



## 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 and operated by a joint venture of Norfolk Southern and Pan Am Railway (now CSXT). 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.

### Railroad Crossing Safety

In furtherance of the railroad's 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 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 the 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.

## 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.

## Spill Reports

Over the past 25 years, no spills related to the operations of the railroad have been reported to NYSDEC within the study area. 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 a small history of past incidents (spills and collisions) near the study area on the rail corridor, the amount, size, and scope of incidents are very 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. Reported spills in the vicinity of the study area largely from sources other than the railroad. By all accounts, the recent railroad operations in and nearby the study area have a very low rate of incidents.



## References

- 1) *Spill Incidents Database*. New York State Department of Environmental Conservation. Available online at: [www.dec.ny.gov](http://www.dec.ny.gov)
- 2) *Highway-Rail Crossing Inventory Data*. Federal Railroad Administration: Office of Safety Analysis. Available online at: [safetydata.fra.dot.gov](http://safetydata.fra.dot.gov)
- 3) *Electronic Code of Federal Regulations*. U.S. Government Publishing Office. Available online at: [www.ecfr.gov](http://www.ecfr.gov)



## 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 <b>UNC BROCK FARM TRUCK</b>	<b>Rensselaer</b>
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 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]
<b>SCHAGHTICOKE</b>	<b>FISHERMANS LN OFF RT 40</b>

SCHAGHTICOKE	HANSEN RD
SCHAGHTICOKE	326 HANSEN RD

SCHAGHTICOKE	RT 40 BTWN BRACKEN & HANSEN
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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

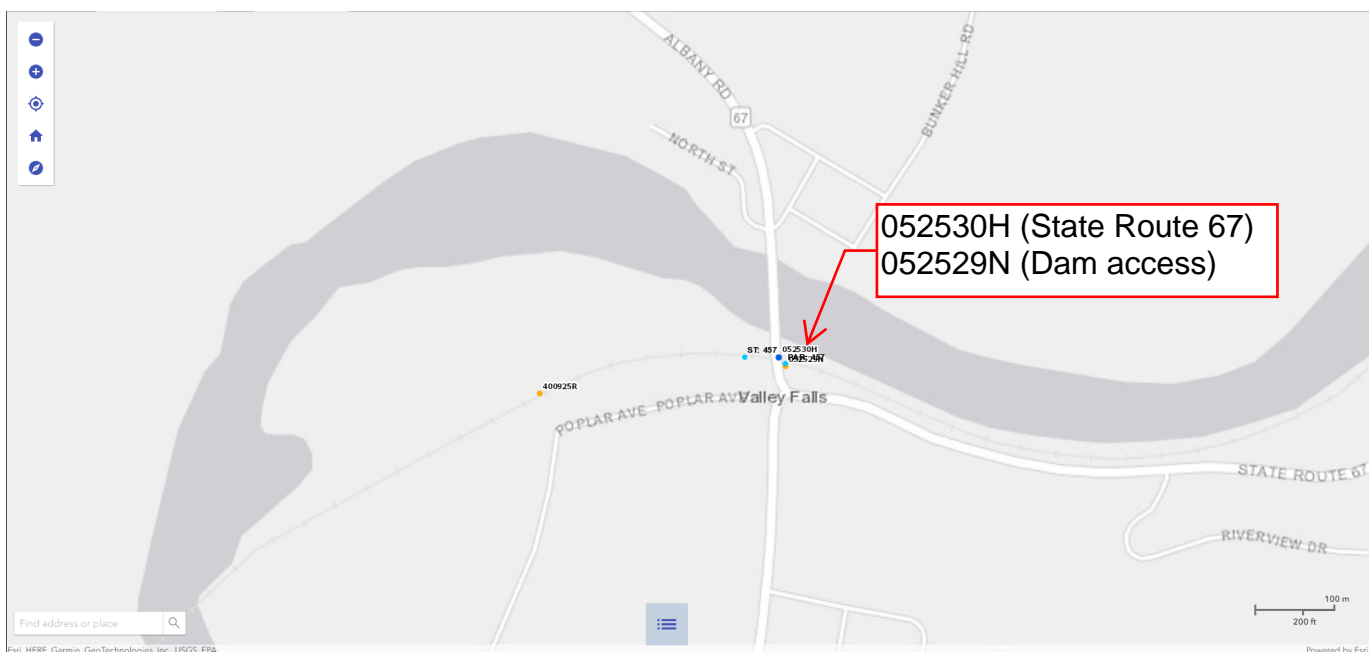


SCHAGHTICOKE	RT 40 @ TURNER RD
SCHAGHTICOKE	863 RT 40
SCHAGHTICOKE	62 MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	ST RT 67 1MI W OF ST RT 40
SCHAGHTICOKE	RT 40 CREEK NEAR SCHAGHTICOKE FAIR
SCHAGHTICOKE	RT 40
SCHAGHTICOKE	62 MAIN ST (RT 67/RT 40)
SCHAGHTICOKE	RT 40
SCHAGHTICOKE	1084 RT 40 NEAR CALHOUN'S
SCHAGHTICOKE	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
<b>SCHAGHTICOKE</b>	<b>FISHERMANS LN OFF RT 40</b>
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.

