



March 2, 2023

Mr. Karl Alexy
Associate Administrator for Safety & Chief Safety Officer
Federal Railroad Administration
1200 New Jersey Avenue Southeast
Washington, DC 20590

RE: Washougal Quiet Zone

Dear Mr. Alexy,

This letter is to affirm that the SSMs implemented within the quiet zone of the City of Washougal as listed continue to conform to the requirements of 49 CFR Part 222, Appendix A, Approved Supplementary Safety Measures. The Crossings within this quiet zone are:

09011OF	3rd Street
090112U	6th Street
090113B	15th Street
090114H	20th Street
090115P	24th Street
090117D	32nd Street

Also attached to this update is new Grade Crossing Inventory Forms for each crossing in this quiet zone.

If you have any questions or concerns, please contact me at 360-835-2662 ext. 202 or trevor.evers@cityofwashougal.us.

Sincerely,

Scott Collins, PE
City Engineer
City of Washougal

CITY HALL
1701 C Street
Washougal, WA 98671
(360)835.8501
Fax (360)835.8808

POLICE DEPARTMENT
1320 A Street
Washougal, WA 98671
(360)835.8701
Fax (360)835.7559

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) 10 / 04 / 2022	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"/> 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"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 090110F
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Part I: Location and Classification Information

1. Primary Operating Railroad BNSF		2. State WA		3. County CLARK	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near WASHOUGAL		5. Street/Road Name & Block Number 3RD ST. <small>(Street/Road Name) *(Block Number)</small>		6. Highway Type & No. CITY ST	
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 <u>ATK</u>		
9. Railroad Division or Region <input type="checkbox"/> None <u>NORTHWEST</u>		10. Railroad Subdivision or District <input type="checkbox"/> None <u>FALLBRIDGE</u>		11. Branch or Line Name <input type="checkbox"/> None <u>PORTLAND-WISHRAM</u>	
12. RR Milepost <u>0025.850</u> <small>(prefix) (nnnn.nnn) (suffix)</small>		13. Line Segment * <u>0047</u>			
14. Nearest RR Timetable Station * <u>WASHOUGAL</u>		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A <u>BNSF</u>	
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 checked="" type="checkbox"/> Freight <input 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 type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" 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 type="checkbox"/> No <input checked="" 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) <u>45.5822614</u>		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) <u>-122.3751443</u>	
29. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated					
30.A. Railroad Use *			31.A. State Use *		
30.B. Railroad Use *			31.B. State Use *		
30.C. Railroad Use *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use * <u>NOE 8/21/2008</u>		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) <u>800-832-5452</u>		34. Railroad Contact (Telephone No.) <u>817-352-1549</u>		35. State Contact (Telephone No.) <u>360-664-1262</u>	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM)	1.B. Total Night Thru Trains (6 PM to 6 AM)	1.C. Total Switching Trains	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) _____ 3.B. Typical Speed Range Over Crossing (mph) From _____ to _____		
4. Type and Count of Tracks Main <u>1</u> Siding <u>0</u> Yard <u>0</u> Transit <u>0</u> Industry <u>0</u>				
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)	PAGE 2	D. Crossing Inventory Number (7 char.)
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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) 0	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None <input checked="" type="checkbox"/> W10-1 2 <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 checked="" type="checkbox"/> No	2.F. Pavement Markings <input checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" type="checkbox"/> RR King Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input checked="" 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 checked="" type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type <u>W10-9P</u> Count <u>2</u> Specify Type <u>TRACKS LOOK</u> Count <u>2</u> Specify Type <u>BOTH WAYS</u> Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 <u>0</u>	3.B. Gate Configuration <input checked="" 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>0</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 checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 4
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) ____/____/____ <input checked="" 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.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 checked="" 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 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					

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes <u>2</u>		<input type="checkbox"/> One-way Traffic <input checked="" 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 checked="" 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 checked="" 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) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>225</u>			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 type="checkbox"/> (03) Federal Aid, Not NHS <input checked="" 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 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	
5. Linear Referencing System (LRS Route ID) *						6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year <u>2022</u> AADT <u>4099</u>		8. Estimated Percent Trucks <u>9.8</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 checked="" type="checkbox"/> No	

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

Submitted by Scott Collins Organization City of Washougal Phone 360-835-8501 Date 3/3/23

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.

