RAILROAD GRADE CROSSING DATA
(Separate Sheet for each crossing)

Project Number /Name: ________________________

Name of Railroad: ____________________________________________________________

Location (Road, City, or County, and Xing No.): __________________________________

Vehicular Traffic: Daily Traffic using crossing _____ No. of Lanes _____ Speeds (mph) _____ |

No. of Exist. Tracks: Main Line _____ Branch Line _____ Passing _____ Other _____

No. of Future Tracks: _____ No. of Daily Trains; Passenger _____ Freight _____ Total ____

Maximum Speeds: Passenger ________ Freight __________

Protection in Place: ____________________________________________________________

Protection Proposed: __________________________________________________________

Skew of Xing _____ Min. Sight Dist. (along track when driver is 100 feet from Xing) ________

Trains at Night? (Y/N) ___________ Seasonal Train Traffic? (Y/N) ______

Ten-Year Accident Record Accidents ________ Killed ________ Injured ______

Has local agency requested or received PUC decision concerning:

Crossing Protection required: ______________________________________________________

Protective devices proposed by local agency: __________________________________________

Proposed financing of crossing protection: ____________________________________________

Does local agency propose to finance automatic crossing protection as a “G” (safety) project using 100% Federal funds? __________

NOTE: Attach sketch showing relationship of old and new crossing.

Remarks: ______________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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