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 17 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052528G
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### Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSSELAER	
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		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 *			
30.B. Railroad Use *		30.C. Railroad Use *			
30.D. Railroad Use *		30.E. Railroad Use *			
31.A. Narrative (Railroad Use) *			31.B. Narrative (State Use) *		
32. Emergency Notification Telephone No. (posted) 800-232-0144		33. Railroad Contact (Telephone No.) 904-366-3051		34. 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 How many trains per week? <input type="checkbox"/>
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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
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 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)	
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>					
3.A. Gate Arms (count)  Roadway 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		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			
<b>Part IV: Physical Characteristics</b>					
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	
<b>Part V: Public Highway Information</b>					
1. Highway System  <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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	
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____  Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 04 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052596H
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> NEW YORK		<b>3. County</b> RENSSELAER	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near HOOSICK		<b>5. Street/Road Name &amp; Block Number</b> HUNT RD (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> L	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NEW ENGLAND		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None PAN AM SOUTHERN		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> FML   0451.809 (prefix)   (nnnn.nnn)   (suffix)					
<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * CPF 448		<b>15. Parent RR (if applicable)</b> <input checked="" type="checkbox"/> N/A	
<b>16. Crossing Owner (if applicable)</b> <input checked="" type="checkbox"/> N/A					
<b>17. Crossing Type</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	<b>19. Crossing Position</b> <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	<b>20. Public Access (if Private Crossing)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>21. Type of Train</b> <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	<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
<b>23. Type of Land Use</b> <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					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone (FRA provided)</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A	<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 42.9311020		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -73.4748126		<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>30.A. Railroad Use *</b>			<b>31.A. State Use *</b>		
<b>30.B. Railroad Use *</b>			<b>31.B. State Use *</b>		
<b>30.C. Railroad Use *</b>			<b>31.C. State Use *</b>		
<b>30.D. Railroad Use *</b>			<b>31.D. State Use *</b>		
<b>32.A. Narrative (Railroad Use) *</b>			<b>32.B. Narrative (State Use) *</b>		
<b>33. Emergency Notification Telephone No. (posted)</b> 800-232-0144		<b>34. Railroad Contact (Telephone No.)</b> 904-366-3051		<b>35. State Contact (Telephone No.)</b> 518-457-5521	

### Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains (6 AM to 6 PM)</b> 3	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 3	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b> 0	<b>1.E. Check if Less Than One Movement Per Day</b> <input type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b> 2022		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 40 3.B. Typical Speed Range Over Crossing (mph) From 10 to 40		
<b>4. Type and Count of Tracks</b> Main 1 Siding 0 Yard 0 Transit 0 Industry 0				
<b>5. Train Detection (Main Track only)</b> <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				
<b>6. Is Track Signaled?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
1. Are there Signs or Signals?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 2		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count) 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 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)	
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>					
3.A. Gate Arms (count)  Roadway 2 Pedestrian 0		3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) <input type="checkbox"/> 3 Quad   Resistance <input type="checkbox"/> 4 Quad   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			
<b>Part IV: Physical Characteristics</b>					
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 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) ____/____/_____ <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	
<b>Part V: Public Highway Information</b>					
1. Highway System  <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input checked="" type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Highway Speed Limit 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					
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____  Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					



# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 04 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Re-Open <input type="checkbox"/> Closed <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052597P
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> NEW YORK		<b>3. County</b> RENSSELAER	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near HOOSICK		<b>5. Street/Road Name &amp; Block Number</b> RT 67 (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> ST-67	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NEW ENGLAND		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None PAN AM SOUTHERN		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> FML 0452.655 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *			
<b>14. Nearest RR Timetable Station</b> * JOHNSONVILLE		<b>15. Parent RR (if applicable)</b> <input checked="" type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input checked="" type="checkbox"/> N/A	
<b>17. Crossing Type</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	<b>19. Crossing Position</b> <input type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input checked="" type="checkbox"/> RR Over	<b>20. Public Access (if Private Crossing)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>21. Type of Train</b> <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	<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
<b>23. Type of Land Use</b> <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					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone (FRA provided)</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A	<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 42.9261293		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -73.4901098		<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>30.A. Railroad Use *</b>			<b>31.A. State Use *</b>		
<b>30.B. Railroad Use *</b>			<b>31.B. State Use *</b> 7029240		
<b>30.C. Railroad Use *</b>			<b>31.C. State Use *</b>		
<b>30.D. Railroad Use *</b>			<b>31.D. State Use *</b>		
<b>32.A. Narrative (Railroad Use) *</b>			<b>32.B. Narrative (State Use) *</b>		
<b>33. Emergency Notification Telephone No. (posted)</b> 800-232-0144		<b>34. Railroad Contact (Telephone No.)</b> 904-366-3051		<b>35. State Contact (Telephone No.)</b> 518-457-5521	

### Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains (6 AM to 6 PM)</b> 0	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 0	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b>	<b>1.E. Check if Less Than One Movement Per Day</b> <input checked="" type="checkbox"/> How many trains per week? 0
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
<b>4. Type and Count of Tracks</b> Main 0 Siding Yard Transit Industry				
<b>5. Train Detection (Main Track only)</b> <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				
<b>6. Is Track Signaled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
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 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	
<b>Part IV: Physical Characteristics</b>					
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	
<b>Part V: Public Highway Information</b>					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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			
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 04 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update</b> (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052598W
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> NEW YORK		<b>3. County</b> RENSSELAER	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near HOOSICK		<b>5. Street/Road Name &amp; Block Number</b> CR 111 BRIDGE ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> LS	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NEW ENGLAND		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None PAN AM SOUTHERN		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> FML   0454.075 (prefix)   (nnnn.nnn)   (suffix)					
<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * JOHNSONVILLE		<b>15. Parent RR</b> (if applicable) <input checked="" type="checkbox"/> N/A	
<b>16. Crossing Owner</b> (if applicable) <input checked="" type="checkbox"/> N/A					
<b>17. Crossing Type</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	<b>19. Crossing Position</b> <input type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input checked="" type="checkbox"/> RR Over	<b>20. Public Access</b> (if Private Crossing) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>21. Type of Train</b> <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter	<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
<b>23. Type of Land Use</b> <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					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone</b> (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A	<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 42.9154980		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -73.5138875		<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>30.A. Railroad Use</b> *			<b>31.A. State Use</b> *		
<b>30.B. Railroad Use</b> *			<b>31.B. State Use</b> * 7303472		
<b>30.C. Railroad Use</b> *			<b>31.C. State Use</b> *		
<b>30.D. Railroad Use</b> *			<b>31.D. State Use</b> *		
<b>32.A. Narrative</b> (Railroad Use) *			<b>32.B. Narrative</b> (State Use) *		
<b>33. Emergency Notification Telephone No.</b> (posted) 800-232-0144		<b>34. Railroad Contact</b> (Telephone No.) 904-366-3051		<b>35. State Contact</b> (Telephone No.) 518-457-5521	

### Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains</b> (6 AM to 6 PM) 0	<b>1.B. Total Night Thru Trains</b> (6 PM to 6 AM) 0	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b>	<b>1.E. Check if Less Than One Movement Per Day</b> <input checked="" type="checkbox"/> How many trains per week? 0
<b>2. Year of Train Count Data</b> (YYYY)		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
<b>4. Type and Count of Tracks</b> Main 0 Siding Yard Transit Industry				
<b>5. Train Detection</b> (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				
<b>6. Is Track Signaled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
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)			
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>					
3.A. Gate Arms (count)  Roadway 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 <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 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			
<b>Part IV: Physical Characteristics</b>					
1. Traffic Lanes Crossing Railroad <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic Number of Lanes _____ <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	
<b>Part V: Public Highway Information</b>					
1. Highway System  <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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 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					
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____  Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 09 / 01 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Change in Data  <input type="checkbox"/> Re-Open         </div> <div> <input type="checkbox"/> New Crossing  <input type="checkbox"/> Date Change Only         </div> <div> <input type="checkbox"/> Closed  <input checked="" type="checkbox"/> Change in Primary Operating RR         </div> <div> <input type="checkbox"/> No Train Traffic  <input type="checkbox"/> Admin. Correction         </div> <div> <input type="checkbox"/> Quiet Zone Update         </div> </div>	<b>D. DOT Crossing Inventory Number</b> <div style="background-color: yellow; padding: 2px;">052599D</div>
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### Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSSELAER	
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		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 *		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)		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 How many trains per week? <input type="checkbox"/>
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
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)			
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>					
3.A. Gate Arms (count)  Roadway 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 <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 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			
<b>Part IV: Physical Characteristics</b>					
1. Traffic Lanes Crossing Railroad <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic Number of Lanes _____ <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	
<b>Part V: Public Highway Information</b>					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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 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					
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					



# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 01 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052527A
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> NEW YORK		<b>3. County</b> RENSSELAER	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near SCHAGHTICOKE		<b>5. Street/Road Name &amp; Block Number</b> WENTODULAR WAY (Street/Road Name) * (Block Number)		<b>6. Highway Type &amp; No.</b> PRIVATE	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NEW ENGLAND		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None PAN AM SOUTHERN		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> FML 0454.863 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *			
<b>14. Nearest RR Timetable Station</b> * JOHNSONVILLE		<b>15. Parent RR (if applicable)</b> <input checked="" type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input checked="" type="checkbox"/> N/A	
<b>17. Crossing Type</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	<b>19. Crossing Position</b> <input type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input checked="" type="checkbox"/> RR Over	<b>20. Public Access (if Private Crossing)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>21. Type of Train</b> <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	<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
<b>23. Type of Land Use</b> <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					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone (FRA provided)</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A	<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 42.9113870		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -73.5280540		<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>30.A. Railroad Use *</b>			<b>31.A. State Use *</b>		
<b>30.B. Railroad Use *</b>			<b>31.B. State Use *</b>		
<b>30.C. Railroad Use *</b>			<b>31.C. State Use *</b>		
<b>30.D. Railroad Use *</b>			<b>31.D. State Use *</b>		
<b>32.A. Narrative (Railroad Use) *</b>			<b>32.B. Narrative (State Use) *</b>		
<b>33. Emergency Notification Telephone No. (posted)</b> 800-232-0144		<b>34. Railroad Contact (Telephone No.)</b> 904-366-3051		<b>35. State Contact (Telephone No.)</b> 518-457-5521	

### Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains (6 AM to 6 PM)</b> 0	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 0	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b>	<b>1.E. Check if Less Than One Movement Per Day</b> <input checked="" type="checkbox"/> How many trains per week? 0
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
<b>4. Type and Count of Tracks</b> Main 0 Siding Yard Transit Industry				
<b>5. Train Detection (Main Track only)</b> <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				
<b>6. Is Track Signaled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
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 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 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	
<b>Part IV: Physical Characteristics</b>					
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	
<b>Part V: Public Highway Information</b>					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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	
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					



# HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No. 2130-0500

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 17 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052529N
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> NEW YORK		<b>3. County</b> RENSSELAER	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near SCHAGHTICOKE		<b>5. Street/Road Name &amp; Block Number</b> THOMPSON XING/DAM (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> INDUSTRIAL	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NEW ENGLAND		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None PAN AM SOUTHERN		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> FML   0456.993   (prefix)   (nnnn.nnn)   (suffix)					
<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * WEST VALLEY FALLS		<b>15. Parent RR (if applicable)</b> <input checked="" type="checkbox"/> N/A	
<b>16. Crossing Owner (if applicable)</b> <input checked="" type="checkbox"/> N/A					
<b>17. Crossing Type</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	<b>19. Crossing Position</b> <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	<b>20. Public Access (if Private Crossing)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>21. Type of Train</b> <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	<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
<b>23. Type of Land Use</b> <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					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone (FRA provided)</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A	<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 42.9038443		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -73.5623724		<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>30.A. Railroad Use *</b>			<b>31.A. State Use *</b>		
<b>30.B. Railroad Use *</b>			<b>31.B. State Use *</b>		
<b>30.C. Railroad Use *</b>			<b>31.C. State Use *</b>		
<b>30.D. Railroad Use *</b>			<b>31.D. State Use *</b>		
<b>32.A. Narrative (Railroad Use) *</b>			<b>32.B. Narrative (State Use) *</b>		
<b>33. Emergency Notification Telephone No. (posted)</b> 800-232-0144		<b>34. Railroad Contact (Telephone No.)</b> 904-366-3051		<b>35. State Contact (Telephone No.)</b> 518-457-5521	

### Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains (6 AM to 6 PM)</b> 3	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 3	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b> 0	<b>1.E. Check if Less Than One Movement Per Day</b> <input type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b> 2022		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 40 3.B. Typical Speed Range Over Crossing (mph) From 40 to 40		
<b>4. Type and Count of Tracks</b> Main 1 Siding 0 Yard 0 Transit 0 Industry 0				
<b>5. Train Detection (Main Track only)</b> <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				
<b>6. Is Track Signaled?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
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 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	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 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) 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	
<b>Part IV: Physical Characteristics</b>					
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) ____/____/_____ <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	
<b>Part V: Public Highway Information</b>					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 17 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update</b> (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 400925R
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> NEW YORK		<b>3. County</b> RENSSELAER	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near SCHAGHTICOKE		<b>5. Street/Road Name &amp; Block Number</b> WASTEWATER PLANT (Street/Road Name) * (Block Number)		<b>6. Highway Type &amp; No.</b> PVT	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NEW ENGLAND		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None PAN AM SOUTHERN		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> FML 0457.171 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *			
<b>14. Nearest RR Timetable Station</b> *		<b>15. Parent RR</b> (if applicable)		<b>16. Crossing Owner</b> (if applicable)	
WEST VALLEY FALLS		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A	
<b>17. Crossing Type</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	<b>19. Crossing Position</b> <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	<b>20. Public Access</b> (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>21. Type of Train</b> <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	<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
<b>23. Type of Land Use</b> <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					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone</b> (FRA provided) <input type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A	<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 42.9034567		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -73.5660937		<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>30.A. Railroad Use</b> *			<b>31.A. State Use</b> *		
<b>30.B. Railroad Use</b> *			<b>31.B. State Use</b> *		
<b>30.C. Railroad Use</b> *			<b>31.C. State Use</b> *		
<b>30.D. Railroad Use</b> *			<b>31.D. State Use</b> *		
<b>32.A. Narrative</b> (Railroad Use) *			<b>32.B. Narrative</b> (State Use) *		
<b>33. Emergency Notification Telephone No.</b> (posted) 800-232-0144		<b>34. Railroad Contact</b> (Telephone No.) 904-366-3051		<b>35. State Contact</b> (Telephone No.) 518-457-5521	

### Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains</b> (6 AM to 6 PM) 3	<b>1.B. Total Night Thru Trains</b> (6 PM to 6 AM) 3	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b> 0	<b>1.E. Check if Less Than One Movement Per Day</b> <input type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data</b> (YYYY) 2022		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 25 3.B. Typical Speed Range Over Crossing (mph) From 25 to 25		
<b>4. Type and Count of Tracks</b> Main 1 Siding 0 Yard 0 Transit 0 Industry 0				
<b>5. Train Detection</b> (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				
<b>6. Is Track Signaled?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
1. Are there Signs or Signals?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 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 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)	
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>					
3.A. Gate Arms (count)  Roadway 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      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) 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					
<b>Part IV: Physical Characteristics</b>					
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) ____/____/_____ <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	
<b>Part V: Public Highway Information</b>					
1. Highway System  <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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	
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 01 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052530H
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> NEW YORK		<b>3. County</b> RENSSELAER	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near SCHAGHTICOKE		<b>5. Street/Road Name &amp; Block Number</b> RT 67 (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> ST-67	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NEW ENGLAND		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None PAN AM SOUTHERN		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> FML 0456.998 (prefix)   (nnnn.nnn)   (suffix)					
<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> *		<b>15. Parent RR (if applicable)</b> <input checked="" type="checkbox"/> N/A	
<b>16. Crossing Owner (if applicable)</b> <input checked="" type="checkbox"/> N/A					
<b>17. Crossing Type</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	<b>19. Crossing Position</b> <input type="checkbox"/> At Grade <input checked="" type="checkbox"/> RR Under <input type="checkbox"/> RR Over	<b>20. Public Access (if Private Crossing)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>21. Type of Train</b> <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter	<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
<b>23. Type of Land Use</b> <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					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone (FRA provided)</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A	<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 42.9038618		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -73.5625221		<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>30.A. Railroad Use *</b>			<b>31.A. State Use *</b>		
<b>30.B. Railroad Use *</b>			<b>31.B. State Use *</b> 1029220		
<b>30.C. Railroad Use *</b>			<b>31.C. State Use *</b>		
<b>30.D. Railroad Use *</b>			<b>31.D. State Use *</b>		
<b>32.A. Narrative (Railroad Use) *</b>			<b>32.B. Narrative (State Use) *</b>		
<b>33. Emergency Notification Telephone No. (posted)</b> 800-232-0144		<b>34. Railroad Contact (Telephone No.)</b> 904-366-3051		<b>35. State Contact (Telephone No.)</b> 518-457-5521	

### Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains (6 AM to 6 PM)</b> 0	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 0	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b>	<b>1.E. Check if Less Than One Movement Per Day</b> <input checked="" type="checkbox"/> How many trains per week? 0
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
<b>4. Type and Count of Tracks</b> Main 0 Siding Yard Transit Industry				
<b>5. Train Detection (Main Track only)</b> <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				
<b>6. Is Track Signaled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <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.) 052530H	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
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 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	
<b>Part IV: Physical Characteristics</b>					
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	
<b>Part V: Public Highway Information</b>					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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	
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 01 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052534K
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### Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSSELAER	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near    SCHAGHTICOKE		5. Street/Road Name & Block Number BUTTERMILK FALLS 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    0460.153 (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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private		18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	
20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. Type of Train <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input 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 How many trains per week? <input type="checkbox"/>
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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
1. Are there Signs or Signals?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 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 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)	
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>					
3.A. Gate Arms (count)  Roadway 2 Pedestrian 0		3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) <input type="checkbox"/> 3 Quad   Resistance <input type="checkbox"/> 4 Quad   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			
<b>Part IV: Physical Characteristics</b>					
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) _____					
6. Intersecting Roadway within 500 feet?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle  <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? *  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Part V: Public Highway Information</b>					
1. Highway System  <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input checked="" type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Highway Speed Limit 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					
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____  Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 01 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052535S
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> NEW YORK		<b>3. County</b> RENSSELAER	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCHAGHTICOKE		<b>5. Street/Road Name &amp; Block Number</b> HANSEN ROAD (Street/Road Name) * (Block Number)		<b>6. Highway Type &amp; No.</b> LS	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NEW ENGLAND		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None PAN AM SOUTHERN		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> FML 0461.613 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *			
<b>14. Nearest RR Timetable Station</b> REYNOLDS		<b>15. Parent RR (if applicable)</b> <input checked="" type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input checked="" type="checkbox"/> N/A	
<b>17. Crossing Type</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	<b>19. Crossing Position</b> <input type="checkbox"/> At Grade <input checked="" type="checkbox"/> RR Under <input type="checkbox"/> RR Over	<b>20. Public Access (if Private Crossing)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>21. Type of Train</b> <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	<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
<b>23. Type of Land Use</b> <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					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone (FRA provided)</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A	<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 42.8802902		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -73.6430703		<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>30.A. Railroad Use *</b>			<b>31.A. State Use *</b>		
<b>30.B. Railroad Use *</b>			<b>31.B. State Use *</b> 2259470		
<b>30.C. Railroad Use *</b>			<b>31.C. State Use *</b>		
<b>30.D. Railroad Use *</b>			<b>31.D. State Use *</b>		
<b>32.A. Narrative (Railroad Use) *</b>			<b>32.B. Narrative (State Use) *</b>		
<b>33. Emergency Notification Telephone No. (posted)</b> 800-232-0144		<b>34. Railroad Contact (Telephone No.)</b> 904-366-3051		<b>35. State Contact (Telephone No.)</b> 518-457-5521	

### Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains (6 AM to 6 PM)</b> 0	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 0	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b>	<b>1.E. Check if Less Than One Movement Per Day</b> <input checked="" type="checkbox"/> How many trains per week? 0
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
<b>4. Type and Count of Tracks</b> Main 0 Siding Yard Transit Industry				
<b>5. Train Detection (Main Track only)</b> <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				
<b>6. Is Track Signaled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
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)			
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>					
3.A. Gate Arms (count)  Roadway 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			
<b>Part IV: Physical Characteristics</b>					
1. Traffic Lanes Crossing Railroad <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic Number of Lanes _____ <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	
<b>Part V: Public Highway Information</b>					
1. Highway System  <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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	
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 05 / 20 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update</b> (Select only one) <input type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input checked="" type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 977493P
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Boston & Maine Corporation [BM]		<b>2. State</b> NEW YORK		<b>3. County</b> RENSSELAER	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCHAGHTICOKE		<b>5. Street/Road Name &amp; Block Number</b> FARM (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> P	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input checked="" type="checkbox"/> None		<b>10. Railroad Subdivision or District</b> <input checked="" type="checkbox"/> None		<b>11. Branch or Line Name</b> <input type="checkbox"/> None FML FITCHBURG	
<b>12. RR Milepost</b> 0459.830 (prefix)   (nnnn.nnn)   (suffix)					
<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * REYNOLDS		<b>15. Parent RR</b> (if applicable) <input checked="" type="checkbox"/> N/A	
<b>16. Crossing Owner</b> (if applicable) <input checked="" type="checkbox"/> N/A					
<b>17. Crossing Type</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	<b>19. Crossing Position</b> <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	<b>20. Public Access</b> (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>21. Type of Train</b> <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	<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
<b>23. Type of Land Use</b> <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					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone</b> (FRA provided) <input type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A	<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 42.8899765		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -73.6124143		<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>30.A. Railroad Use</b> *			<b>31.A. State Use</b> *		
<b>30.B. Railroad Use</b> *			<b>31.B. State Use</b> *		
<b>30.C. Railroad Use</b> *			<b>31.C. State Use</b> *		
<b>30.D. Railroad Use</b> *			<b>31.D. State Use</b> *		
<b>32.A. Narrative</b> (Railroad Use) *			<b>32.B. Narrative</b> (State Use) *		
<b>33. Emergency Notification Telephone No.</b> (posted) 800-955-9208		<b>34. Railroad Contact</b> (Telephone No.) 978-663-1124		<b>35. State Contact</b> (Telephone No.) 518-457-5521	

### Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains</b> (6 AM to 6 PM) 3	<b>1.B. Total Night Thru Trains</b> (6 PM to 6 AM) 3	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b> 0	<b>1.E. Check if Less Than One Movement Per Day</b> How many trains per week? <input type="checkbox"/>
<b>2. Year of Train Count Data</b> (YYYY) 2021		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 25 3.B. Typical Speed Range Over Crossing (mph) From 10 to 25		
<b>4. Type and Count of Tracks</b> Main 1 Siding 0 Yard 0 Transit 0 Industry 0				
<b>5. Train Detection</b> (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				
<b>6. Is Track Signaled?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
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 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	
<b>Part IV: Physical Characteristics</b>					
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) ____/____/_____ <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	
<b>Part V: Public Highway Information</b>					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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			
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					



# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 01 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052532W
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### Part I: Location and Classification Information