A. Revision Date (MM/DD/YYYY) 10 / 04 / 2022	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 090112U
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Part I: Location and Classification Information

1. Primary Operating Railroad BNSF		2. State WA		3. County CLARK	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near WASHOUGAL		5. Street/Road Name & Block Number 6TH ST. <small>(Street/Road Name) *(Block Number)</small>		6. Highway Type & No. CITY ST/	
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 FALLBRIDGE		11. Branch or Line Name <input type="checkbox"/> None PORTLAND-WISHRAM	
12. RR Milepost 0026.129 <small>(prefix) (nnnn.nnn) (suffix)</small>		13. Line Segment * 0047			
14. Nearest RR Timetable Station * WASHOUGAL		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 checked="" type="checkbox"/> Freight <input 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 type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" 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 type="checkbox"/> No <input checked="" 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) 45.5817133		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -122.3691284	
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. Narrative (Railroad Use) *		32.B. Narrative (State Use) * NOE 8/21/2008			
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)	1.B. Total Night Thru Trains (6 PM to 6 AM)	1.C. Total Switching Trains	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) _____ 3.B. Typical Speed Range Over Crossing (mph) From _____ to _____		
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)	PAGE 2	D. Crossing Inventory Number (7 char.)
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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) 0	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None	
				<input checked="" type="checkbox"/> W10-1 2	<input type="checkbox"/> W10-3 _____
				<input type="checkbox"/> W10-2 _____	<input type="checkbox"/> W10-4 _____
	2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input checked="" type="checkbox"/> No	2.F. Pavement Markings <input checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input checked="" 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 checked="" type="checkbox"/> No	
	2.J. Other MUTCD Signs Specify Type <u>W10-9P</u> Count <u>2</u> Specify Type <u>TRACKS LOOK</u> Count <u>2</u> Specify Type <u>BOTH WAYS</u> 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 <u>0</u>	3.B. Gate Configuration <input checked="" 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	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>2</u> <input checked="" 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 checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) ____/____/____ <input checked="" 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.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 checked="" type="checkbox"/> None				3.I. Bells (count) 1	
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 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					

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes <u>4</u>		<input type="checkbox"/> One-way Traffic <input checked="" 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 checked="" 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 checked="" 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) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>450</u>			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 type="checkbox"/> (03) Federal AID, Not NHS <input checked="" 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 checked="" type="checkbox"/> (6) Minor Collector <input 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>2022</u> AADT <u>2096</u>		8. Estimated Percent Trucks <u>11</u> %		9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day <u>5</u>		10. Emergency Services Route <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Submitted by <u>Scott Collins</u>	Organization <u>City of Washougal</u>	Phone <u>360-835-8501</u>	Date <u>3/3/23</u>
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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.

A. Revision Date (MM/DD/YYYY) 10 / 04 / 2022	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"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	D. DOT Crossing Inventory Number 090114H
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Part I: Location and Classification Information

