(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:

RAILROAD GRADE CROSSING DATA

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