1. Primary Operating Railroad CSX Transportation [CSX]		2. State NEW YORK		3. County RENSSELAER	
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		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 *			
30.B. Railroad Use *		30.C. Railroad Use *			
30.D. Railroad Use *		30.E. Railroad Use *			
31.A. State Use *			31.B. State Use * 1024710		
31.C. State Use *			31.D. State Use *		
31.E. State Use *			31.F. 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 How many trains per week? 0 <input checked="" type="checkbox"/>
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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
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.J. Other MUTCD Signs 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)		
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>					
3.A. Gate Arms (count)  Roadway 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	
<b>Part IV: Physical Characteristics</b>					
1. Traffic Lanes Crossing Railroad <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic Number of Lanes _____ <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	
<b>Part V: Public Highway Information</b>					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 01 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update</b> (Select only one) <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052533D
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> NEW YORK		<b>3. County</b> RENSSELAER	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCHAGHTICOKE		<b>5. Street/Road Name &amp; Block Number</b> RT 67 (Street/Road Name) * (Block Number)		<b>6. Highway Type &amp; No.</b> RT	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NEW ENGLAND		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None PAN AM SOUTHERN		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> FML 0459.472 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *			
<b>14. Nearest RR Timetable Station</b> *		<b>15. Parent RR</b> (if applicable)		<b>16. Crossing Owner</b> (if applicable)	
SCHAGHTICOKE		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A	
<b>17. Crossing Type</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	<b>19. Crossing Position</b> <input type="checkbox"/> At Grade <input checked="" type="checkbox"/> RR Under <input type="checkbox"/> RR Over	<b>20. Public Access</b> (if Private Crossing) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>21. Type of Train</b> <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	<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
<b>23. Type of Land Use</b> <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					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone</b> (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A	<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 42.8920657		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -73.6059445		<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>30.A. Railroad Use</b> *			<b>31.A. State Use</b> *		
<b>30.B. Railroad Use</b> *			<b>31.B. State Use</b> * 1303390		
<b>30.C. Railroad Use</b> *			<b>31.C. State Use</b> *		
<b>30.D. Railroad Use</b> *			<b>31.D. State Use</b> *		
<b>32.A. Narrative</b> (Railroad Use) *			<b>32.B. Narrative</b> (State Use) *		
<b>33. Emergency Notification Telephone No.</b> (posted) 800-232-0144		<b>34. Railroad Contact</b> (Telephone No.) 904-366-3051		<b>35. State Contact</b> (Telephone No.) 518-457-5521	

### Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains</b> (6 AM to 6 PM) 0	<b>1.B. Total Night Thru Trains</b> (6 PM to 6 AM) 0	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b>	<b>1.E. Check if Less Than One Movement Per Day</b> <input checked="" type="checkbox"/> How many trains per week? 0
<b>2. Year of Train Count Data</b> (YYYY)		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 0 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
<b>4. Type and Count of Tracks</b> Main 0 Siding Yard Transit Industry				
<b>5. Train Detection</b> (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				
<b>6. Is Track Signaled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
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 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	
<b>Part IV: Physical Characteristics</b>					
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	
<b>Part V: Public Highway Information</b>					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input 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	
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

# U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 01 / 2022	<b>B. Reporting Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	<b>C. Reason for Update (Select only one)</b> <input checked="" type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> Change in Primary Operating RR <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 052531P
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> NEW YORK		<b>3. County</b> RENSSELAER	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near SCHAGHTICOKE		<b>5. Street/Road Name &amp; Block Number</b> FISHERMANS LN (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> L	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None NEW ENGLAND		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None PAN AM SOUTHERN		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> FML   0458.619 (prefix)   (nnnn.nnn)   (suffix)					
<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * WEST VALLEY FALLS		<b>15. Parent RR (if applicable)</b> <input checked="" type="checkbox"/> N/A	
<b>16. Crossing Owner (if applicable)</b> <input checked="" type="checkbox"/> N/A					
<b>17. Crossing Type</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>18. Crossing Purpose</b> <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	<b>19. Crossing Position</b> <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	<b>20. Public Access (if Private Crossing)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>21. Type of Train</b> <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	<b>22. Average Passenger Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
<b>23. Type of Land Use</b> <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					
<b>24. Is there an Adjacent Crossing with a Separate Number?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			<b>25. Quiet Zone (FRA provided)</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
<b>26. HSR Corridor ID</b> <input checked="" type="checkbox"/> N/A	<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 42.8918498		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -73.5895958		<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
<b>30.A. Railroad Use *</b>			<b>31.A. State Use *</b>		
<b>30.B. Railroad Use *</b>			<b>31.B. State Use *</b>		
<b>30.C. Railroad Use *</b>			<b>31.C. State Use *</b>		
<b>30.D. Railroad Use *</b>			<b>31.D. State Use *</b>		
<b>32.A. Narrative (Railroad Use) *</b>			<b>32.B. Narrative (State Use) *</b>		
<b>33. Emergency Notification Telephone No. (posted)</b> 800-232-0144		<b>34. Railroad Contact (Telephone No.)</b> 904-366-3051		<b>35. State Contact (Telephone No.)</b> 518-457-5521	

