



**We Are Columbia**

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**COLUMBIA QUIET ZONE ADVISORY COMMITTEE MEETING AGENDA  
MONDAY, JUNE 4, 2018**

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**The Columbia Quiet Zone Advisory Committee will conduct a Meeting on Monday, June 4, 2018 at 2:00 p.m. in the Mayor's Conference Room at City Hall, 1737 Main Street, 2nd Floor, Columbia, SC 29201.**

*Prior to entering the meeting please turn all electronic communication devices to the silent, vibrate or off position. All presenters are asked to speak directly into the microphone for recording purposes.*

**CALL TO ORDER**

**COMMITTEE DISCUSSION**

1. Intern Introduction
2. Norfolk Southern Diagnostic Review Update
3. Subcommittee Work
4. Assembly Street Update
5. Minute Traq: Meeting Management Tool
6. Upcoming Meeting: July 9, 2018



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**MEETING DATE:** June 4, 2018

**DEPARTMENT:** Assistant City Manager for Development

**FROM:** *Missy Gentry, Assistant City Manager*

**SUBJECT:** Intern Introduction

**FINANCIAL IMPACT:**



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**MEETING DATE:** June 4, 2018

**DEPARTMENT:** Assistant City Manager for Development

**FROM:** *Missy Gentry, Assistant City Manager*

**SUBJECT:** Norfolk Southern Diagnostic Review Update

**FINANCIAL IMPACT:**



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**MEETING DATE:** June 4, 2018

**DEPARTMENT:** Assistant City Manager for Development

**FROM:** *Missy Gentry, Assistant City Manager*

**SUBJECT:** Subcommittee Work

**FINANCIAL IMPACT:**

**ATTACHMENTS:**

- 20180125\_Railroad\_Full (PDF)



Click on the Railroad Crossing for the Inventory and/or Accident Information



Railroad Crossing Table

Map ID	MapCode
1	715846C
2	715847J
3	716366U
4	716365M
5	715620R
6	715621X
7	715866N
8	715867V
9	715869J
10	904228Y
11	715871K
12	715872S
13	715874F
14	715875M
15	715879P
16	715880J
17	715881R
18	715882X
19	715883E
20	715884L
21	716364F
22	716363Y
23	716361K
24	715402J
25	715403R
26	634647A
27	634648G
28	634654K
29	634655S
30	634656Y
31	634657
32	643144F
33	634308V
34	634307N
35	634305A
36	634304T
37	634303L
38	634302E
39	634301X
40	640941L

### Legend

- Railroad Crossings
- Clickable
- Railroad**
- Route Number**
- One
- Two
- Three
- Four
- Railroad Lines
- City Limits



# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 09 / 06 / 2017	<b>B. Reporting Agency</b> <input type="checkbox"/> Railroad <input type="checkbox"/> Transit <input checked="" 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> 715846C
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> TRYON STREET (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> CITY	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR NS			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None COLUMBIA		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> S   0361.200   (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 940350		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 checked="" 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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2	
<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) 33.9842810		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0396950	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b> SHARED CROSSING			
<b>30.B. Railroad Use *</b> CSX-1 MAIN TRACK,NS-1 MAIN TRACK		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 4	<b>1.C. Total Switching Trains</b> 7	<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> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 30 3.B. Typical Speed Range Over Crossing (mph) From 30 to 30		
<b>4. Type and Count of Tracks</b> Main 2 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 checked="" type="checkbox"/> Other <input 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

