section apply? Yes No

Prior accidents at this crossing? Yes No How many?

Dates of prior accidents:

Description of prior accidents (fatalities, injuries, property damage)

Last inspection date?

Defects? Yes No If yes, describe:

VIII. Attachments

Railroad incident report? Yes No Local law enforcement report? Yes No

Coroner/medical examiner report? Yes No Pictures? Yes No

Death Certificate? Yes No Copy of most current inventory? Yes No

Other (describe):

Docket No: TR-

IX. Comments

Event Summary:

Site Description:

Inspector Recommendations:

Docket No: TR-

Rail Safety Supervisor Comments/Sign Off:

Director of Transportation Safety Comments/Sign Off:

From: [State Emergency Operations Officer \(MIL\)](#)
To: [King County OEM](#); [ECY RE NWRO ERTS](#); [Reed, Rob \(ECY\)](#); [Hunter, Kathy \(UTC\)](#); [Kenneth W. Holgard](#); [Mark Daniels \(FRA\)](#); [Michael Pirato](#); [Stacey Thompson \(Fed Railroad Association Reg 8\)](#); [Stacey Weller](#); [Steven Travers](#); [WUTC Rail Reporting \(UTC\)](#)
Subject: BNSF Train Incident
Date: Friday, April 3, 2020 6:17:53 PM

Please see the below information involving a railroad that has been reported the State Emergency Operations Center (EOC). Please reply to this email to confirm receipt of this message.

Thank you,

Name of the Railroad(s) involved: BNSF Railroad

Reporting Party Name, Position and Contact Number: Jose Grandos at:817-352-2832

Time and Date Called in to the State EOC: 1805 hours on 04/03/20

Time and Date of the Event: 04/03/20 at 1755 hours

Mile post and/or Address of Event: 28.5X 8 miles south of Auburn

Circumstances of the Incident: Train struck a trespasser on the tracks

Number of Injuries and/or Fatalities: Injuries are unknown currently

Type of Rail Cars Involved (tank, hopper, box, flat, etc.): Passenger train

Type and Amount of HAZMAT spilled: None, no derail

Any Additional Details That Will Assist in Identifying the Necessary Response:

Name and Phone Local POC: Locals are enroute, county police, sheriff

Railroad Incident Number: None currently

State EOC Incident Number: 20-1068

Dan Fox
State Emergency Operations Officer
Washington State Emergency Management Division
Building 20, MS: TA-20
Camp Murray, WA 98430-5122
1-800-258-5990
dan.fox@mil.wa.gov

From: [Service Interruption Desk](#)
To: [OPR DL \(SI Desk Use ONLY\) Cargo](#); [related: Morehouse, Craig](#); [Moyer, Jason](#); [Clark, Daniel P](#); [Denny, Jason P](#); [Wessler, Richard W](#); [Noel, Tamara J](#); [Huston, Scott J](#); [Melonas, Gus S](#); [Wallace, Courtney](#); [WUTC Rail Reporting \(UTC\)](#); [Halstead, Lori \(UTC\)](#)
Cc: [OPR DL \(SI Desk Use ONLY\) North Region Incident](#)
Subject: 040320 A1521103 - Trespasser - Seattle Sub
Date: Friday, April 3, 2020 7:43:50 PM

040320 A1521103 - Trespasser - Seattle Sub

BNSF Fort Worth – Network Operations Center – INCIDENT REPORT

				D-Code:	204017
Date:	04-03-20	Time:	1955 CT	MP:	28.5X
Time & Date Last Revised:				Divn:	Northwest
Subdivision:	Seattle	State:	Washington	County:	Pierce
Line Segment:			51		
Nearest Station:			Sumner, WA		
Nearest Major Terminal (distance/direction):			Seattle, WA/ 28 miles south		
Weather Conditions (Temp, wind, precipitation):			46*, Cloudy, SW Winds 12 mph		

Injuries or Fatalities?	01 trespasser injured	Employee?	No
Name:		Craft:	

Symbol:	A 1521 1 03	If Yard Job, is it Remote Control Operation?	
Lead Locos:	SDRX 904, SDRX 901	L-E-T-F:	7-0-441-616'
DP Locos:	None	Direction:	South
Conductor:	RA Lafever	Engineer:	SP En
Prior Rest		Prior Rest	
On Duty Time/Date:	1229 CT/ 04-03-20	Origin/Destination:	LWO/ SEK
Crew Interviewed by:			
Event Recorder/Camera:			

Locomotives video equipped?										
Lead Locos	Y/N		Y/N		Y/N		Y/N		Y/N	Y/N
SDRX 904	Y	SDRX 901	Y							

Crossing Name:	Main St	DOT:	085683D
Equipped with:	Gates, Lights, and Bells	Functioning?	
Vehicle Direction:	N/A	Vehicle Description:	
Law Enforcement Agency:	Sumner PD. BNSF Special Agent	Citations?	

