



Historic Valley Falls Brownfield Opportunity Area Nomination Railroad Corridor Assessment

Bergmann has assessed existing and past railroad operations within the proposed Historic Valley Falls BOA study area and within five miles of the study area along the railroad right-of-way. This assessment included review of Federal Railroad Administration (FRA) crossing inventories and accident reports, as well as New York State Department of Environmental Conservation (NYSDEC) Spill Records from the Spill Incidents Database. This memo summarizes:

- Railroad operations within the study area.
- General Railroad Industry Safety Regulations and Practices.
- Railroad hazardous materials transport activities and precautions.
- Reported environmental spills that may have been related to railroad activities.
- Incidents between trains and the public at existing at-grade crossings.

Existing Conditions

One existing railroad corridor borders this study area, the Pan Am Southern. This corridor is an east-west route between Mechanicville, NY and Ayer, MA, owned by a joint venture of Norfolk Southern and Pan Am Railway (now CSXT) and independently operated since 2023 by the Berkshire and Eastern Railroad (a subsidiary of Genesee and Wyoming RR). Within the study area, this line follows the southern shoreline of the Hoosic River.

FRA records indicate that up to six freight trains operate through Valley Falls per day at a maximum and average operating speed of 25 mph. There are no transit rail operations. This line has two private at-grade crossings and one RR-under crossing in Valley Falls. The corridor has several at-, above-, and below-grade crossings within five miles of the study area.

Operation Lifesaver

Railroads emphasize safety, including in their interactions with the public, as a highest priority. To help educate the public in railroad safety, all Class I freight railroads in the United States are contributing partners to Operation Lifesaver, a safety organization that is dedicated to educating the public and first responders regarding the dangers associated with railroads, and how to safely coexist. Operation Lifesaver provides training to first responders to assist them with reacting to emergencies such as a railroad derailment. This training is often tailored to the types of rail cars and materials that operate on specific lines in a community.

Hazardous Material Transport

In addition to the voluntary actions of railroads to increase public knowledge and safety, all railroads in the United States are required to follow the Hazardous Materials Safety Administration requirements of the US Department of Transportation in accordance with Title 49 of the Code of Federal Regulations as covered in Part 174. These regulations include all classes of hazardous materials that a railroad may transport under the common carrier law



of the United States in accordance with 49 U.S. Code Section 11101. As a common carrier, rail carriers shall provide transportation or service on reasonable requests and cannot outright refuse transportation of any commodity, and thus there is potential now or in the future for hazardous materials to be transported within the study area as may be authorized by the US Department of Transportation.

Railroad Crossing Safety

In furtherance of a priority on safety, many railroads are publicly opposed to the establishment of any new grade crossings, and this position is supported by programs of the U.S. Department of Transportation and state agencies to eliminate grade crossings by constructing bridges or by diverting traffic to existing overhead, subgrade, or at-grade crossings.

Over the last 25 years, the FRA database includes no reports of incidents at railroad-roadway crossings (including at-, above-, and below-grade crossings) involving trains or other on-track railroad equipment and the public in the immediate project area.

Within five miles of the project area, there has been one incident at the Fisherman's Lane crossing at railroad milepost 458.75 in Schaghticoke, NY, where the terrain and visibility conditions are like those that exist within the study area. In 2014, a southbound tractor trailer vehicle failed to yield and entered this crossing where the vehicle was struck by an eastbound train, resulting in non-life threatening injuries to the driver and substantial damage to the vehicle. The roadway conditions during the incident were icy and the vehicle was travelling down grade, both of which may have contributed to the incident. The crossing had only passive warnings (crossbuck signs) at the time of the incident, but active warning devices (gates, bells, flashers) have been installed at the crossing since the incident occurred.

Spill Reports

Over the past 25 years, only one spill related to the operations of the railroad and within the study area was reported to NYSDEC. On February 7, 2024, a 94-car cargo train traveling eastbound derailed in Valley Falls, New York, at reported railroad milepost 457.5. The derailment resulted in 10 cars leaving the tracks of which two ended up in the Hoosic River. Of the ten train cars that were involved in the derailment, three carried polypropylene plastic pellets, one carried rapeseed oil, two carried grain, and the rest were empty. Cleanup efforts to remove plastic pellets from railcars and collect pellets from the Hoosic River began the day after the incident. A leak of rapeseed oil was repaired at the incident site, and grain was also extracted from railcars. Plastic pellets cleanup efforts continued at several dams downstream of the derailment, and from Hudson River Lock 4 to areas of Waterford and Troy.



Within five miles of the project area there has been one spill reported to NYSDEC that may or may not have been related to railroad operations; in 2014, an incident was reported that an unknown amount of creosote was spilled by an unnamed party on the railroad right of way.

Conclusions

While there is some history of past incidents (spills and collisions) near the study area on the rail corridor, the amount, size, and scope of incidents are minor. The one collision incident in the vicinity of the study area was recent and has a similar terrain, alignment, and physical environment as the study area, however the circumstances that contributed to the collision incident have been mitigated by the installation of additional grade crossing warning and protection devices. Remediation and environmental cleanup efforts due to the most recent spill are primarily completed, but collection and removal of plastic pellet accumulations continues as needed. By all accounts, the recent railroad operations in and nearby the study area have a very low rate of incidents.

Although the disruption experienced during the recent derailment and spill of February 2024 remains fresh in the minds of the Village and its residents, it is important to assess that event over the broader historical context of railroad operations through the Village and more generally in the railroad industry overall. According to the Federal Railroad Administration (FRA), railroads have made significant progress in reducing safety incidents over the past five years:

- Derailment rate: 30% lower than in 2000
- Hazardous materials (hazmat) accident rate: 75% lower than in 2000, and the lowest ever per carload
- Mainline accident rate for Class I railroads: 42% lower than in 2000
- Track-caused accidents: 55% lower than in 2000, and the lowest ever across the rail industry

Thus, in the context of the improvements and projects envisioned to be an outcome of this study, the single greatest measure that the Village can take to maintain public safety adjacent to the railroad would be to afford sufficient separation of the public from the railroad. This separation can be achieved by physically offsetting (buffer zones) the improvements from the railroad, installing security features (fences and gates, active warning devices for at-grade crossings, signage, etc) to prohibit unauthorized public access to railroad property and to control public crossings of the railroad, and to provide grade-separated crossings (bridge over, tunnel under) to eliminate or minimize public occupancy of the railroad operating envelope.

References

- 1) *Spill Incidents Database*. New York State Department of Environmental Conservation. Available online at: www.dec.ny.gov
- 2) *Highway-Rail Crossing Inventory Data*. Federal Railroad Administration: Office of Safety Analysis. Available online at: safetydata.fra.dot.gov



- 3) *Electronic Code of Federal Regulations*. U.S. Government Publishing Office. Available online at: www.ecfr.gov
- 4) *Derailment Pollution Cleanup Fact Sheet*. Pan Am Southern Operated by Berkshire & Eastern Railroad. Available below as Attachment C.