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 09/06/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 715846C	
<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 checked="" type="checkbox"/> No <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 checked="" 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 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 type="checkbox"/> No	2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway <u>2</u> Pedestrian <u>0</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 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 type="checkbox"/> None			3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>2</u> <input type="checkbox"/> One-way Traffic <input checked="" type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>		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 type="checkbox"/> (0) Rural <input checked="" 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 <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	5. Linear Referencing System (LRS Route ID) * 6. LRS Milepost *
7. Annual Average Daily Traffic (AADT) Year <u>2014</u> AADT <u>000342</u>	8. Estimated Percent Trucks <u>05</u> %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day <u>4</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 08 / 28 / 2017	<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> 715846C
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> TRYON STREET (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> CITY	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR NS			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None COLUMBIA		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> R 0109.080 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 940350		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 checked="" 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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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) 33.9842810		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0396950	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b> SHARED CROSSING			
<b>30.B. Railroad Use *</b> CSX-1 MAIN TRACK,NS-1 MAIN TRACK		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 1	<b>1.C. Total Switching Trains</b> 7	<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 (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 15 3.B. Typical Speed Range Over Crossing (mph) From 5 to 15		
<b>4. Type and Count of Tracks</b> Main _____ 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) 08/28/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 715846C	
<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 checked="" type="checkbox"/> No		
			<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 checked="" 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 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 type="checkbox"/> No
					2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input 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)	
Specify Type _____	Count _____	Specify Type _____	Count _____	Specify Type _____	Count _____
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 <u>2</u> Pedestrian <u>0</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa <u>4</u>
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) <u>2</u>
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 <u>0</u> 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 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 <u>2</u>	<input type="checkbox"/> One-way Traffic <input checked="" type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____					
<input type="checkbox"/> 1 Timber	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>		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 type="checkbox"/> (0) Rural <input checked="" 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 Lim <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	5. Linear Referencing System (LRS Route ID) * _____
7. Annual Average Daily Traffic (AADT) Year <u>2014</u> AADT <u>000342</u>	8. Estimated Percent Trucks <u>05</u> %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day <u>4</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad <b>Norfolk Southern Railway Company [NS]</b>				1a. Alphabetic Code <b>NS</b>		1b. Railroad Accident/Incident No. <b>100732</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>CSX Transportation [CSX]</b>				3a. Alphabetic Code <b>CSX</b>		3b. Railroad Accident/Incident No. <b>XXX</b>	
4. U.S. DOT Grade Crossing ID No. <b>715846C</b>				5. Date of Accident/Incident month   day   year <b>0   7   0   4   2012</b>		6. Time of Accident/Incident <b>1:30</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station <b>COLUMBIA</b>		8. Subdivision <b>PIEDMONT</b>		9. County <b>RICHLAND</b>		10. State Code Abbr. <b>SC</b> Code <b>45</b>	
11. City (if in a city)			12. Highway Name or No. <b>CANDIE LANE</b>			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				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>3</b>		15. Direction (geographical) 1. North 2. South 3. East 4. West Code <b>1</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 4. Trapped on crossing by traffic 5. Blocked on crossing by gates 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>82</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 (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>SINGLE MAIN TRACK</b>	
27. FRA Track Class (1-9,X) <b>4</b>		28. Number of Locomotive Units <b>2</b>		29. Number of Cars <b>60</b>		30. Consist Speed (Recorded speed if available) R. Recorded <b>22</b> mph E. Estimated Code <b>E</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		34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code <b>A</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 1. Male 2. Female Code <b>2</b>		39. Highway User's Gender Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code <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>					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code <b>2</b>	
46. Highway-Rail Crossing Users <b>0</b>		<b>1</b>		47. Highway Vehicle Property Damage (est. dollar damage) <b>\$7,000</b>		45. Was Driver in the Vehicle? 1. Yes 2. No Code <b>1</b>	
49. Railroad Employees <b>0</b>		<b>0</b>		50. Total Number of People on Train (include passengers and train crew) <b>2</b>		48. Total Number of Vehicle Occupants (including driver) <b>1</b>	
52. Passengers on Train <b>0</b>		<b>0</b>		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code <b>2</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>LOCAL P65P004 TRAVELING EAST WHILE OPERATING ON CSXT MAIN TRACK STRUCK A VEHICLE THAT FAILED TO STOP AT THE CROSSING.</b>							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad <b>SOUTHERN RAILWAY COMPANY [SOU]</b>				1a. Alphabetic Code <b>SOU</b>		1b. Railroad Accident/Incident No. <b>GC0379006</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>SOUTHERN RAILWAY COMPANY [SOU]</b>				3a. Alphabetic Code <b>SOU</b>		3b. Railroad Accident/Incident No. <b>GC0379006</b>	
4. U.S. DOT Grade Crossing ID No. <b>715846C</b>				5. Date of Accident/Incident month   day   year <b>0   1   1   5   1979</b>		6. Time of Accident/Incident <b>3:03</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station <b>COLUMBIA</b>		8. Subdivision		9. County <b>RICHLAND</b>		10. State Abbr. <b>SC</b> Code <b>45</b>	
11. City (if in a city) <b>COLUMBIA</b>		12. Highway Name or No. <b>TRYON ST</b>				Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				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>6</b>			
14. Vehicle Speed (est. mph at impact) <b>5</b>		15. Direction (geographical) 1. North 2. South 3. East 4. West Code <b>4</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>		4. Trapped on crossing by traffic 5. Blocked on crossing by gates		19. Circumstance Code 1. Rail equipment struck highway user 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 Code <b>4</b>				20b. Was there a hazardous materials release by Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) <b>40</b> °F		22. Visibility (single entry) Code <b>2</b> 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) Code <b>1</b> 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow			
24. Type of Equipment (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>8</b>				25. Track Type Used by Rail Equipment Involved Code <b>1</b> 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name <b>AUGUSTA MAIN</b>	
27. FRA Track Class (1-9,X) <b>4</b>		28. Number of Locomotive Units <b>2</b>		29. Number of Cars <b>0</b>		30. Consist Speed (Recorded speed if available) R. Recorded <b>10</b> mph E. Estimated <b>E</b>	
31. Time Table Direction Code <b>1</b> 1. North 2. South 3. East 4. West				32. Type of Crossing Warning Code(s) <b>07</b> 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			
33. Signaled Crossing Warning Code <b>1</b> (See reverse side for instructions and codes)				34. Roadway Conditions Code A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving)			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code <b>2</b>		36. Crossing Warning Interconnected with Highway Signals Code <b>2</b> 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights Code <b>2</b> 1. Yes 2. No 3. Unknown			
38. Highway User's Age 1. Male 2. Female Code		39. Highway User's Gender Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train Code <b>2</b> 1. Yes 2. No 3. Unknown		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) Code <b>8</b> 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other (specify) 8. Not Obstructed					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code <b>3</b>	
46. Highway-Rail Crossing Users <b>0</b>		<b>0</b>		47. Highway Vehicle Property Damage (est. dollar damage) <b>\$500</b>		45. Was Driver in the Vehicle? Code <b>1</b> 1. Yes 2. No	
49. Railroad Employees <b>0</b>		<b>0</b>		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) <b>1</b>	
52. Passengers on Train <b>0</b>		<b>0</b>		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code <b>2</b>			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
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).