Haz Material ?	No	Release (Y/N):		# Cars, Amount:	
Commodity:					

Derailed Locomotives / Cars:				
Init. Number:	Line:	Position (upright?):	Contents:	Disposition:
Heavy equipment ordered:				
Equip. ETA:		Equipment Arrived:		Equipment Released:
Main Blocked?	Yes	Estimated Reopen:		Actual Reopen: 2045 CT/03

Estimated Damages and Costs:			
\$	0	Track	Track, Track Structures, and Roadbed Damages.
\$	0	Signal	
\$	0	"Other"	Adjacent buildings, other private property, etc.
\$	0	Car Damages	Car damage, incl. flat cars but excluding their trailers/containers and contents.
\$	0	Locomotive Damages	
\$	0	FRA Reportable Subtotal	2017 FRA Reportable \$10,700

\$		Contractor Expense	Rerailing & clearing expenses only. Do not include environmental cleanup, air monitoring, etc.
\$		Estimated Lading Recovery Costs	Source is usually Damage Prevention/LARS. This figure includes trucking charges and site remediation charges.

\$		Prelim. Lading Loss Estimates	Railcar/Trailer/Container Contents ONLY
		Trailer/Container Damages	Excludes contents. (Mktg-Equip Mtce Team – Evita Murdock)
\$	0	Not FRA Reportable Subtotal	
\$	0	Estimated Grand Total (FRA Reportable Subtotal + Not FRA Reportable Subtotal)	

Cause Code:		Description:	
Brief Narrative of Incident:			
1955 CT the A1521103A (Sounder) reported hitting a trespasser on MT2 at MP 28.8X on the Seattle Subdivision in Sumner, WA. This did not occur at a crossing.			
There are no injuries to the crew. The trespasser was transported to local hospital with unknown injuries.			
2045 CT – All personnel in the clear and main track operations have resumed. Will protect Main St crossing until Signal team completes tests.			
2100 CT - Conflicting information regarding this incident occurring at a crossing. Passenger Supt will review the camera to confirm the incident location.			
Post Accident Testing (FRA):			
Did this incident meet FRA Post Accident Testing criteria?	No		
Contact MEH Dept at: (817) 352-1648 during normal business hours. (817) 352-1613 after hours, weekends and holidays. If no answer, page email Kimberly Farris and Julie Murphy when the following applies: -Employee/Contractor Fatality. -Damage to railroad property exceeding \$1.5 million. -Collision with injury or \$150,000 damage -Passenger train accident with reportable injury -Human Factor Grade-Crossing Accident? If Yes, Name of Claims Agent. -A release of hazardous material that results in an evacuation or a reportable injury.			
Does the NOC GDT agree with the above analysis?	Yes		
Craft being Post Accident Tested:	N/A		

Notifications:																							
Time:	Entity:	Person Notified:	Reminders:																				
1955CT	Service Interruption:	JG by DS 75	Include who notified SID.																				
2006CT	Resource Operations:	Sandra Collins																					
	OPR DL Cargorelated	This report	Copy of this report																				
2000CT	DTM/Terminal Manager:	Dan Hart	Get ETA, check Cell number.																				
2000CT	RFE:	Dan Hart	Get ETA, check Cell number.																				
2005CT	Signal Desk:	Remedy notification	817-593-5998																				
2005CT	MOW Desk:	Remedy notification	817-593-6823 Option 1																				
2005CT	Mechanical Desk:	Remedy notification	817-593-9128																				
2007CT	NOC GDT:	Luke Johnson																					
	Div. General Manager:	Craig Morehouse - this report																					
	Div. GDT:	Jason Moyer - this report																					
	Corridor Supt:	Dan Clark - this report																					
	Div. Sup Ops / Term Sup:	Jason Denny - this report																					
2005CT	MDPR	Remedy notification	817-352-1312																				
2005CT	Passenger Service:	Remedy notification Wessler and Noel - this report	Email report to Rich Wessler and Tamara Noel.																				
	Superintendent Safety and Operating Practices	Scott Huston - this report	<table border="0"> <tr> <td>California</td> <td>Coleman, Herbert T</td> </tr> <tr> <td>Chicago</td> <td>Wazny, William A</td> </tr> <tr> <td>Red River</td> <td>Cleveland, Scott M</td> </tr> <tr> <td>Kansas</td> <td>Valencia, Randy J</td> </tr> <tr> <td>Montana</td> <td>Boggs, Landon S.</td> </tr> <tr> <td>Heartland</td> <td>Musgrove, Chris E</td> </tr> <tr> <td>Northwest</td> <td>Huston, Scott T</td> </tr> <tr> <td>Powder River</td> <td>Hein, Joshua B</td> </tr> <tr> <td>Southwest</td> <td>Strot, Benjamin K.</td> </tr> <tr> <td>Twin Cities</td> <td>Lund, Michael E</td> </tr> </table>	California	Coleman, Herbert T	Chicago	Wazny, William A	Red River	Cleveland, Scott M	Kansas	Valencia, Randy J	Montana	Boggs, Landon S.	Heartland	Musgrove, Chris E	Northwest	Huston, Scott T	Powder River	Hein, Joshua B	Southwest	Strot, Benjamin K.	Twin Cities	Lund, Michael E
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	The following group list is for the following departments: Safety, Law, Rules, Workforce Management, Rules and field Support, Corporate Relations, Government		Page for the following events: Major derailments or train collisions which are expected to exceed 16 hours or \$1,000,000 in damages, 4-8 hour range after the 1st conference call. Derailments or collisions with evacuations, explosions, or involving																				

