

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: _____

Distribution: Original with attachments-Local Agency
Copy with attachments (2 copies if HBP) - DLAE