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 12 / 13 / 2017	<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> 715847J
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> HUGER STREET <small>(Street/Road Name)   * (Block Number)</small>		<b>6. Highway Type &amp; No.</b> S-102	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None COLUMBIA		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> S 0361.140 <small>(prefix)   (nnnn.nnn)   (suffix)</small>		<b>13. Line Segment</b> * 940350		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input checked="" type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input type="checkbox"/> N/A CSX		<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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input checked="" type="checkbox"/> Freight <input checked="" 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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2	
<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) 33.9851217		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0392120	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 4	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<b>1.C. Total Switching Trains</b> 4	<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? 0
<b>2. Year of Train Count Data (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 30 3.B. Typical Speed Range Over Crossing (mph) From 30 to 30		
<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 checked="" 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 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

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 12/13/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 715847J	
<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"/> No	
				<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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" 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 checked="" 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 <u>2</u> Pedestrian <u>0</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>2</u> <input checked="" type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 12
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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>5</u> <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>			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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Lim System <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
				5. Linear Referencing System (LRS Route ID) *	
				6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year <u>2014</u> AADT <u>018480</u>		8. Estimated Percent Trucks <u>18</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Norfolk Southern Railway Company [NS]				1a. Alphabetic Code NS		1b. Railroad Accident/Incident No. 109373	
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) Norfolk Southern Railway Company [NS]				3a. Alphabetic Code NS		3b. Railroad Accident/Incident No. 109373	
4. U.S. DOT Grade Crossing ID No. <b>715847J</b>				5. Date of Accident/Incident month   day   year 0   2   2   6   2014		6. Time of Accident/Incident 6:50 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA		8. Subdivision PIEDMONT		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city) COLUMBIA			12. Highway Name or No. S-102/HUGER			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code J B. Truck E. Van H. Motorcycle M. Other (specify)				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 5. Car(s) (standing) B. Train pushing- RCL 6. Light loco(s) (moving) C. Train standing- RCL 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 1 8. Other (specify) E. DMU Locomotive(s)			
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 2 3. Moving over crossing				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 35 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 3		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 2			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 1 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN TRACK	
27. FRA Track Class (1-9,X) 2		28. Number of Locomotive Units 1		29. Number of Cars 10		30. Consist Speed (Recorded speed if available) R. Recorded 14 mph   E. Estimated R	
31. Time Table Direction 1. North 3. East Code 2 2. South 4. West				32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 02 03 06 07			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code A			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1	
38. Highway User's Age 50		39. Highway User's Gender 2		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 5. Other (specify) 2. Stopped and then proceeded 6. Went around/thru temporary barricade (if yes, see instructions) Code 4 3. Did not stop 7. Went thru the gate 4. Stopped on crossing 8. Suicide/Attempted suicide	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8				
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 2	
46. Highway-Rail Crossing Users 0		1		47. Highway Vehicle Property Damage (est. dollar damage) \$1,000		45. Was Driver in the Vehicle? 1. Yes 2. No Code 2	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew) 3		48. Total Number of Vehicle Occupants (including driver) 0	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2			
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) NS TRAIN P75P026 STRUCK AN UNOCCUPIED HWY-USER (MOPED) ON A HWY-GRADE CROSSING. THE MOPED WAS STOPPED ON THE GRADE CROSSING. DRIVER WAS INJURED DURING THE DISMOUNT FROM THE MOPED, NOT FROM THE TRAIN IMPACT.							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad CSX Transportation [CSX]				1a. Alphabetic Code CSX		1b. Railroad Accident/Incident No. 000106486	
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) CSX Transportation [CSX]				3a. Alphabetic Code CSX		3b. Railroad Accident/Incident No. 000106486	