Attachment A – Spill Incident Reports

Spill Number	Date Spill Reported	Spill Name	County
		COUNTRY ACRES TR PK CREEK JOHNSONVILLE RD	
1	1106085	8/28/2011 FLOOD	Rensselaer
2	1213678	12/18/2012 ROADWAY	Rensselaer
3	204944	8/9/2002 BUNTING FARM HUNT RD CREEK	Rensselaer
		JAMES THOMPSON MILL FIRE RT 67 HOOSIC	
4	900815	4/22/2009 RIVER	Rensselaer
5	1304766	8/1/2013 MILK TRUCK ACCIDENT RT 67	Rensselaer
6	2101443	5/17/2021 HOOSIC RIVER	Rensselaer
 			
1	9706632	9/3/1997 TOMHANNOCK CREEK CRANE	Rensselaer
2	2065	5/18/2000 JUNK YARD	Rensselaer
3	1502598	6/8/2015 20 FEET OFF THE RAILROAD TRACKS	Rensselaer
4	10362	12/14/2000 DOBERT RES EAST ST	Rensselaer
5	10363	12/14/2000 DOBERT RES EAST ST	Rensselaer
6	1309620	1/3/2014 UNC BROCK FARM TRUCK	Rensselaer
7	703339	6/21/2007 NIMO TRANSFORMER NAT GRID HANSEN RD	Rensselaer
8	1307596	10/24/2013 NAT GRID TRANSFORMER HANSEN RD	Rensselaer
		MVA RT 40 BTWN BRACKEN & HANSEN CAR IN	
9	1600671	4/19/2016 CREEK	Rensselaer
		MVA RT 40 BTWN BRACKEN & HANSEN CAR IN	
10	1600673	4/19/2016 CREEK	Rensselaer
11	1903155	6/27/2019 ROADWAY	Rensselaer
12	206652	9/26/2002 FOAM ON HUDSON RIVER HOWLAND AVE	Rensselaer
13	9807885	9/28/1998 WEVER PETRO MAIN ST (RT 67/RT 40)	Rensselaer
14	9840034	3/22/1999 WEVER PETRO MAIN ST (RT 67/RT 40)	Rensselaer
15	312585	2/12/2004 STEWARTS #318 MAIN ST (RT 67/RT 40)	Rensselaer
16	412238	2/16/2005 STEWARTS #318 MAIN ST (RT 67/RT 40)	Rensselaer
17	812012	2/4/2009 HOLY TRINITY CHURCH S. MAIN RAY & SON (RT 67	Rensselaer
18	1002692	6/9/2010 HERBICIDE LOWER MAIN ST	Rensselaer
19	1009350	12/1/2010 BUCHANAN RES S. MAIN ST (RT 67/RT 40)	Rensselaer
20	1105406	8/11/2011 HOOSICK VALLEY CTR RT 67 @ RT 40 OIL IN PK LO	Rensselaer
21	1600394	4/12/2016 STEWARTS #318 MAIN ST	Rensselaer
22	9800761	4/17/1998 NIMO SCHAGHTICOKE SUBSTA RT 40	Rensselaer
23	9803116	6/10/1998 EOC COMMAND CTR GUARD RT 40 @ RT 67	Rensselaer
24	9807885	9/28/1998 WEVER PETRO MAIN ST (RT 67/RT 40)	Rensselaer
25	9840034	3/22/1999 WEVER PETRO MAIN ST (RT 67/RT 40)	Rensselaer
26	9911019	12/16/1999 SCHAGHTICOKE FAIRGROUNDS RT 40 @ RT 67	Rensselaer
27	6129	8/23/2000 AGWAY RT 40 @ MADIGAN RD	Rensselaer
28	9086	11/6/2000 M&T BANK RT 67 @ RT 40	Rensselaer

29	300263	4/8/2003 KING FUEL TRUCK RT 40	Rensselaer
30	308215	11/3/2003 CAR ACCIDENT RT 40	Rensselaer
31	312585	2/12/2004 STEWARTS #318 MAIN ST (RT 67/RT 40)	Rensselaer
32	408011	10/19/2004 OIL ON RD RT 67 1MI W OF RT 40	Rensselaer
33	409027	11/16/2004 MILK TRUCK RT 40 CREEK	Rensselaer
34	411414	1/21/2005 FANE GRAVEL NIMO TRUCK RT 40	Rensselaer
35	412238	2/16/2005 STEWARTS #318 MAIN ST (RT 67/RT 40)	Rensselaer
36	502091	5/21/2005 NIMO TRANSFORMER RT 40	Rensselaer
37	703045	6/13/2007 OIL ON RD RT 40	Rensselaer
38	805745	8/19/2008 HOOSIC VALLEY HIGH SCHOOL RT 40 @ RT 67 HOLY TRINITY CHURCH S. MAIN RAY & SON (RT	Rensselaer
39	812012	2/4/2009 67/RT 40	Rensselaer
40	903155	6/17/2009 DUNIGAN RES RT 40 BOX 1292	Rensselaer
41	1000344	4/8/2010 CAR ACCIDENT RT 40 IFO KINGSLEY ARMS APT	Rensselaer
42	1009350	12/1/2010 BUCHANAN RES S. MAIN ST (RT 67/RT 40)	Rensselaer
43	1101154	5/1/2011 CAR ACCIDENT RT 40 HOOSICK VALLEY CTR RT 67 @ RT 40 OIL IN PK	Rensselaer
44	1105406	8/11/2011 LOT	Rensselaer
45	1309620	1/3/2014 UNC BROCK FARM TRUCK	Rensselaer
46	1500035	4/2/2015 HANNAFORD TRUCK V JEEP RT 40 CREEK MVA RT 40 BTWN BRACKEN & HANSEN CAR IN	Rensselaer
47	1600671	4/19/2016 CREEK MVA RT 40 BTWN BRACKEN & HANSEN CAR IN	Rensselaer
48	1600673	4/19/2016 CREEK	Rensselaer
49	1806603	9/20/2018 NAT GRID	Rensselaer
50	9803116	6/10/1998 EOC COMMAND CTR GUARD RT 40 @ RT 67	Rensselaer
51	9807885	9/28/1998 WEVER PETRO MAIN ST (RT 67/RT 40)	Rensselaer
52	9840034	3/22/1999 WEVER PETRO MAIN ST (RT 67/RT 40)	Rensselaer
53	9911019	12/16/1999 SCHAGHTICOKE FAIRGROUNDS RT 40 @ RT 67	Rensselaer
54	9086	11/6/2000 M&T BANK RT 67 @ RT 40	Rensselaer
55	312585	2/12/2004 STEWARTS #318 MAIN ST (RT 67/RT 40)	Rensselaer
56	408011	10/19/2004 OIL ON RD RT 67 1MI W OF RT 40	Rensselaer
57	412238	2/16/2005 STEWARTS #318 MAIN ST (RT 67/RT 40)	Rensselaer
58	805745	8/19/2008 HOOSIC VALLEY HIGH SCHOOL RT 40 @ RT 67	Rensselaer
59	812012	2/4/2009 HOLY TRINITY CHURCH S. MAIN RAY & SON (RT 67	Rensselaer
60	1009350	12/1/2010 BUCHANAN RES S. MAIN ST (RT 67/RT 40)	Rensselaer
61	1105406	8/11/2011 HOOSICK VALLEY CTR RT 67 @ RT 40 OIL IN PK LO	Rensselaer
62	1507864	10/27/2015 CASHMAN DREDGING BARGE HUDSON RIVER RT 6	Rensselaer
1	610067	12/5/2006 COUNTRY ACRES MOBILE HOME TR PK RT 7	Rensselaer
2	1608132	11/21/2016 NAT GRID TRANSFORMER POWDER MILL RD POLE	Rensselaer
3	2004955	8/29/2020 NATIONAL GRID	Rensselaer