1. Primary Operating Railroad BNSF		2. State WA		3. County CLARK	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near WASHOUGAL		5. Street/Road Name & Block Number 20TH ST. <small>(Street/Road Name) * (Block Number)</small>		6. Highway Type & No. LS	
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 <u>ATK</u>		
9. Railroad Division or Region <input type="checkbox"/> None <u>NORTHWEST</u>		10. Railroad Subdivision or District <input type="checkbox"/> None <u>FALLBRIDGE</u>		11. Branch or Line Name <input type="checkbox"/> None <u>PORTLAND-WISHRAM</u>	
12. RR Milepost <u>0027.020</u> <small>(prefix) (nnnn.nnn) (suffix)</small>		13. Line Segment * <u>0047</u>			
14. Nearest RR Timetable Station * <u>WASHOUGAL</u>		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A <u>BNSF</u>	
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 checked="" type="checkbox"/> Freight <input 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 type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" 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 type="checkbox"/> No <input checked="" 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.nnnnnn) <u>45.5800602</u>		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnn) <u>-122.3509959</u>	
29. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated		30.A. Railroad Use *			
30.B. Railroad Use *		31.A. State Use *			
30.C. Railroad Use *		31.B. State Use *			
30.D. Railroad Use *		31.C. State Use *			
30.E. Railroad Use *		31.D. State Use * <u>NOE 8/21/2008</u>			
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) <u>800-832-5452</u>		34. Railroad Contact (Telephone No.) <u>817-352-1549</u>		35. State Contact (Telephone No.) <u>360-664-1262</u>	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM)	1.B. Total Night Thru Trains (6 PM to 6 AM)	1.C. Total Switching Trains	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) _____ 3.B. Typical Speed Range Over Crossing (mph) From _____ to _____		
4. Type and Count of Tracks Main <u>1</u> Siding <u>0</u> Yard <u>0</u> Transit <u>0</u> Industry <u>0</u>				
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 type="checkbox"/> Yes <input checked="" 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)	PAGE 2	D. Crossing Inventory Number (7 char.)
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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) 0	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None <input checked="" type="checkbox"/> W10-1 2 <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 checked="" type="checkbox"/> Yes (count) <input type="checkbox"/> No		2.F. Pavement Markings <input checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input checked="" 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 checked="" type="checkbox"/> No	2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type <u>W10-9P</u> Count <u>2</u> Specify Type <u>TRACKS LOOK</u> Count <u>2</u> Specify Type <u>BOTH WAYS</u> 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 <u>0</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>0</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 checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 4	
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) ____/____/____ <input checked="" 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 checked="" 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 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		

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes <u>2</u> <input type="checkbox"/> One-way Traffic <input checked="" 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 checked="" 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 checked="" 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) _____			
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>300</u>		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 type="checkbox"/> (03) Federal AID, Not NHS <input checked="" 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 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 <u>2022</u> AADT <u>658</u>	8. Estimated Percent Trucks <u>10.4</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 checked="" type="checkbox"/> No

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

Submitted by Scott Collins Organization City of Washougal Phone 360-835-8501 Date 3/3/23

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, Part 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) 10 / 04 / 2022	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 090115P
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Part I: Location and Classification Information

1. Primary Operating Railroad BNSF		2. State WA		3. County CLARK		
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near WASHOUGAL		5. Street/Road Name & Block Number 24TH ST. (Street/Road Name) *(Block Number)		6. Highway Type & No. LS		
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 FALLBRIDGE		11. Branch or Line Name <input type="checkbox"/> None PORTLAND-WISHRAM		
12. RR Milepost 0027.239 (prefix) (nnnn.nnn) (suffix)						
13. Line Segment * 0047		14. Nearest RR Timetable Station * WASHOUGAL		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 type="checkbox"/> No <input checked="" 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) 45.5795081		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -122.3466204		
29. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated						
30.A. Railroad Use *			31.A. State Use *			
30.B. Railroad Use *			31.B. State Use *			
30.C. Railroad Use *			31.C. State Use *			
30.D. Railroad Use *			31.D. State Use * NOE 8/21/2008			
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 (6 AM to 6 PM)	1.B. Total Night Thru Trains (6 PM to 6 AM)	1.C. Total Switching Trains	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) _____ 3.B. Typical Speed Range Over Crossing (mph) From _____ to _____		
4. Type and Count of Tracks Main <u>1</u> Siding <u>0</u> Yard <u>0</u> Transit <u>0</u> Industry <u>0</u>				
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)	PAGE 2	D. Crossing Inventory Number (7 char.)
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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) 0	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None <input checked="" type="checkbox"/> W10-1 2 <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 checked="" type="checkbox"/> No		2.F. Pavement Markings <input checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input checked="" 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 checked="" type="checkbox"/> No	2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type <u>W10-9P</u> Count <u>2</u> Specify Type <u>TRACKS LOOK</u> Count <u>2</u> Specify Type <u>BOTH WAYS</u> Count _____		<input checked="" type="checkbox"/> Yes <input 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)	
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 <u>0</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>0</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 checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 4	
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) ____/____/____ <input checked="" 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"/> Flagger/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input checked="" 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 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		