4. U.S. DOT Grade Crossing ID No.  715847J				5. Date of Accident/Incident month   day   year 0   7   3   1   2012		6. Time of Accident/Incident 7:45 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA		8. Subdivision HAMLET		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city) COLUMBIA			12. Highway Name or No. HUGER ST.			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 1. Train (units pulling) 2. Train (units pushing) 3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL D. EMU Locomotive(s) E. DMU Locomotive(s) Code 1			
14. Vehicle Speed (est. mph at impact) 5		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 30			
16. Position 1. Stalled or stuck on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped on crossing by traffic 5. Blocked on crossing by gates Code 3				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 85 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1			
24. Type of Equipment Consist (single entry) 1. Freight Train 2. Passenger Train-Pulling 3. Commuter Train-Pulling 4. Work Train 5. Single Car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing D. EMU E. DMU Code 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN	
27. FRA Track Class (1-9,X) 3		28. Number of Locomotive Units 2		29. Number of Cars 60		30. Consist Speed (Recorded speed if available) R. Recorded 25 mph E. Estimated E	
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) 01 02 03 06 07 11				33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1		34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code A	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1	
38. Highway User's Age 1. Male 2. Female Code		39. Highway User's Gender 1. Male 2. Female Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 1	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other (specify) 8. Not Obstructed Code 8					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0		47. Highway Vehicle Property Damage (est. dollar damage) \$500		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew) 2		48. Total Number of Vehicle Occupants (including driver) 1	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2			
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) IT WAS REPORTED THAT A CAR RAN INTO THE SIDE OF Q46431 AT HUGER STREET. NO CAR WAS FOUND AND NO DAMAGE TO TRAIN, HIT AND RUN. TRAIN CAR THAT WAS IMPACTED IS UNKNOWN. MOTORIST AGE AND GENDER UNKNOWN AT THIS TIME. PROTECTION ALSO AT CROSSING: ADVANCE WARNING AND PAVEMENT MARKINGS (STOP LINES & RR XING SYMBOLS).							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Seaboard System Railroad, Incorporated [SBD]			1a. Alphabetic Code SBD			1b. Railroad Accident/Incident No. 098405401					
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) Seaboard System Railroad, Incorporated [SBD]			3a. Alphabetic Code SBD			3b. Railroad Accident/Incident No. 098405401					
4. U.S. DOT Grade Crossing ID No.  715847J			5. Date of Accident/Incident month   day   year 0   9   0   2   1984			6. Time of Accident/Incident 9:25 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>					
7. Nearest Railroad Station COLUMBIA			8. Subdivision			9. County RICHLAND					
11. City (if in a city) COLUMBIA			12. Highway Name or No. 200 BLOCK HUGER ST			10. State Abbr. SC		Code 45			
Highway User Involved					Rail Equipment Involved						
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)				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)			
14. Vehicle Speed (est. mph at impact) 15		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code 3		18. Position of Car Unit in Train 62					
16. Position 1. Stalled or stuck on crossing 2. Stopped on Crossing 3. Moving over crossing				Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user					
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither				Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither					
20c. State here the name and quantity of the hazardous material released, if any											
21. Temperature (specify if minus) 70 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark			Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow				
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		9. Maint./inspect. car A. Spec. MoW Equip.		D. EMU E. DMU		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry			
27. FRA Track Class (1-9,X) 2		28. Number of Locomotive Units 3		29. Number of Cars 63		30. Consist Speed (Recorded speed if available) R. Recorded E. Estimated 10 mph		Code E			
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		33. Signaled Crossing Warning (See reverse side for instructions and codes)			
Code(s) 01 02								Code 1			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach				Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code 2			
38. Highway User's Age 1. Male 2. Female		39. Highway User's Gender Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		Code 3		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing			
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code 3		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography		5. Vegetation 6. Highway Vehicles 7. Other (specify) 8. Not Obstructed		Code 8			
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured		Code 3			
46. Highway-Rail Crossing Users 0		3		47. Highway Vehicle Property Damage (est. dollar damage) \$700		45. Was Driver in the Vehicle? 1. Yes 2. No		Code 1			
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) 3		Code 3			
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No		Code 2					
53a. Special Study Block			Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No			Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No			53b. Special Study Block		
54. Narrative Description (Be specific, and continue on separate sheet if necessary)											
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).