4	9807771	9/25/1998 AUTO STOP RT 67	Rensselaer
5	613519	3/15/2007 LINZNER RES RT 67	Rensselaer
6	900815	4/22/2009 JAMES THOMPSON MILL FIRE RT 67 HOOSIC RIVER	Rensselaer
7	1504769	8/3/2015 PULL OFF RT 67 OILY PUDDLE	Rensselaer
8	206954	10/5/2002 GREGG RES STATE ST	Rensselaer

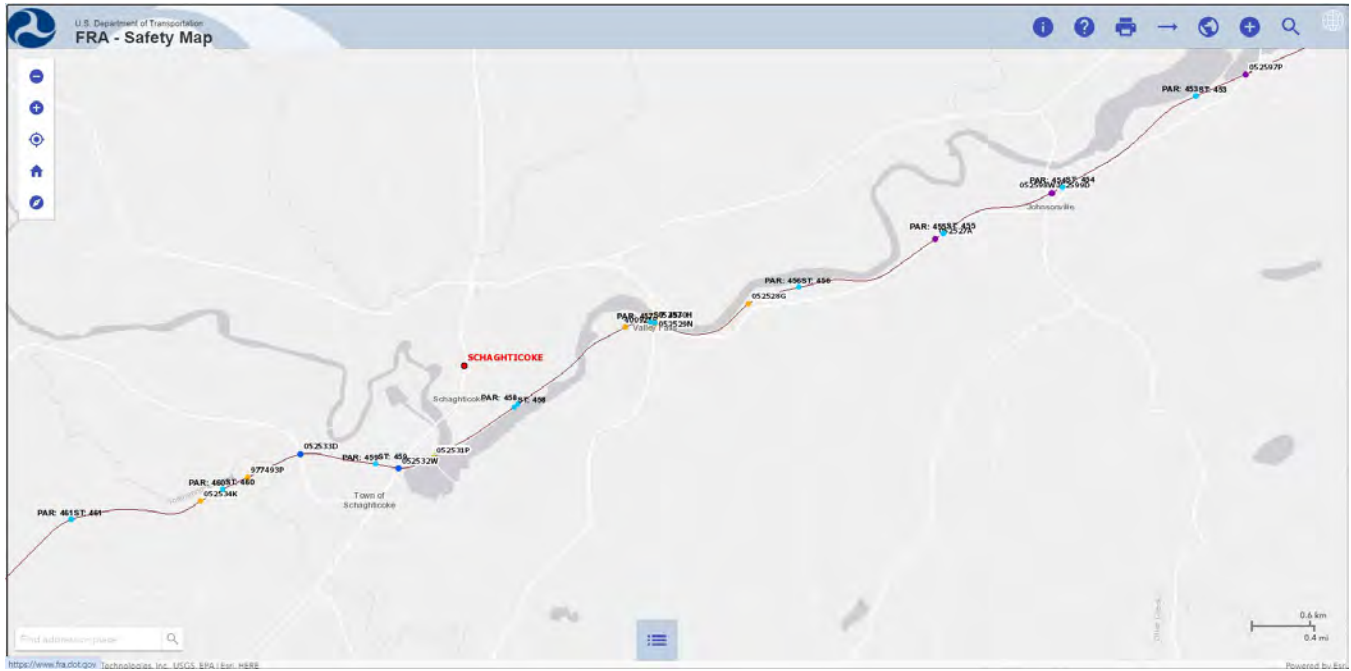
City/Town	Address
PITTSTOWN	70 JOHNSONVILLE RD CREEK @ TR PK RT 111
PITTSTOWN	FLOOD
PITTSTOWN	644 JOHNSONVILLE RD / 1/4 MI NORTH
PITTSTOWN	137 HUNT RD CREEK
VALLEY FALLS PITTSTOWN	1835 RT 67 HOOSIC RIVER
PITTSTOWN	1951 RT 67
PITTSTOWN	NY RT 67
SCHAGHTICOKE	284 BUTTERMILK FALLS CREEK
SCHAGHTICOKE	BUTTERMILK FALLS RD
SCHAGHTICOKE	122 BUTTERMILK FALLS RD
SCHAGHTICOKE	63 EAST ST
SCHAGHTICOKE	53 8TH ST [63 EAST ST]
SCHAGHTICOKE	FISHERMANS LN OFF RT 40
SCHAGHTICOKE	HANSEN RD
SCHAGHTICOKE	326 HANSEN RD
SCHAGHTICOKE	RT 40 BTWN BRACKEN & HANSEN
SCHAGHTICOKE	RT 40 BTWN BRACKEN & HANSEN
SCHAGHTICOKE	461 HANSEN ROAD
SCHAGHTICOKE	75 HOWLAND AVE HUDSON RIVER
SCHAGHTICOKE	100 MAIN ST RT 40 (RT 67/RT 40)
SCHAGHTICOKE	166 MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	62 MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	62 MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	17 S. MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	199 LOWER MAIN ST
SCHAGHTICOKE	24 S. MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	MAIN ST RT 67 @ RT 40
SCHAGHTICOKE	62 MAIN ST
SCHAGHTICOKE	RT 40 SUBSTATION
SCHAGHTICOKE	SCHAGHTICOKE FAIRGROUND RT 40 @ RT 67
SCHAGHTICOKE	100 MAIN ST RT 40 (RT 67/RT 40)
SCHAGHTICOKE	166 MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	RT 40 @ RT 67 FAIRGROUNDS
SCHAGHTICOKE	RT 40 @ MADIGAN RD
SCHAGHTICOKE	RT 67 @ RT 40