	<p>Affairs, and Evidence Preservation</p> <p>Major event group page list (Not MIP) Also page Region VP.</p> <p>(It is located with the SID Locomotive group lists)</p>		<p>crude oil trains.</p> <p>Major Hazardous Incidents</p> <p>Employee Fatalities, life threatening injuries, or amputations.</p> <p>Add "Preliminary Report" to the subject line.</p>
	Conference Calls:		<p>If Conf Call is being established: Notify: NOC MECH/MOW Desk & ROC</p>
	Hazardous Incidents: Contact East/West On-call Manager		<p>Page for all Hazardous Incidents: Pat Brady, Piper, Justin, Reid, Clay D, Howard Horn, David C Clark, John D. Lovenburg, Allen Stegman</p>
	<p>ChemTrec (USA) 800-424-9300</p> <p>CanuTec (Canada) 888-226-8832 or 613-996-6666</p>		<p>Call Emergency Number listed on the Waybill whenever a HAZ MAT car is involved in a derailment or damaged; whether leaking or not.</p> <p>Run TSS: WBCOPY & HAZ & EXCR</p>
2041CT	<p>NRC: 800 – 424 – 8802 (Initial SID Analysis) Examples for notifying: Passenger Train/Route \$150,000 incident Employee/Contractor Fatality</p>	Ms Rawls: Report # 1274788	Obtain their Report Number and name of person who took the report.
2012CT	State:	WA Emergency Management - Dan: Report # 20-1067. This report to: UTCRailReporting@utc.wa.gov; lori.halstead@utc.wa.gov	
	California - CUPA		
	Foreign Railroad:		
	Page "Go Team"		If appropriate notify Mark Schulze.
	State Corporate Relations:	Melonas / Wallace - this report	<p>Copy of this report:</p> <p>Maia LaSalle: MT, WY Jeanelle Davis: AL, AR, LA, MS, TN, TX Lena Kent: AZ, CA, TX, LA, MS, AR, AL, TN Amy McBeth: MB, MN, ND, SD, WI Joe Sloan: CO, OK, NM, UT, NV Gus Melonas/Courtney Wallace: BC, ID, OR, WA Andy Williams: KS, MO, NE, IL, KY, IA</p>
	Energy Desk:		<p>Notify the Energy Desk of crude oil train derailments: OPR DL Energy Desk managers 817-867-0021</p>



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Content-type: text/html

FROM FORM FRA F 6180.55A

CASUALTY RECORD			
RAILROAD:	Sounder Commuter Rail [SCR]	INCIDENT NUMBER:	SCR200403
DATE:	04 /03 /2020	TIME:	5:54PM
STATE:	Washington	COUNTY:	PIERCE
TYPE PERSON:	Trespassers	AGE:	33
INJURY:	Fatality		

EMPLOYEES TESTED FOR ALCOHOL USE:	NONE REPORTED
NUMBER OF POSITIVE TESTS:	
EMPLOYEES TESTED FOR DRUG USE:	NONE REPORTED
NUMBER OF POSITIVE TESTS:	
EMPLOYEE TERMINATION/PERMANENT TRANSFER:	UNK/NA
EXPOSURE TO HAZARDOUS MATERIAL:	UNK/NA
FRA FORM 6180-54 FILED:	NO
FRA FORM 6180-57 FILED:	YES