1. Name of Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. Alphabetic Code SOU		1b. Railroad Accident/Incident No. GC0379059	
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) SOUTHERN RAILWAY COMPANY [SOU]				3a. Alphabetic Code SOU		3b. Railroad Accident/Incident No. GC0379059	
4. U.S. DOT Grade Crossing ID No.  715847J				5. Date of Accident/Incident month   day   year 1   0   2   6   1979		6. Time of Accident/Incident 10:30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city) COLUMBIA			12. Highway Name or No. S102 HUGER			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 5. Car(s) (standing) B. Train pushing- RCL 6. Light loco(s) (moving) C. Train standing- RCL 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact) 2		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 1		18. Position of Car Unit in Train 82			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 3 3. Moving over crossing				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 50 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1		26. Track Number or Name MAIN	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 2		29. Number of Cars 80		30. Consist Speed (Recorded speed if available) R. Recorded 15 mph E. Estimated E	
31. Time Table Direction 1. North 3. East Code 2 2. South 4. West				32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 01 02 06 07			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Highway User's Age 1. Male 2. Female Code		39. Highway User's Gender Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 5. Other (specify) 2. Stopped and then proceeded 6. Went around/thru temporary barricade (if yes, see instructions) Code 3. Did not stop 7. Went thru the gate 2 4. Stopped on crossing 8. Suicide/Attempted suicide	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0		47. Highway Vehicle Property Damage (est. dollar damage) \$800		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) 2	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. Alphabetic Code SOU		1b. Railroad Accident/Incident No. GC0378051	
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) SOUTHERN RAILWAY COMPANY [SOU]				3a. Alphabetic Code SOU		3b. Railroad Accident/Incident No. GC0378051	
4. U.S. DOT Grade Crossing ID No.  715847J				5. Date of Accident/Incident month   day   year 0   4   2   2   1978		6. Time of Accident/Incident 12:48 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city) COLUMBIA			12. Highway Name or No. S-102 HUGER			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 1. Train (units pulling) 2. Train (units pushing) 3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL D. EMU Locomotive(s) E. DMU Locomotive(s) Code 1			
14. Vehicle Speed (est. mph at impact) 15		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped on crossing by traffic 5. Blocked on crossing by gates Code 3				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 50 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1			
24. Type of Equipment Consist (single entry) 1. Freight Train 2. Passenger Train-Pulling 3. Commuter Train-Pulling 4. Work Train 5. Single Car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing D. EMU E. DMU Code 7				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name MAIN	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 1		29. Number of Cars 6		30. Consist Speed (Recorded speed if available) R. Recorded 10 mph E. Estimated E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2				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) 03 06 07			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand,Mud,Dirt,Oil,Gravel F. Water (Standing, Moving) Code			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Highway User's Age 1. Male 2. Female Code		39. Highway User's Gender Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 1		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other (specify) 8. Not Obstructed Code 8					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 2	
46. Highway-Rail Crossing Users 2		47. Highway Vehicle Property Damage (est. dollar damage) \$500		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1			
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and train crew) 0		48. Total Number of Vehicle Occupants (including driver) 4			
52. Passengers on Train 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2					
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Seaboard Coast Line Railroad [SCL]			1a. Alphabetic Code SCL			1b. Railroad Accident/Incident No. 1530700050		
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)			3a. Alphabetic Code			3b. Railroad Accident/Incident No.		
4. U.S. DOT Grade Crossing ID No. <b>715847J</b>			5. Date of Accident/Incident month   day   year 0   7   3   1   1975			6. Time of Accident/Incident 11:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		
7. Nearest Railroad Station COLUMBIA			8. Subdivision			9. County RICHLAND		
11. City (if in a city) COLUMBIA			12. Highway Name or No. HUGER STREET			10. State Abbr. SC Code 45		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) C			17. Equipment 1. Train (units pulling) 2. Train (units pushing) 3. Train (standing)			4. Car(s) (moving) 5. Car(s) (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify)		
14. Vehicle Speed (est. mph at impact) 30			15. Direction (geographical) 1. North 2. South 3. East 4. West Code 2			18. Position of Car Unit in Train 1		
16. Position 1. Stalled or stuck on crossing 2. Stopped on Crossing 3. Moving over crossing Code 3			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1					
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code					
21. Temperature (specify if minus) 86 °F			22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2			23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1		
24. Type of Equipment Consist (single entry) 1. Freight Train 2. Passenger Train-Pulling 3. Commuter Train-Pulling 4. Work Train			5. Single Car 6. Cut of cars 7. Yard/Switching 8. Light loco(s)			9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing Code 7		
27. FRA Track Class (1-9,X)			28. Number of Locomotive Units 1			29. Number of Cars 10		
30. Consist Speed (Recorded speed if available) R. Recorded E. Estimated 10 mph E			31. Time Table Direction 1. North 2. South 3. East 4. West Code 3			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		
26. Track Number or Name SOUTHERN MAIN TRACK			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) 03 07			33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1		
34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code			35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2			38. Highway User's Age 1. Male 2. Female Code			39. Highway User's Gender 1. Male 2. Female Code		
40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2			41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 3					
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other (specify) 8. Not Obstructed Code 8					
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3			45. Was Driver in the Vehicle? 1. Yes 2. No Code 1					
46. Highway-Rail Crossing Users Killed 0 Injured 0			47. Highway Vehicle Property Damage (est. dollar damage) \$1,500			48. Total Number of Vehicle Occupants (including driver) 1		
49. Railroad Employees 0			50. Total Number of People on Train (include passengers and train crew) 0			51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2		
52. Passengers on Train 0			53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No			53b. Special Study Block		
54. Narrative Description (Be specific, and continue on separate sheet if necessary)								
55. Typed Name and Title			56. Signature			57. Date		