SCHAGHTICOKE	RT 40 @ TURNER RD
SCHAGHTICOKE	863 RT 40
SCHAGHTICOKE	62 MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	ST RT 67 1MI W OF ST RT 40
SCHAGHTICOKE	RT 40 CREEK NEAR SCHAGHTICOKE FAIR
SCHAGHTICOKE	RT 40
SCHAGHTICOKE	62 MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	RT 40
SCHAGHTICOKE	1084 RT 40 NEAR CALHOUN'S
SCHAGHTICOKE	RT 40 @ RT 67 (PLEASANT AVE)
SCHAGHTICOKE	17 S. MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	NY RT 40
SCHAGHTICOKE	RT 40
SCHAGHTICOKE	24 S. MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	1352 RT 40
SCHAGHTICOKE	MAIN ST RT 67 @ RT 40
SCHAGHTICOKE	FISHERMANS LN OFF RT 40
MELROSE SCHAGHTICOKE	667 RT 40
SCHAGHTICOKE	RT 40 BTWN BRACKEN & HANSEN
SCHAGHTICOKE	RT 40 BTWN BRACKEN & HANSEN
SCHAGHTICOKE	RT 40 AND PEARL ST
SCHAGHTICOKE	SCHAGHTICOKE FAIRGROUND RT 40 @ RT 67
SCHAGHTICOKE	100 MAIN ST RT 40 (RT 67/RT 40)
SCHAGHTICOKE	166 MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	RT 40 @ RT 67 FAIRGROUNDS
SCHAGHTICOKE	RT 67 @ RT 40
SCHAGHTICOKE	62 MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	ST RT 67 1MI W OF ST RT 40
SCHAGHTICOKE	62 MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	RT 40 @ RT 67 (PLEASANT AVE)
SCHAGHTICOKE	17 S. MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	24 S. MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	MAIN ST RT 67 @ RT 40
HEMSTREET PARK SCHAGHTICOKE	HUDSON RIVER S OF RT 67 BRIDGE (HRM 165.5?)
VALLEY FALLS	MAIN WAY& RT 7 TR PK
VALLEY FALLS	176 POWDER MILL RD
VALLEY FALLS	176 POWDER MILL RD

VALLEY FALLS	RT 67
VALLEY FALLS	1858 RT 67
VALLEY FALLS PITTSTOWN	1835 RT 67 HOOSIC RIVER
VALLEY FALLS	RT 67
VALLEY FALLS	2 STATE ST



Attachment B – At-Grade Crossing Inventory Reports



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) 11 / 17 / 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 052528G
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near VALLEY FALLS		5. Street/Road Name & Block Number FARM RD (Street/Road Name) * (Block Number)		6. Highway Type & No. PRIVATE	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0456.161 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * WEST VALLEY FALLS	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A		17. Crossing Type <input type="checkbox"/> Public <input checked="" 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 <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0		23. Type of Land Use <input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard	
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 42.9055734		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.5510230	
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 *	
30.D. Railroad Use *		31.C. State Use *		30.D. Railroad Use *	
32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-232-0144	
34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521			

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 6	1.B. Total Night Thru Trains (6 PM to 6 AM) 6	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) 2022		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 40 3.B. Typical Speed Range Over Crossing (mph) From 40 to 40		
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 type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" 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 checked="" type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/17/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 052528G	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		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 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 0) <input checked="" 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 checked="" 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 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 checked="" 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 0 Pedestrian 0	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 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 0 <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 checked="" type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/____ <input checked="" type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.I. Bells (count) 0
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 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input checked="" 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 checked="" 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 checked="" type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes 1 <input type="checkbox"/> One-way Traffic <input checked="" type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input checked="" 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) 75			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°	8. Is Commercial Power Available? * <input 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 type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input 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 1970 AADT _____		8. Estimated Percent Trucks _____ %	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.					

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) 11 / 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 052596H
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near HOOSICK		5. Street/Road Name & Block Number HUNT RD (Street/Road Name) * (Block Number)		6. Highway Type & No. L	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0451.809 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station CPF 448	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A		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		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 42.9311020		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.4748126	
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 *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-232-0144		34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 3	1.B. Total Night Thru Trains (6 PM to 6 AM) 3	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) 2022		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 40 3.B. Typical Speed Range Over Crossing (mph) From 10 to 40		
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 type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" 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 checked="" type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/04/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 05259611	
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 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 checked="" 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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 2 Pedestrian 0	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 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 2 <input type="checkbox"/> Incandescent <input checked="" 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 checked="" type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.I. Bells (count) 2
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 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input checked="" 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 checked="" 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 checked="" type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad <input type="checkbox"/> One-way Traffic <input checked="" type="checkbox"/> Two-way Traffic Number of Lanes 2 <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) _____			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input checked="" type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°	8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Part V: Public Highway Information					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal AID		2. Functional Classification of Road at Crossing <input checked="" type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit 30 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year 1978 AADT 000250		8. Estimated Percent Trucks 02 _____ %	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 _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

A. Revision Date (MM/DD/YYYY) 11 / 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 052597P
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near HOOSICK		5. Street/Road Name & Block Number RT 67 (Street/Road Name) * (Block Number)		6. Highway Type & No. ST-67	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0452.655 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * JOHNSONVILLE	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A		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 type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input checked="" 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 type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 42.9261293		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.4901098	
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 * 7029240		
30.C. Railroad Use *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-232-0144		34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 0	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input checked="" type="checkbox"/> How many trains per week? 0
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
4. Type and Count of Tracks Main 0 Siding Yard Transit Industry				
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 type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input 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) 11/04/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 052597P	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		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 type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No
2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 0 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	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 0 <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) 0
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes _____ <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input 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 type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input 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 2007 AADT 002683		8. Estimated Percent Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

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) 11 / 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 052598W
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near HOOSICK		5. Street/Road Name & Block Number CR 111 BRIDGE 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, Specify RR</small>		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0454.075 <small>(prefix) (nnnn.nnn) (suffix)</small>		13. Line Segment *			
14. Nearest RR Timetable Station * JOHNSONVILLE		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A	
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 type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input checked="" 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 type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
23. Type of Land Use <input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, Provide Crossing Number</small>			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused <small>Date Established</small>		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A	27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 42.9154980		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.5138875		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 * 7303472		
30.C. Railroad Use *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-232-0144		34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 0	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input checked="" type="checkbox"/> How many trains per week? 0
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
4. Type and Count of Tracks Main 0 Siding Yard Transit Industry				
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 type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input 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) 11/04/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 052598W	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		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 type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No
2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 0 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	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 0 <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) 0
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes _____ <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No If Yes, Approximate Distance (feet) _____			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°	8. Is Commercial Power Available? * <input 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 type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input 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 1970 _____ AADT _____		8. Estimated Percent Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