CIRCUMSTANCES	
PHYSICAL ACT:	Walking
EVENT:	Highway-rail collision/impact
RESULT:	Highway, street, road
CAUSE:	Trespassing
LOCATION	
SITE:	Main/branch
ON TRK EQP:	Passenger train - moving
WHERE:	On highway-rail crossing
NARRATIVE	AT APPROXIMATELY 5:54PM SOUNDER TRAIN 1521 STRUCK A PEDESTRIAN ON MAIN STREET CROSSING AT SUMNER WA, MP 28.8X ON THE SEATTLE SUB. THE PEDESTRIAN WENT AROUND THE ACTIVATED GATE INTO THE CROSSING. THE INDIVIDUAL DID NOT HEED THE TRAIN HORNS AND LOOKED U

Sumner Police Department Incident Report

Incident No. 2009401351.1
Jurisdiction Agency: Sumner Police Department

PDA:	Homeland Security:	Subject:	Fatality Traffic Collision Train vs Pedestrian	Incident No. 2009401351.1
IBR Disposition:	Active	Case Management Disposition:		
Forensics:		Reporting By/Date:	7266 - Anderson, Brandon 4/4/2020 02:37:31	
Case Report Status:	Approved	Reviewed By/Date:	SU114 - Kurle, Matt 4/4/2020 05:27:28	

Related Cases:

Case Report Number	Agency
2052001116	BNSF
20-0764	Medical Examiner

Non-Electronic Attachments

Attachment Type	Additional Distribution	Count
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Location Address:	CHERRY AVE/MAIN ST	Location Name:	
City, State, Zip:	Sumner, WA 98390	Cross Street:	BNSF Railroad
Contact Location:		City, State, Zip:	
Recovery Location:		City, State, Zip:	
CB/Grid/RD:	063 - Sumner	District/Sector:	SU02 - Sumner
Occurred From:	4/3/2020 17:55:00 Friday	Occurred To:	
Notes:			

Offense Details: 5430 - Traffic Accident / Collision - Fatal

Domestic Violence:	No	Child Abuse:		Gang Related:	No/Unknown	Juvenile:	
Completed:	Completed			Crime Against:		Hate/Bias:	None (No Bias)
Cargo Theft:		Criminal Activity:				Using:	
Location Type:	Railroad Tracks / Right of Way		Type of Security:		Tools:		
Total No. of Units Entered:		Evidence Collected:					
Entrance Compromised:							
Entry Method:							
Suspect Description:							
Suspect Actions:							
Notes:							

Victim V1: Stickley, Eric Lee

PDA:

Aliases:	
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Call Source:		Assisted By:	SU121 - Patten, Ken				
Phone Report:		Notified:					
Insurance Letter:		Entered By:	7266 - Anderson, Brandon				
Entered On:	4/3/2020 19:25:57	Approved By:	SU903 - Duggan, Sherrie				
Approved On:	4/6/2020 09:23:48	Exceptional Clearance:					
Adult/ Juvenile Clearance:		Exceptional Clearance Date:					
Additional Distribution:		Other Distribution:					
Validation Processing	Distribution Date: 4/6/2020	County Pros. Atty.	Juvenile	Other	CPS	Supervisor:	
	By: DUGGAN, SHERRIE	City Pros. Atty.	Military	DSHS	PreTrial		
Records has the authority to ensure correct agency, CB/Grid/RD, and District/Sector are incorporated in the report.			Printed: 4/6/2020 09:23:48 Printed By: SU903 - Duggan, Sherrie				

Sumner Police Department Incident Report**Incident No. 2009401351.1**

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Jurisdiction Agency: Sumner Police Department

DOB:	4/22/1986	Age:	33	Sex:	Male	Race:	White	Ethnicity:	Non-Hispanic	
Height:	6' 1"	Weight:	200	Hair Color:	Brown	Eye Color:	Brown			
Address:	12824 Prairie Cir E			County:		Phone:				
City, State Zip:	Bonney Lake, WA 98391			Country:		Business Phone:				
Other Address:									Other Phone:	
Resident:	Unknown			Occupation/Grade:		Employer/School:				
SSN:									Place of Birth:	
Driver License No:	PD Financial Information			Driver License State:	Washington	Driver License Country:	United States of America			
Attire:									Complexion:	
SMT:									Facial Hair:	
Victim Of:	5430 - Traffic Accident / Collision - Fatal								Facial Shape:	
Victim Type:	Individual			Circumstances:		Weapon Used:				
Injury:				Testify:		Reporting Statement Obtained:				
Type of Injury:	Unknown								Fire Dept Response:	
Hospital Taken To:	Tacoma General			Medical Release Obtained:		Taken By:				
Attending Physician:									Hold Placed By:	

Victim Offender Relationships

Offender:	Relationship:
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Law Enforcement Officer Killed or Assaulted Information	Type:		Justifiable Homicide Circumstances:	
	Assignment:			
	Activity:			

Victim Notes:	
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Witness W1: Eiermann, Dennis Roy**PDA:**