### Part II: Railroad Information

<b>1. Estimated Number of Daily Train Movements</b>				
<b>1.A. Total Day Thru Trains (6 AM to 6 PM)</b> 3	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 3	<b>1.C. Total Switching Trains</b> 0	<b>1.D. Total Transit Trains</b> 0	<b>1.E. Check if Less Than One Movement Per Day</b> <input type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b> 2022		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 25 3.B. Typical Speed Range Over Crossing (mph) From 10 to 25		
<b>4. Type and Count of Tracks</b> Main 1 Siding 0 Yard 0 Transit 0 Industry 0				
<b>5. Train Detection (Main Track only)</b> <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				
<b>6. Is Track Signaled?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7.A. Event Recorder</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <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	
<b>Part III: Highway or Pathway Traffic Control Device Information</b>					
1. Are there Signs or Signals?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2. Types of Passive Traffic Control Devices associated with the Crossing			
2.A. Crossbuck Assemblies (count) 2		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count) 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 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)	
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>					
3.A. Gate Arms (count)  Roadway 2 Pedestrian 0		3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) <input type="checkbox"/> 3 Quad   Resistance <input type="checkbox"/> 4 Quad   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			
<b>Part IV: Physical Characteristics</b>					
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) _____					
6. Intersecting Roadway within 500 feet?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   If Yes, Approximate Distance (feet) _____		7. Smallest Crossing Angle  <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? *  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Part V: Public Highway Information</b>					
1. Highway System  <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input checked="" type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input checked="" type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input checked="" type="checkbox"/> (7) Local		3. Is Crossing on State Highway System?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Highway Speed Limit 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					
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>					
Submitted by _____ Organization _____ Phone _____ Date _____  Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING  
ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

1. Name of Reporting Railroad <b>Pan Am Railways/Guilford System [GRS]</b>				1a. Alphabetic Code <b>GRS</b>		1b. Railroad Accident/Incident No. <b>20140103M1</b>	
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) <b>Pan Am Railways/Guilford System [GRS]</b>				3a. Alphabetic Code <b>GRS</b>		3b. Railroad Accident/Incident No. <b>20140103M1</b>	
4. U.S. DOT Grade Crossing ID No. <b>052531P</b>				5. Date of Accident/Incident month   day   year <b>0   1   0   3   2014</b>		6. Time of Accident/Incident <b>1:59</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station <b>MECHANICVILLE</b>		8. Subdivision <b>WESTERN</b>		9. County <b>RENSSELAER</b>		10. State Abbr. <b>NY</b> Code <b>36</b>	
11. City (if in a city) <b>SCHAGHTICOKE</b>			12. Highway Name or No. <b>FISHERMANS LANE</b> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>				
<b>Highway User Involved</b>				<b>Rail Equipment Involved</b>			
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 <b>C</b>				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 <b>1</b>			
14. Vehicle Speed (est. mph at impact) <b>10</b>		15. Direction (geographical) 1. North 2. South 3. East 4. West Code <b>2</b>		18. Position of Car Unit in Train <b>1</b>			
16. Position 1. Stalled or stuck on crossing 2. Stopped on Crossing 3. Moving over crossing Code <b>3</b>		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code <b>1</b>					
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 <b>4</b>		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code <b>4</b>					
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) <b>5</b> °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code <b>2</b>		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code <b>1</b>			
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 <b>1</b>		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code <b>1</b>		26. Track Number or Name <b>FREIGHT MAIN LINE</b>			
27. FRA Track Class (1-9,X) <b>2</b>		28. Number of Locomotive Units <b>3</b>		29. Number of Cars <b>30</b>		30. Consist Speed (Recorded speed if available) R. Recorded <b>23</b> mph E. Estimated <b>R</b>	
31. Time Table Direction 1. North 2. South 3. East 4. West Code <b>3</b>		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) <b>07</b>		33. Signaled Crossing Warning (See reverse side for instructions and codes) Code <b>D</b>		34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code <b>D</b>	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code <b>1</b>		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code <b>2</b>		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code <b>2</b>			
38. Highway User's Age <b>49</b>		39. Highway User's Gender 1. Male 2. Female Code <b>1</b>		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 <b>2</b>		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 <b>3</b>	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code <b>2</b>		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 <b>8</b>		44. Driver was 1. Killed 2. Injured 3. Uninjured Code <b>2</b>			
45. Was Driver in the Vehicle? 1. Yes 2. No Code <b>1</b>		46. Highway-Rail Crossing Users <b>0</b> Killed <b>1</b> Injured		47. Highway Vehicle Property Damage (est. dollar damage) <b>\$80,000</b>		48. Total Number of Vehicle Occupants (including driver) <b>1</b>	
49. Railroad Employees <b>0</b>		50. Total Number of People on Train (include passengers and train crew) <b>2</b>		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code <b>2</b>			
52. Passengers on Train <b>0</b>		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) <b>TRAIN 206 HEADING EAST AND COLLIDED WITH A TRACTOR TRAILER AT FISHERMANS LANE CROSSING MP 458.75 THE TRACTOR TRAILER FAILED TO YIELD.</b>							
55. Typed Name and Title				56. Signature		57. Date	

NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report..." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).