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 / 01 / 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 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 checked="" 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 052599D
---	--	---	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near HOOSICK		5. Street/Road Name & Block Number SIDEWALK (Street/Road Name) * (Block Number)		6. Highway Type & No.	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None FITCHBURG ML	
12. RR Milepost 0000.00 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * JOHNSONVILLE	
15. Parent RR (if applicable) <input type="checkbox"/> N/A CSX		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A CSX		17. Crossing Type <input type="checkbox"/> Public <input type="checkbox"/> Private	
18. Crossing Purpose <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input checked="" 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 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 type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input 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 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 type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 42.9155157		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.5138304	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input 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 *			
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted)		34. Railroad Contact (Telephone No.)		35. State Contact (Telephone No.) 518-457-5521	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 0	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) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
4. Type and Count of Tracks Main 0 Siding _____ Yard _____ Transit _____ Industry _____				
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 type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input 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) 09/01/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 052599D	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		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"/> W10-2 _____	<input type="checkbox"/> W10-4 _____
				<input type="checkbox"/> W10-11 _____	<input type="checkbox"/> W10-12 _____
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input type="checkbox"/> No		2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No
					2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)	
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 0 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	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 0 <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) 0
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes _____		<input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No If Yes, Approximate Distance (feet) _____			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input 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 type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input 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 1970 AADT _____		8. Estimated Percent Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

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) 11 / 01 / 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 052527A
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near SCHAGHTICOKE		5. Street/Road Name & Block Number WENTODULAR WAY (Street/Road Name) * (Block Number)		6. Highway Type & No. PRIVATE	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0454.863 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * JOHNSONVILLE	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A		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 type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input checked="" 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 type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 42.9113870		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.5280540	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input 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. State Use *			31.B. State Use *		
31.C. State Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-232-0144		34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 0	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input checked="" type="checkbox"/> How many trains per week? 0
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
4. Type and Count of Tracks Main 0 Siding Yard Transit Industry				
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 type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input 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) 11/01/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 052527A	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		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 type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No
2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input checked="" 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 0 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	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 0 <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) 0
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes _____ <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input 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) ____/____/_____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input 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 type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1970 _____ AADT _____		8. Estimated Percent Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

HIGHWAY-RAIL GRADE CROSSING
ACCIDENT/INCIDENT REPORT

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No. 2130-0500

Name Of 1. Reporting Railroad Boston & Maine Corporation [BM]				Alphabetic Code 1a. BM	RR Accident/Incident No. 1b. B86048
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Boston & Maine Corporation [BM]				3a. BM	3b. B86048
4. U.S. DOT-AAR Grade Crossing ID No. 052527A		5. Date of Accident/Incident 03/14/86		6. Time of Accident/Incident 05:15 PM	
7. Nearest Railroad Station JOHNSONVILLE		8. Division RENSELAER		9. County RENSELAER	
10. State Abbr. 36		Code NY			
11. City (if in a city) JOHNSONVILLE		12. Highway Name or No. HILT CROSSING			<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 4. Car(s) (moving) 8. Other (specify) 2. Train (units pushing) 5. Car(s) (standing) A. Train pulling- RCL 3. Train (standing) 7. Light loco(s) (standing) B. Train pushing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 1		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 2		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 25 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 3		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 2	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name MAIN
27. FRA Track Class 3		28. Number of Locomotive Units 3		29. Number of Cars 65	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated 25 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 4			
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 07			33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 2	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$100		48. Total Number of Highway-Rail Crossing Users (include driver) 0	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block			
53b. Special Study Block					
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

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) 11 / 17 / 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 052529N
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near SCHAGHTICOKE		5. Street/Road Name & Block Number THOMPSON XING/DAM <small>(Street/Road Name) * (Block Number)</small>		6. Highway Type & No. INDUSTRIAL	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR _____		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0456.993 <small>(prefix) (nnnn.nnn) (suffix)</small>		13. Line Segment * _____			
14. Nearest RR Timetable Station * WEST VALLEY FALLS		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A	
17. Crossing Type <input type="checkbox"/> Public <input checked="" 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 checked="" 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 type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
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 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) 42.9038443		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.5623724	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input 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. State Use *			31.B. State Use *		
31.C. State Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-232-0144		34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 3		1.B. Total Night Thru Trains (6 PM to 6 AM) 3		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) 2022		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 40 3.B. Typical Speed Range Over Crossing (mph) From 40 to 40		
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 type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" 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 checked="" type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/17/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 052529N	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" 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 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 0) <input checked="" 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 checked="" 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 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 checked="" 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 0 Pedestrian 0	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 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 0 <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 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 <input checked="" 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 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input checked="" 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 checked="" 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 checked="" type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes 2 <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) 150		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Part V: Public Highway Information					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1970 AADT _____		8. Estimated Percent Trucks _____ %	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.					

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) 11 / 17 / 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 400925R
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near SCHAGHTICOKE		5. Street/Road Name & Block Number WASTEWATER PLANT (Street/Road Name) * (Block Number)		6. Highway Type & No. PVT	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0457.171 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * WEST VALLEY FALLS	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A		17. Crossing Type <input type="checkbox"/> Public <input checked="" 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 <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0		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 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) 42.9034567		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.5660937	
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 *	
32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-232-0144	
34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521			

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 3	1.B. Total Night Thru Trains (6 PM to 6 AM) 3	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) 2022		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 25 3.B. Typical Speed Range Over Crossing (mph) From 25 to 25		
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 type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" 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 checked="" type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/17/2022		PAGE 2			D. Crossing Inventory Number (7 char.) 400925R	
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) 0		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 0) <input checked="" 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 checked="" 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 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 checked="" 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 0 Pedestrian 0	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 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 2 <input checked="" 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 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 <input checked="" 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 0 Specify type _____		
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input checked="" 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 checked="" 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 checked="" type="checkbox"/> None	
Part IV: Physical Characteristics						
1. Traffic Lanes Crossing Railroad Number of Lanes 1 <input type="checkbox"/> One-way Traffic <input checked="" type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input checked="" 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 type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input 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 type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input 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 _____ AADT _____		8. Estimated Percent Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input 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.						

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) 11 / 01 / 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 052530H
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near SCHAGHTICOKE		5. Street/Road Name & Block Number RT 67 (Street/Road Name) * (Block Number)		6. Highway Type & No. ST-67	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0456.998 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station *	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A		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 type="checkbox"/> At Grade <input checked="" 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		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
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) 42.9038618		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.5625221	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *			
30.B. Railroad Use *		31.A. State Use *			
30.C. Railroad Use *		31.B. State Use * 1029220			
30.D. Railroad Use *		31.C. State Use *			
32.A. Narrative (Railroad Use) *		31.D. State Use *			
32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-232-0144			
34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521			

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 0	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input checked="" type="checkbox"/> How many trains per week? 0
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
4. Type and Count of Tracks Main 0 Siding Yard Transit Industry				
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 type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input 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) 11/01/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 0525301	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		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 type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No
2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 0 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	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 0 <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) 0
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes _____ <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input 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 type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input 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 2007 AADT 006048		8. Estimated Percent Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