Aliases:										
DOB:	6/7/1954	Age:	65	Sex:	Male	Race:	Unknown	Ethnicity:	Non-Hispanic	
Height:	5' 8"	Weight:	209	Hair Color:	Gray/partial gray	Eye Color:	Brown			
Address:	4927 Waller Rd E			County:		Phone:	253-993-0619			
City, State Zip:	Tacoma, WA 98443-1423			Country:		Business Phone:				
Other Address:									Other Phone:	
Resident:	Unknown			Occupation/Grade:		Employer/School:				
SSN:									Place Of Birth:	
Driver License No:	PD Financial Information			Driver License State:	Washington	Driver License Country:				
Attire:									Complexion:	
SMT:									Facial Hair:	
Testify:									Facial Shape:	
Witness Notes:										

Witness W2: Roach, Kenard Van**PDA:**

Aliases:										
DOB:	1/26/1980	Age:	40	Sex:	Male	Race:	Unknown	Ethnicity:	Non-Hispanic	
Height:	6' 1"	Weight:	230	Hair Color:	Black	Eye Color:	Brown			
Address:	12614 136TH St E			County:		Phone:	253-229-5725			
City, State Zip:	Puyallup, WA 98374-3249			Country:		Business Phone:				
Other Address:									Other Phone:	
Resident:	Unknown			Occupation/Grade:		Employer/School:				

Printed: 4/6/2020 09:23:48
 Printed By: SU903 - Duggan, Sherrie

Sumner Police Department Incident Report**Incident No. 2009401351.1**

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Jurisdiction Agency: Sumner Police Department

SSN:		Driver License No:	Driver License State:	Washington	Place Of Birth:	
Attire:					Driver License Country:	
SMT:					Complexion:	
Testify:					Facial Hair:	
Witness Notes:					Facial Shape:	

Witness W3: Roberts, Jay P**PDA:**

Aliases:									
DOB:	10/8/1952	Age:	67	Sex:	Male	Race:		Ethnicity:	Non-Hispanic
Height:		Weight:		Hair Color:				Eye Color:	
Address:	624 Elizabeth St.			County:		Phone:	253-709-2433		
City, State Zip:	Sumner, WA 98390			Country:		Business Phone:			
Other Address:							Other Phone:		
Resident:		Occupation/Grade:				Employer/School:			
SSN:						Place Of Birth:			
Driver License No:		Driver License State:				Driver License Country:			
Attire:							Complexion:		
SMT:							Facial Hair:		
Testify:							Facial Shape:		
Witness Notes:									

Other Entity O1: Lafever, Robert A**PDA:**

Aliases:									
DOB:	6/16/1961	Age:	58	Sex:	Male	Race:	Unknown	Ethnicity:	Non-Hispanic
Height:		Weight:		Hair Color:				Eye Color:	
Address:				County:		Phone:	360-606-1987		
City, State Zip:				Country:		Business Phone:			
Other Address:							Other Phone:		
Resident:	Unknown	Occupation/Grade:				Employer/School:			
SSN:						Place Of Birth:			
Driver License No:		Driver License State:				Driver License Country:			
Attire:							Complexion:		
SMT:							Facial Hair:		
Entity Type:	Other Individual	Reporting Statement Obtained:				Facial Shape:			
Entity Notes:									

Other Entity O2: Medical Examiner, Jeff**PDA:**

Aliases:									
DOB:		Age:	00	Sex:	Male	Race:	Unknown	Ethnicity:	Non-Hispanic
Height:		Weight:		Hair Color:				Eye Color:	
Address:				County:		Phone:	253-798-6655		
City, State Zip:				Country:		Business Phone:			
Other Address:							Other Phone:		
Resident:	Unknown	Occupation/Grade:				Employer/School:			
SSN:						Place Of Birth:			
Driver License No:		Driver License State:				Driver License Country:			
Attire:							Complexion:		

Jurisdiction Agency: Sumner Police Department

SMT:			Facial Hair:	
Entity Type:	Other Individual	Reporting Statement Obtained:	Facial Shape:	
Entity Notes:				

Property Item No. 1/1: 1323 - Evidence - Photo / Audio / Video / Data - CD / DVD / Blu-Ray Disc - Officer Generated

Other Common Item:		Photographed:	Yes
Description:	Overview photo of scene	Fingerprinted:	
Quantity:	5	Contents Sampled:	
Finding Location:		Owner:	
Status:	I - Information Only	Value:	
Recovered Date:		Make/Brand:	
Recovered Value:		Model:	
Field Tested:		Serial No:	
Field Test Results:		OAN:	
Property Disposition:	Transferred To Case Images	Insurance Company:	
Disposition Location:		Policy No:	

Vehicle Information:

License:		Locked:	
License State:		Keys in Vehicle:	
License Country:		Delinquent Payment:	
Vehicle Year:		Victim Consent:	
Make:		Drivable:	
Model:		Estimated Damage:	
Vehicle Style:		Damage:	
Primary Vehicle Color:		Damaged Area:	
Secondary Vehicle Color:		Tow Company:	
VIN:		Tow Consent:	
Special Features:		Hold Requested By:	

Drug Information:

Drug Type:		Drug Measure:	
Drug Quantity:		Drug Measure Type:	

Jewelry Information:

Metal Color:		Total # of Stones:	
Metal Type:		Inscription:	
Stone Color:		Generally Worn By:	

Firearm Information:

Caliber:		Length:	
Gauge:		Finish:	
Action:		Grips:	
Importer:		Stock:	

Property Notes:

Enter	Date	Time	WACIC	LESA	Initial	Release Info.	Date	Time	Release No.	Release Authority
Clear						Owner Notified			Operators Name	

Investigative Information

Means:		Motive:	
Vehicle Activity:		Direction Vehicle Traveling:	

Jurisdiction Agency: Sumner Police Department

Synopsis: Train VS Pedestrian - Main St / Railroad Crossing - Fatal

Narrative:

On 4/3/20, at approximately 1756 hours, I was dispatched to a Collision involving a male that had been hit by a train at Main St. and Cherry Ave. At approximately 1759 hours, I arrived on scene which was actually just south of the Main St. railroad crossing.

Officer Kelly and Officer Sullivan were already on scene, and Officer Kelly was rendering aid. I recognized the male victim as STICKLEY, ERICK L. DOB: 4/22/86. Officer Kelly advised me that STICKLEY was still breathing. Fire arrived on scene and took over rendering aid. I repositioned my vehicle on Main St just on the west side of the railroad tracks to stop traffic. Officer Kelly had advised me that there were two witnesses. The train was traveling southbound at full speed, proceeding to stop at the Sumner Station when it struck STICKLEY. I made contact with witnesses EIERMANN, DENNIS R. DOB: 6/7/54 and ROACH, KENARD V. DOB: 1/26/80, who both provided me with their information and written statements of what they saw and or heard. ROACH mentioned in his statement that STICKLEY appeared to be stumbling around, and tried to get out of the way at the last minute before making contact with the train. I provided the BNSF Police Officer, HUNTER, EVAN A. #623 with the information I received as well as the case number.

At approximately 1805 hours, Fire transported STICKLEY to Tacoma General Hospital. I continued to monitor the scene and traffic until the Sound Transit staff had completed what they needed prior to reopening transit. With my department issued phone, I took photos of the crime scene, and later uploaded them to case images. Officer Kelly was dispatched to another call and provided me with an additional statement that he received from another witness, ROBERTS, JAY P. DOB: 10/8/52, who indicated that STICKLEY walked into the side of the train. The Train Conductor LAFEVER, ROBERT A. DOB: 6/16/61 had informed Officer Kelly that he did not see STICKLEY until he was told to stop. At approximately 1849 hours, I cleared the scene.

At approximately 2230 hours, I called the Tacoma General Hospital to check on the status of STICKLEY'S condition, and was informed by a Social Worker that STICKLEY had unfortunately passed away. I received a message from dispatch to contact STICKLEY'S wife, MARIA. I contacted MARIA who had informed me that she had received the news of STICKLEY passing away at Tacoma General Hospital.

At approximately 2330 hours, I made contact with the Jeff, the Medical Examiner, who informed me that STICKLEY'S time of death was 2043 hours. I provided Jeff with information about the incident, and he provided me with his case number (20-0764).

END OF REPORT

B. Anderson #134

Reviewed By:

Reviewed Date:

Sumner Police Department Supplemental Report

Incident No. 2009401351.2
Jurisdiction Agency: Sumner Police Department

PDA:	Homeland Security:	Subject:	Death - Accidental Fatality Traffic Collision	Incident No. 2009401351.2
IBR Disposition:	Active	Case Management Disposition:		
Forensics:		Reporting By/Date:	SU115 - Nikolao, Troy 6/30/2020 10:29:00	
Case Report Status:	Approved	Reviewed By/Date:	SU102 - Engel, Jeffrey 7/2/2020 09:56:57	

Related Cases:

Case Report Number	Agency
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Non-Electronic Attachments

Attachment Type	Additional Distribution	Count
MER - Medical Examiners Report (copy/digital)		1

Location Address:	CHERRY AVE/MAIN ST	Location Name:	
City, State, Zip:	Sumner, WA 98390	Cross Street:	
Contact Location:		City, State, Zip:	
Recovery Location:		City, State, Zip:	
CB/Grid/RD:	063 - Sumner	District/Sector:	SU02 - Sumner
Occurred From:	4/3/2020 17:55:00 Friday	Occurred To:	
Notes:			