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes <u>2</u>	<input type="checkbox"/> One-way Traffic <input checked="" 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 checked="" 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 checked="" 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) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>350</u>			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 type="checkbox"/> (03) Federal AID, Not NHS <input checked="" 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 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 <u>2022</u> AADT <u>757</u>			5. Linear Referencing System (LRS Route ID) *	
8. Estimated Percent Trucks <u>13.2</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day _____		6. LRS Milepost *	
10. Emergency Services Route <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

Submitted by Scott Collins Organization City of Washougal Phone 360-835-8501 Date 3/3/23

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.

A. Revision Date (MM/DD/YYYY) 10 / 04 / 2022	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 090115P
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Part I: Location and Classification Information

1. Primary Operating Railroad BNSF		2. State WA		3. County CLARK	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near WASHOUGAL		5. Street/Road Name & Block Number 32ND ST. <small>(Street/Road Name) * (Block Number)</small>		6. Highway Type & No. LS	
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 FALLBRIDGE		11. Branch or Line Name <input type="checkbox"/> None PORTLAND-WISHRAM	
12. RR Milepost 0027.710 <small>(prefix) (nnnn.nnn) (suffix)</small>		13. Line Segment * 0047			
14. Nearest RR Timetable Station * WASHOUGAL		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 If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input type="checkbox"/> No <input checked="" 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) 45.5779716		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -122.3368968	
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. Narrative (Railroad Use) *		32.B. Narrative (State Use) * NOE 8/21/2008			
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)	1.B. Total Night Thru Trains (6 PM to 6 AM)	1.C. Total Switching Trains	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) _____ 3.B. Typical Speed Range Over Crossing (mph) From _____ to _____		
4. Type and Count of Tracks Main 1 Siding 0 Yard 1 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)	PAGE 2	D. Crossing Inventory Number (7 char.)
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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) 3	2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count) 2	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None	
				<input checked="" type="checkbox"/> W10-1 3	<input type="checkbox"/> W10-3 _____
				<input type="checkbox"/> W10-2 _____	<input type="checkbox"/> W10-4 _____
	2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input checked="" type="checkbox"/> No	2.F. Pavement Markings <input checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Specify Type <u>W10-9P</u> Count <u>2</u>		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Specify Type <u>R15-2P</u> Count <u>3</u>		2.L. LED Enhanced Signs (List types)		
	Specify Type <u>TRACKS LOOK</u> Count <u>3</u>				
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 <u>0</u>	3.B. Gate Configuration <input checked="" 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	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>2</u> <input checked="" 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 checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 8
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) ____/____/____ <input checked="" 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 checked="" 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 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	

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes <u>3</u>	<input type="checkbox"/> One-way Traffic <input checked="" 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 checked="" 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 checked="" 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) _____				
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>105</u>		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 type="checkbox"/> (03) Federal AID, Not NHS <input checked="" 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 checked="" type="checkbox"/> (6) Minor Collector <input 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
7. Annual Average Daily Traffic (AADT) Year <u>2022</u> AADT <u>10682</u>		5. Linear Referencing System (LRS Route ID) *	
8. Estimated Percent Trucks <u>12.0</u> %		6. LRS Milepost *	
9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day <u>25</u>		10. Emergency Services Route <input checked="" 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 Scott Collins Organization City of Washougal Phone 360-835-8501 Date 3/3/23

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