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) 11 / 01 / 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 052534K
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCHAGHTICOKE		5. Street/Road Name & Block Number BUTTERMILK FALLS RD <small>(Street/Road Name) * (Block Number)</small>		6. Highway Type & No. L	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0460.153 <small>(prefix) (nnnn.nnn) (suffix)</small>					
13. Line Segment *		14. Nearest RR Timetable Station * REYNOLDS		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A	
16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A					
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 <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 42.8878764		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.6180768	
				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 *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-232-0144		34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 3		1.B. Total Night Thru Trains (6 PM to 6 AM) 3		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) 2022		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 25 3.B. Typical Speed Range Over Crossing (mph) From 10 to 25		
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 type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" 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 checked="" type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/01/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 052534K	
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) 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 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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 2 Pedestrian 0	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 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 3 <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 5
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 checked="" type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.I. Bells (count) 2
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 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input checked="" 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 checked="" 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 checked="" type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad <input type="checkbox"/> One-way Traffic <input checked="" type="checkbox"/> Two-way Traffic Number of Lanes 2 <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 checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
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 type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal AID		2. Functional Classification of Road at Crossing <input checked="" type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit 35 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year 1980 AADT 000250		8. Estimated Percent Trucks 02 _____ %	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 _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

A. Revision Date (MM/DD/YYYY) 11 / 01 / 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 052535S
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCHAGHTICOKE		5. Street/Road Name & Block Number HANSEN ROAD <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, Specify RR</small>		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0461.613 <small>(prefix) (nnnn.nnn) (suffix)</small>		13. Line Segment *			
14. Nearest RR Timetable Station *		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A	
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 type="checkbox"/> At Grade <input checked="" 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 <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other	22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
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 <small>If Yes, Provide Crossing Number</small>			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused <small>Date Established</small>		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A	27. Latitude in decimal degrees <small>(WGS84 std: nn.nnnnnnn)</small> 42.8802902		28. Longitude in decimal degrees <small>(WGS84 std: -nnn.nnnnnnn)</small> -73.6430703		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 * 2259470		
30.C. Railroad Use *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-232-0144		34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 0	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input checked="" type="checkbox"/> <small>How many trains per week? 0</small>
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
4. Type and Count of Tracks Main 0 Siding _____ Yard _____ Transit _____ Industry _____				
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 type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input 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) 11/01/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 052535S	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		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 type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No
2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 0 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	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 0 <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) 0
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes _____ <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No If Yes, Approximate Distance (feet) _____			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°	8. Is Commercial Power Available? * <input 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 type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input 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 1970 AADT _____		8. Estimated Percent Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

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) 05 / 20 / 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 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 checked="" type="checkbox"/> Change in Primary Operating RR	D. DOT Crossing Inventory Number 977493P
---	--	--	--

Part I: Location and Classification Information

1. Primary Operating Railroad Boston & Maine Corporation [BM]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCHAGHTICOKE		5. Street/Road Name & Block Number FARM (Street/Road Name) * (Block Number)		6. Highway Type & No. P	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input checked="" type="checkbox"/> None		10. Railroad Subdivision or District <input checked="" type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None FML FITCHBURG	
12. RR Milepost 0459.830 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * REYNOLDS	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A		17. Crossing Type <input type="checkbox"/> Public <input checked="" 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		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input type="checkbox"/> Open Space <input checked="" 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 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) 42.8899765		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.6124143	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input 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 *			
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-955-9208		34. Railroad Contact (Telephone No.) 978-663-1124		35. State Contact (Telephone No.) 518-457-5521	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 3	1.B. Total Night Thru Trains (6 PM to 6 AM) 3	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) 2021		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 25 3.B. Typical Speed Range Over Crossing (mph) From 10 to 25		
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 type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" 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 checked="" type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 05/20/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 977493P	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		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 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 checked="" 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 checked="" 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 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 checked="" 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 0 Pedestrian 0	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 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 0 <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 checked="" type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/____ <input checked="" type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.I. Bells (count) 0
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 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input checked="" 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 checked="" 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 checked="" type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes 1 <input type="checkbox"/> One-way Traffic <input checked="" type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input checked="" 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 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 type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year _____ AADT _____		8. Estimated Percent Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input 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.					

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) 11 / 01 / 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 052532W
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCHAGHTICOKE		5. Street/Road Name & Block Number RT 40 (Street/Road Name) * (Block Number)		6. Highway Type & No. ST-40	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0458.855 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * SCHAGHTICOKE	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A		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 type="checkbox"/> At Grade <input checked="" 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		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
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 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) 42.8908467		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.5939228	
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 * 1024710		
30.C. Railroad Use *			31.C. State Use *		
30.D. Railroad Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-232-0144		34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 0	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input checked="" type="checkbox"/> How many trains per week? 0
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
4. Type and Count of Tracks Main 0 Siding Yard Transit Industry				
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 type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input 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) 11/01/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 052532W	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		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 type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No
2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 0 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	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 0 <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) 0
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes _____ <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input 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) ____/____/_____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input 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 type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input 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 2007 AADT 009709		8. Estimated Percent Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

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) 11 / 01 / 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 052533D
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCHAGHTICOKE		5. Street/Road Name & Block Number RT 67 (Street/Road Name) * (Block Number)		6. Highway Type & No. RT	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0459.472 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * SCHAGHTICOKE	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A		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 type="checkbox"/> At Grade <input checked="" 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		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
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 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) 42.8920657		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.6059445	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *			
30.B. Railroad Use *		31.A. State Use *			
30.C. Railroad Use *		31.B. State Use * 1303390			
30.D. Railroad Use *		31.C. State Use *			
30.E. Railroad Use *		31.D. State Use *			
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-232-0144		34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	1.C. Total Switching Trains 0	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input checked="" type="checkbox"/> How many trains per week? 0
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
4. Type and Count of Tracks Main 0 Siding Yard Transit Industry				
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 type="checkbox"/> DC <input type="checkbox"/> Other <input type="checkbox"/> None				
6. Is Track Signaled? <input 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) 11/01/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 052533D	
Part III: Highway or Pathway Traffic Control Device Information					
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 0		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 type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No
2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 0 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	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 0 <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) 0
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____	6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes _____ <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input 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 type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input 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 2007 AADT 003169		8. Estimated Percent Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day 0		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

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) 11 / 01 / 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 052531P
---	--	--	---

Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSELAER	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near SCHAGHTICOKE		5. Street/Road Name & Block Number FISHERMANS LN (Street/Road Name) * (Block Number)		6. Highway Type & No. L	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None NEW ENGLAND		10. Railroad Subdivision or District <input type="checkbox"/> None PAN AM SOUTHERN		11. Branch or Line Name <input checked="" type="checkbox"/> None	
12. RR Milepost FML 0458.619 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * WEST VALLEY FALLS	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input checked="" type="checkbox"/> N/A		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 <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0		23. Type of Land Use <input 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 checked="" 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) 42.8918498		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -73.5895958	
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 *	
32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-232-0144	
34. Railroad Contact (Telephone No.) 904-366-3051		35. State Contact (Telephone No.) 518-457-5521			

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 3	1.B. Total Night Thru Trains (6 PM to 6 AM) 3	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) 2022		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 25 3.B. Typical Speed Range Over Crossing (mph) From 10 to 25		
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 type="checkbox"/> DC <input type="checkbox"/> Other <input checked="" 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 checked="" type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/01/2022		PAGE 2		D. Crossing Inventory Number (7 char.) 052531P	
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 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 checked="" 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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 2 Pedestrian 0	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 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 2 <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input 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 checked="" type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.I. Bells (count) 2
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 0 Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input checked="" 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 checked="" 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 checked="" type="checkbox"/> None	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad <input type="checkbox"/> One-way Traffic <input checked="" type="checkbox"/> Two-way Traffic Number of Lanes 2 <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 checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/_____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____ Width * _____ Length * _____					
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 type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input checked="" type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit 25 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year 2002 AADT 000150		8. Estimated Percent Trucks 03 _____ %	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 _____ 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.					