Offense Details: 5430 - Traffic Accident / Collision - Fatal

Domestic Violence:	No	Child Abuse:		Gang Related:	No/Unknown	Juvenile:	
Completed:	Completed			Crime Against:		Hate/Bias:	None (No Bias)
Cargo Theft:		Criminal Activity:				Using:	
Location Type:	Railroad Tracks / Right of Way		Type of Security:			Tools:	
Total No. of Units Entered:		Evidence Collected:					
Entrance Compromised:							
Entry Method:							
Suspect Description:							
Suspect Actions:							
Notes:							

Offense Details: 0803 - Death - Accidental

Domestic Violence:	No	Child Abuse:		Gang Related:	No/Unknown	Juvenile:	
Completed:	Completed			Crime Against:		Hate/Bias:	None (No Bias)

Call Source:		Assisted By:	
Phone Report:		Notified:	
Insurance Letter:		Entered By:	SU115 - Nikolao, Troy
Entered On:	6/30/2020 10:25:14	Approved By:	SU905 - Medina, Dan
Approved On:	7/2/2020 10:21:30	Exceptional Clearance:	
Adult/ Juvenile Clearance:		Exceptional Clearance Date:	
Additional Distribution:		Other Distribution:	
Validation Processing	Distribution Date: 7/2/2020	County Pros. Atty.	Juvenile
	By: MEDINA, DAN	City Pros. Atty.	Military
		Other	CPS
		DSHS	PreTrial
		Supervisor:	
Records has the authority to ensure correct agency, CB/Grid/RD, and District/Sector are incorporated in the report.			Printed: 7/2/2020 10:21:30 Printed By: SU905 - Medina, Dan

Sumner Police Department Supplemental Report

Jurisdiction Agency: Sumner Police Department

Incident No. 2009401351.2

Page 2 of 2

Cargo Theft:		Criminal Activity:		Using:	
Location Type:	Other Common Area		Type of Security:		Tools:
Total No. of Units Entered:		Evidence Collected:			
Entrance Compromised:					
Entry Method:					
Suspect Description:					
Suspect Actions:					
Notes:					

Investigative Information

Means:		Motive:	
Vehicle Activity:		Direction Vehicle Traveling:	

Synopsis:	
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Narrative:	<p>On 06-30-2020 I, Detective Nikolao, reviewed a certified copy of Pierce County Medical Examiner's Office Postmortem Examination report, #20-0764, for decedent Eric Lee Sticklely. The examination was conducted on 04-06-2020 by Interim Chief Medical Examiner Williams.</p> <p>The official cause of death was identified as multiple blunt force injuries and the manner of death identified as accident. Both are consistent with witness accounts that Sticklely stumbled into a moving train. Toxicology did reveal amphetamine and methamphetamine were present in Sticklely's system but neither were named as a contributing factor to his death.</p> <p>The entire report to include toxicology results will be attached to the case file.</p> <p>Close case.</p> <p>T.M. Nikolao</p>
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I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

06/30/2020 Pierce County, WA SU115 - Nikolao, Troy

Reviewed By:		Reviewed Date:	
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CITY OF
SUMNER
WASHINGTON

1104 Maple Street, Sumner WA 98390

POLICE DEPARTMENT
Chief Brad Moericke

STATEMENT FORM

Case # 2009401351

Date/Time of Report 4-3-20

Last Name: ROBERTS First: JAY Middle: PRESTON

Date of Birth: 10-08-1952 Home Phone: 253-709-2477 Work Phone: _____

Address: 624 ELIZABETH ST SUMNER, WA 98390

DESCRIBE BELOW WHAT HAPPENED

I WAS

STANDING ON SUMNER SOUNDER PLATFORM

I SAW AN INDIVIDUAL WALK TOWARDS AND INTO THE
SIDE OF THE SOUNDER TRAIN. THEN HE WAS PUSHED
BACK WHERE HE WAS LYING ON THE GROUND.

I have read each page of this statement consisting of _____ page(s). Each page bears my signature, and all corrections, if any, bear my initials. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the entire statement is true and correct to the best of my knowledge. My statement has been made freely, voluntarily and without threats or promises of any kind.

Page 1 of 1 Pages

[Signature] 134 4/3/20
Officer's Signature Date

[Signature] 4-3-2020
Signature of Person Making Statement Date



CITY OF
SUMNER
WASHINGTON

1104 Maple Street, Sumner WA 98390

POLICE DEPARTMENT
Chief Brad Moericke

STATEMENT FORM

Case # 2009401351

Date/Time of Report 4-3-20

Last Name: EIERMAN First: DENNIS Middle: ROY

Date of Birth: 6/7/54 Home Phone: — Work Phone: —

Address: 4419 114th AVE E Edgewood

DESCRIBE BELOW WHAT HAPPENED

I WAS WALKING WEST WHEN THE TRAIN GATE CAME DOWN AND I SAW A PERSON HIT BY THE TRAIN THAT WAS GOING SOUTH BOUND. I HEARD THE PERSON HIT BY THE TRAIN AND KNEW IT WAS NOT GOOD.