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad <b>SOUTHERN RAILWAY COMPANY [SOU]</b>				1a. Alphabetic Code <b>SOU</b>		1b. Railroad Accident/Incident No. <b>GC0375071</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)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U.S. DOT Grade Crossing ID No. <b>715847J</b>				5. Date of Accident/Incident month   day   year <b>0   7   3   1   1975</b>		6. Time of Accident/Incident <b>11:30</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station <b>COLUMBIA</b>		8. Subdivision		9. County <b>RICHLAND</b>		10. State Abbr. <b>SC</b> Code <b>45</b>	
11. City (if in a city) <b>COLUMBIA</b>			12. Highway Name or No. <b>HUGER</b>			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) C				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 1. Train (units pulling) 5. Car(s) (standing) B. Train pushing- RCL 2. Train (units pushing) 6. Light loco(s) (moving) C. Train standing- RCL 3. Train (standing) 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact) <b>30</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 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code <b>3</b> 3. Moving over crossing				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			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) <b>70</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 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 7				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>MAIN</b>	
27. FRA Track Class (1-9,X) <b>4</b>		28. Number of Locomotive Units <b>1</b>		29. Number of Cars <b>10</b>		30. Consist Speed (Recorded speed if available) R. Recorded <b>10</b> mph E. Estimated <b>E</b>	
31. Time Table Direction 1. North 3. East Code <b>3</b> 2. South 4. West				32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) <b>03 06 07</b>			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code <b>4</b>				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code			
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>3</b>	
38. Highway User's Age 1. Male 2. Female Code		39. Highway User's Gender 1. Male 2. Female Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code <b>2</b>		41. Highway User 1. Went around the gate 5. Other (specify) 2. Stopped and then proceeded 6. Went around/thru temporary barricade (if yes, see instructions) Code 3. Did not stop 7. Went thru the gate <b>3</b> 4. Stopped on crossing 8. Suicide/Attempted suicide	
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 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code <b>1</b>					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code <b>3</b>	
46. Highway-Rail Crossing Users <b>0</b>		<b>0</b>		47. Highway Vehicle Property Damage (est. dollar damage) <b>\$4,000</b>		45. Was Driver in the Vehicle? 1. Yes 2. No Code <b>1</b>	
49. Railroad Employees <b>0</b>		<b>0</b>		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) <b>1</b>	
52. Passengers on Train <b>0</b>		<b>0</b>		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code <b>2</b>			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
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).