1. Name of Reporting Railroad Pan Am Railways/Guilford System [GRS]				1a. Alphabetic Code GRS		1b. Railroad Accident/Incident No. 20140103M1		
2. Name of Other Railroad or Other Entity Filing for Equipment Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.		
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry) Pan Am Railways/Guilford System [GRS]				3a. Alphabetic Code GRS		3b. Railroad Accident/Incident No. 20140103M1		
4. U.S. DOT Grade Crossing ID No. 052531P				5. Date of Accident/Incident month day year 0 1 0 3 2014		6. Time of Accident/Incident 1:59 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		
7. Nearest Railroad Station MECHANICVILLE		8. Subdivision WESTERN		9. County RENSSELAER		10. State Abbr. NY Code 36		
11. City (if in a city) SCHAGHTICOKE			12. Highway Name or No. FISHERMANS LANE			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>		
Highway User Involved				Rail Equipment Involved				
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) C				17. Equipment 1. Train (units pulling) 2. Train (units pushing) 3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL D. EMU Locomotive(s) E. DMU Locomotive(s) Code 1				
14. Vehicle Speed (est. mph at impact) 10		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 2		18. Position of Car Unit in Train 1				
16. Position 1. Stalled or stuck on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped on crossing by traffic 5. Blocked on crossing by gates Code 3			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1					
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4					
20c. State here the name and quantity of the hazardous material released, if any								
21. Temperature (specify if minus) 5 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1				
24. Type of Equipment Consist (single entry) 1. Freight Train 2. Passenger Train-Pulling 3. Commuter Train-Pulling 4. Work Train 5. Single Car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing D. EMU E. DMU Code 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name FREIGHT MAIN LINE		
27. FRA Track Class (1-9,X) 2		28. Number of Locomotive Units 3		29. Number of Cars 30		30. Consist Speed (Recorded speed if available) R. Recorded E. Estimated 23 mph R		
31. Time Table Direction 1. North 2. South 3. East 4. West Code 3		32. Type of Crossing Warning 1. Gates 2. Cantilever FLS 3. Standard FLS 4. Wig wags 5. Hwy. traffic signals 6. Audible 7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other (specify) 12. None Code(s) 07				33. Signaled Crossing Warning (See reverse side for instructions and codes) Code		
34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code D			35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Highway User's Age 1. Male 2. Female Code 1		39. Highway User's Gender Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 3		
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other (specify) 8. Not Obstructed Code 8				44. Driver was 1. Killed 2. Injured 3. Uninjured Code 2		
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1		46. Highway-Rail Crossing Users 0 Killed 1 Injured		47. Highway Vehicle Property Damage (est. dollar damage) \$80,000		48. Total Number of Vehicle Occupants (including driver) 1		
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and train crew) 2		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2				
52. Passengers on Train 0		53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		53b. Special Study Block				
54. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN 206 HEADING EAST AND COLLIDED WITH A TRACTOR TRAILER AT FISHERMANS LANE CROSSING MP 458.75 THE TRACTOR TRAILER FAILED TO YIELD.								
55. Typed Name and Title				56. Signature		57. Date		



Attachment C – Valley Falls Derailment Pollution Cleanup Fact Sheet



Berkshire & Eastern Railroad
Pellet Reporting/Information Hotline &
Email
888-413-4113
PASCommunity@gwrr.com

FACT SHEET

Derailment Pollution Cleanup

Hoosic River

Valley Falls, NY

At Railroad Mile Post 457.5

March 2024

Berkshire & Eastern Railroad Valley Falls Derailment Site Cleanup

On February 7, 2024 at approximately 9:15 p.m., a Pan Am Southern LLC train operated by Berkshire & Eastern Railroad (BERX) traveling eastbound derailed at railroad mile post 457.5 in Valley Falls, New York. A total of 10 cars were affected by the derailment including two box cars (upright), one empty gondola, two hopper cars carrying grain, one Department of Transportation (DOT) 111 Tank Car carrying rapeseed oil and three hopper cars carrying polypropylene plastic pellets.

Of the cars derailed, two hopper cars came to rest partially in the Hoosic River. Polypropylene plastic pellets were released. Grain was also released onto the banks of the Hoosic River, and some material entered the river. A small amount of rapeseed oil was released when the vapor line on the car was damaged as a result of the derailment. HEPACO, an environmental response contractor to the BERX, plugged the vapor line during the initial response.

The cleanup activities are being performed by Miller Environmental Group and HEPACO with consultation from TRC Environmental. The NYSDEC has been providing oversight of the project since the incident occurred.

Highlights of the Site Cleanup:

- Rapeseed Oil – Vapor line plugged
- Initial Boom Deployment – Boom deployed downstream of derailment at the railroad bridge located at Fishermans Lane in Schaghticoke, NY (2/8/24)
- Vacuum Extraction of railcars – Removal of plastic pellets from railcars (2/8-2/11)
- Secondary Boom Deployment – Boom Deployed downstream of Broad Street on Hudson (2/8/24)
- Vacuum Extraction of spilt grain (2/10-2/12)
- Plastic pellet collection in Hoosic River near affected dam water intakes
- Plastic pellet collection along the Hoosic and Hudson Rivers by Miller Environmental Group including near the Fishermans Lane rail bridge, the Brookfield Power Dam in Schaghticoke, state and private lands near Lock 4 in Schaghticoke, Quack Island, eastern shoreline near River Road in Troy.

Polypropylene Plastic Pellets

Polypropylene plastic pellets are one of the most commonly used thermoplastics in the world and are used to make plastic packaging, used in auto manufacturing, medical devices and food packing among other uses. The pellets are small, nearly white to clear and round in shape. They float in water and have a tendency to

accumulate along shorelines. According to the manufacturer's information, there is no known cancer causing or reproductive toxicity exposure levels for the materials used to make the pellets (See Heartland Regulatory Statement- February, 2024).

How to Comment: Berkshire & Eastern Railroad is accepting calls and emails reporting pellets relating to the Valley Falls Derailment for the foreseeable future. Updates will be shared as they become available. Contact information is located on this fact sheet.

Comments or Concerns for NYSDEC

Division of Water NYSDEC Region 4
1130 N. Westcott Road
Schenectady, NY 12306
(518) 357-2045
DOW.R4@dec.ny.gov

Next Steps: Berkshire & Eastern Railroad will investigate all reported sightings of potential pellet accumulation. If evidence of pellets is found, cleanup will be performed at those locations.