I have read each page of this statement consisting of 1 page(s). Each page bears my signature, and all corrections, if any, bear my initials. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the entire statement is true and correct to the best of my knowledge. My statement has been made freely, voluntarily and without threats or promises of any kind.

Page 1 of 1 Pages

[Signature] 134
Officer's Signature

4/3/20
Date

[Signature] 4/3/2020
Signature of Person Making Statement Date



CITY OF
SUMNER
WASHINGTON

1104 Maple Street, Sumner WA 98390

POLICE DEPARTMENT
Chief Brad Moericke

STATEMENT FORM

Case # 2009401351

Date/Time of Report 4-3-20

Last Name: Roach First: Kenneth Middle: Van

Date of Birth: 1-26-80 Home Phone: 253-229-5735 Work Phone: _____

Address: 511 Harrison Street Sumner, WA 98390

DESCRIBE BELOW WHAT HAPPENED

Sitting at the train waiting to go home. observed
a man walking across the street in front of the
barrier. he then went around the barrier to cross
the train tracks. Individual appeared to be
stumbling. I thought he was aware of the
train but at the last minute he tried to
move out of the way but it was too late
and he was struck by the train. the
barriers were down a lights visible for quite a
while

I have read each page of this statement consisting of _____ page(s). Each page bears my signature, and all corrections, if any, bear my initials. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the entire statement is true and correct to the best of my knowledge. My statement has been made freely, voluntarily and without threats or promises of any kind.

Page 1 of 1 Pages

[Signature]
Officer's Signature

134

4/3/20
Date

[Signature]
Signature of Person Making Statement

4-3-2020

Date

Redaction Log

Reason	Page (# of occurrences)	Description
PD Financial Information	2 (2)	RCW 42.56.230(5) State law states that credit card numbers, debit card numbers, electronic check numbers, credit expiration dates, bank/other financial information as defined in RCW 9.35.005 including social security numbers are exempt except when disclosure is expressly required by or governed by other law. Drivers license numbers are included in RCW 9.35.005, and therefore exempt from disclosure.

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.

A. Revision Date (MM/DD/YYYY) 09 / 03 / 2020	B. Reporting Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	C. Reason for Update (Select only one) <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	D. DOT Crossing Inventory Number 085683D
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Part I: Location and Classification Information

1. Primary Operating Railroad BNSF Railway Company [BNSF]		2. State WASHINGTON		3. County PIERCE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SUMNER		5. Street/Road Name & Block Number MAIN ST (Street/Road Name) * (Block Number)		6. Highway Type & No. FAM3150	
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 SCR		
9. Railroad Division or Region <input type="checkbox"/> None NORTHWEST		10. Railroad Subdivision or District <input type="checkbox"/> None SEATTLE		11. Branch or Line Name <input type="checkbox"/> None SEATTLE-VANC WA	
12. RR Milepost 0028.847 (prefix) (nnnn.nnn) (suffix)		13. Line Segment * 51		14. Nearest RR Timetable Station * SUMNER	
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 checked="" type="checkbox"/> No	
21. Type of Train <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 36		23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input checked="" 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) 47.2032970		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -122.242530	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *		31.A. State Use *	
30.B. Railroad Use *		31.B. State Use *		30.C. Railroad Use *	
30.D. Railroad Use *		31.C. State Use *		30.D. Railroad Use *	
31.D. State Use *		32.A. Narrative (Railroad Use) * (1.27 1.28 1.29) Value Provided by Railroad, Not Ye		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 (6 AM to 6 PM) 26	1.B. Total Night Thru Trains (6 PM to 6 AM) 26	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) 2019		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 2 Siding 0 Yard 0 Transit 0 Industry 0				
5. Train Detection (Main Track only) <input checked="" type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input 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) 09/03/2020		PAGE 2		D. Crossing Inventory Number (7 char.) 085683D	
Part III: Highway or Pathway Traffic Control Device Information					
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 checked="" type="checkbox"/> None <input 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 checked="" 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 <u>2</u> 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 <u>2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <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 <u>0</u> 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 checked="" type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input checked="" 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	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes <u>2</u> <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	
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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input checked="" 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 checked="" type="checkbox"/> (4) Minor Arterial <input 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
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year <u>1993</u> AADT <u>004639</u>		8. Estimated Percent Trucks <u>05</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day _____		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.					