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

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, Parts I and II, 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 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 / 25 / 2017	<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> 716366U
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> GADSDEN 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 PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None COLUMBIA		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> W   0161.10   (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 Passage 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) 33.9883370		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0355210	
<b>29. Lat/Long Source</b> <input type="checkbox"/> Actual <input checked="" 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>30.D. 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> 800-946-4744		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 7	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 5	<b>1.C. Total Switching Trains</b> 3	<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 (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 45 3.B. Typical Speed Range Over Crossing (mph) From 5 to 15		
<b>4. Type and Count of Tracks</b> Main 1 Siding 1 Yard 0 Transit 0 Industry 0				
<b>5. Train Detection (Main Track only)</b> <input checked="" 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 checked="" 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) 09/25/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 716366U	
<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) 2	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> No	
				<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 checked="" 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 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 _____		<input checked="" type="checkbox"/> Yes <input 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)	
<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 <u>0</u> 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 <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED	
				3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	
				3.E. Total Count Flashing Light Pa <u>5</u>	
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) <u>1</u>	
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 <u>0</u> 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 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 <u>2</u>		<input type="checkbox"/> One-way Traffic <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>			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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input 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 checked="" type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				4. Highway Speed Limit <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	
				5. Linear Referencing System (LRS Route ID) *	
				6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>000755</u>		8. Estimated Percent Trucks <u>08</u> %		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 09 / 27 / 2016	<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>  716365M
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> LINCOLN ST (Street/Road Name)    * (Block Number)		<b>6. Highway Type &amp; No.</b> S-484	
<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    PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None    SPTBG-COLA MN		<b>11. Branch or Line Name</b> <input type="checkbox"/> None    W	
<b>12. RR Milepost</b> R    0108.590 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 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 Passage 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) 33.9915010		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0350040	
<b>29. Lat/Long Source</b> <input type="checkbox"/> Actual <input checked="" 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>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>		<b>30.D. Railroad Use *</b>	
<b>32.A. Narrative (Railroad Use) *</b>		<b>32.B. Narrative (State Use) *</b>		<b>33. Emergency Notification Telephone No. (posted)</b> 800-453-2530	
<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624			

## 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> 2	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 6	<b>1.C. Total Switching Trains</b> 8	<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 (YYYY)</b> 2015		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 45 3.B. Typical Speed Range Over Crossing (mph) From 5 to 10		
<b>4. Type and Count of Tracks</b> Main 1    Siding 2    Yard 0    Transit 0    Industry 0				
<b>5. Train Detection (Main Track only)</b> <input checked="" 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 checked="" 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

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 09/27/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 716365M	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input 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 <u>2</u> Pedestrian <u>0</u>	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 <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included
3.E. Total Count Flashing Light Pa 4		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) 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 <u>0</u> 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 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 <u>2</u> <input type="checkbox"/> One-way Traffic <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input checked="" type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input 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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input 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 checked="" type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>001225</u>		8. Estimated Percent Trucks <u>08</u> %	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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 715620R
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> ASSEMBLY ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> SC-48	
<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 PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None SOU		<b>11. Branch or Line Name</b> <input type="checkbox"/> None SC	
<b>12. RR Milepost</b> 0108.35 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 33.9897990		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0311970	
<b>29. Lat/Long Source</b> <input 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>30.D. 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 15 3.B. Typical Speed Range Over Crossing (mph) From 5 to 10		
<b>4. Type and Count of Tracks</b> Main 1 Siding _____ Yard _____ Transit _____ Industry _____				
<b>5. Train Detection (Main Track only)</b> <input checked="" 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 checked="" 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