The rail cars onsite will be scrapped and the remaining pellets at the Site will be removed at that time.

Site Description: The location of the spill is at railroad mile post 457.5 north of State Route 67 in Valley Falls, NY and is bordered by the Hoosic River. The pellets have been primarily identified along the Hoosic River between the point of derailment and the confluence with the Hudson River. Additionally, pellets have been identified along the Hudson River from Lock 4 primarily to the downstream boom located south of Broad Street Bridge between Waterford and Troy. Minor amounts of pellets have been reported as far south as Athens, New York.

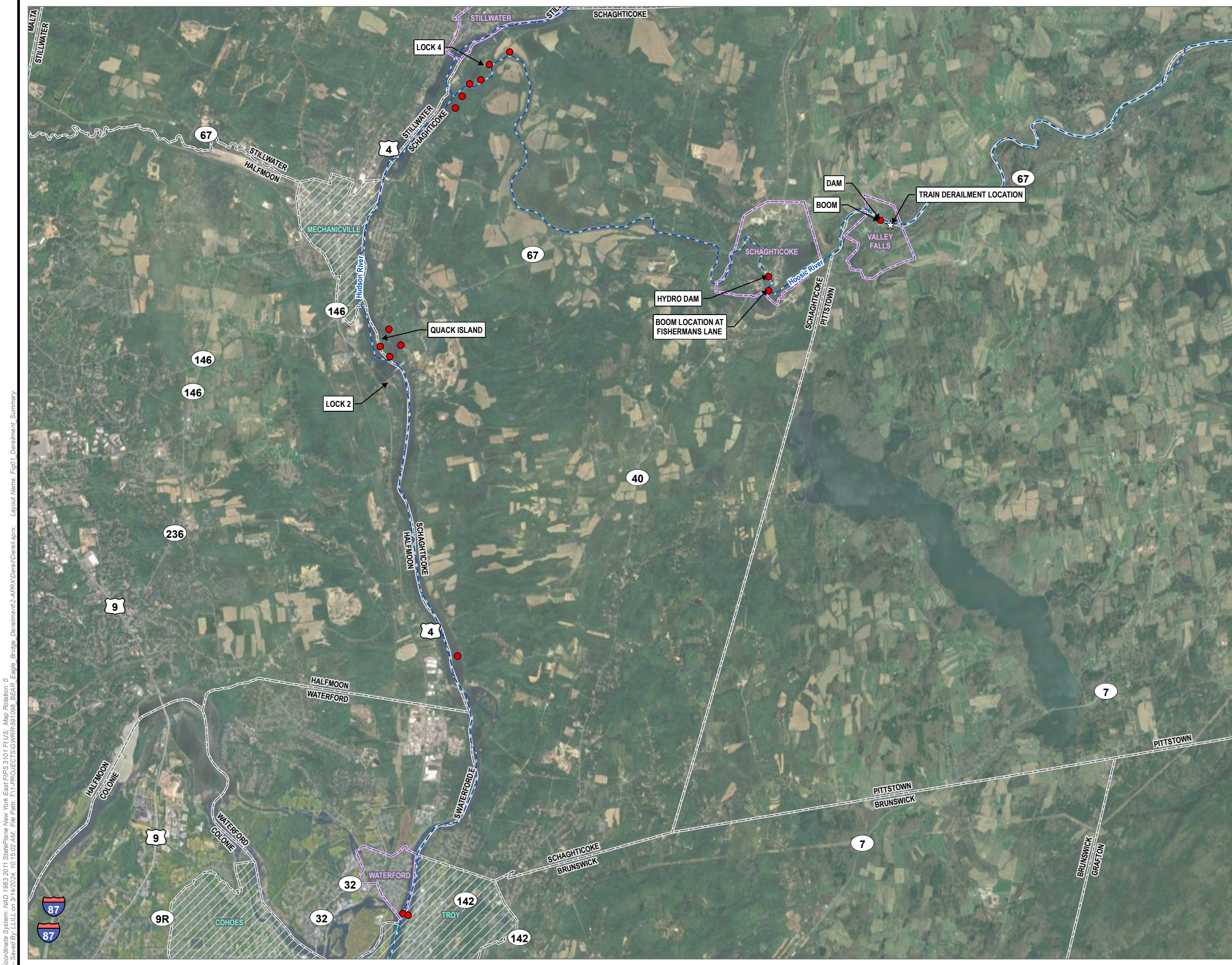
Summary of the Current Status: The primary concern at the Site is the recovery of the polypropylene plastic pellets. The pellets were spilled into the Hoosic River and have traveled downstream into the Hudson River. Berkshire & Eastern Railroad is coordinating with its environmental consultants and contractors to identify areas of pellet accumulation, removal of the pellets and ensure proper disposal.

Some examples of polypropylene plastic pellets accumulated on land for reference are included below.



We encourage you to share this fact sheet with neighbors and tenants, and/or post this fact sheet in a prominent area of your building for others to see.

Site Location Map



LEGEND

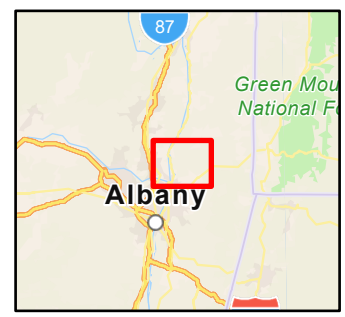
- ☆ TRAIN DERAILMENT LOCATION
- AREA OF COMPLETED PLASTIC PELLET CLEANUP
- RIVER
- ▭ VILLAGES
- ▭ TOWNS
- ▭ CITIES

NOTES:

1. LOCATIONS AND DIMENSIONS OF PHYSICAL FEATURES AND BOUNDARIES ARE APPROXIMATE.
 BASE MAP: GOOGLE EARTH SERVICE LAYER
 DATA SOURCES: TRC, ESRI, NYGIS



1:72,000
 1" = 6,000'
 0 3,000 6,000 FEET



PROJECT: BERKSHIRE & EASTERN RAILROAD VALLEY FALLS DERAILMENT	
TITLE: PLASTIC PELLET LOCATION/CLEANUP AREAS	
DRAWN BY: L. LILL	PROJ. NO.: 591098.0000.0000
CHECKED BY: J. LAROCK	FIGURE 1
APPROVED BY: J. LAROCK	
DATE: MARCH 2024	
3 CORPORATE DRIVE SUITE 202 CLIFTON PARK, NY 12065 PHONE: 518.348.1190	
FILE:	Derail.aprx

Coordinate System: NAD 1983 2011 StatePlane New York East FIPS 3101 FUS; Map Rotation: 0
 - Saved By: L.LILL on 3/14/2024, 10:15:02 AM; File Path: T:\PROJECTS\GWR\RR\91098_BEAR_Engle_Bridge_Derailment2\APRX\Derail\Derail.aprx; Layout Name: Fig01_Derailment_Summary