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715620R	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
<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 <u>2</u> 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 <u>2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>2</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 12
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) 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 type="checkbox"/> None			3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>4</u>	<input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input 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 type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit System <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	5. Linear Referencing System (LRS Route ID) * 6. LRS Milepost *
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>022180</u>	8. Estimated Percent Trucks <u>15</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of			Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]			1a. NS	1b. 087594
2. Other Railroad Involved in Train Accident/Incident			2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]			3a. NS	3b. 087594
4. U.S. DOT-AAR Grade Crossing ID No. 715620R		5. Date of Accident/Incident 02/04/96		6. Time of Accident/Incident 01:45 AM
7. Nearest Railroad Station COLUMBIA		8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city)		12. Highway Name or No. ASSEMBLY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved			Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1	
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 2		18. Position of Car Unit in Train 1
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 2		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code		
20c. State the name and quantity of the hazardous material released, if any				
21. Temperature (specify if minus) 20 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 6
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name MAIN
27. FRA Track Class 3	28. Number of Locomotive Units 2	29. Number of Cars 61	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 8 mph Code E	31. Time Table Direction 1. North 2. South 3. East 4. West Code 2
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 Code(s) 07			33. Signaled Crossing Warning 34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 3		38. Driver's Age 39. Driver's Gender 1. Male 2. Female Code		
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4		
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8		
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 2
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1		46. Highway-Rail Crossing Users 0 4		
47. Highway Vehicle Property Damage (est. dollar damage) \$0		48. Total Number of Highway-Rail Crossing Users (include driver) 4		
49. Railroad Employees 0 0		50. Total Number of People on Train (include passengers and crew)		
51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2		52. Passengers on Train 0 0		
53a. Special Study Block		53b. Special Study Block		
54. Narrative Description				
55. Typed Name and Title		56. Signature		57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 087070
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 087070
4. U.S. DOT-AAR Grade Crossing ID No. 715620R		5. Date of Accident/Incident 12/17/95		6. Time of Accident/Incident 02:40 AM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city)		12. Highway Name or No. ASSEMBLY ST		10. State Code Abbr. 45 SC	
11. City (if in a city)		12. Highway Name or No. ASSEMBLY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact) 2			18. Position of Car Unit in Train 1		
15. Direction (geographical) 1. North 2. South 3. East 4. West			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			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		
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			20b. Was there a hazardous materials release by 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) 45 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name R LINE
27. FRA Track Class 4		28. Number of Locomotive Units 2	29. Number of Cars 72	30. Consist Speed (Recorded if available) R. Recorded 30 mph E. Estimated	31. Time Table Direction 1. North 2. South 3. East 4. West
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 1. Yes 2. No 3. Unknown
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown
38. Driver's Age	39. Driver's Gender 1. Male 2. Female	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured	
46. Highway-Rail Crossing Users		0	0	47. Highway Vehicle Property Damage (est. dollar damage) \$2,000	
49. Railroad Employees		0	0	50. Total Number of People on Train (include passengers and crew)	
52. Passengers on Train		0	0	51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 084509
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 084509
4. U.S. DOT-AAR Grade Crossing ID No. 715620R		5. Date of Accident/Incident 02/12/95		6. Time of Accident/Incident 02:15 AM	
7. Nearest Railroad Station ANDREWS YARD		8. Division		9. County RICHLAND	
11. City (if in a city) ANDREWS		12. Highway Name or No. ASSEMBLY ST		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact) 10			18. Position of Car Unit in Train 1		
15. Direction (geographical) 1. North 2. South 3. East 4. West			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
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			20c. State the name and quantity of the hazardous material released, if any		
21. Temperature (specify if minus) 35 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name R LINE	
27. FRA Track Class 4		28. Number of Locomotive Units 3		29. Number of Cars 110	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated		31. Time Table Direction 1. North 2. South 3. East 4. West		Code 25 mph E 1	
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 1. Yes 2. No 3. Unknown
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed	
Casualties to:		Killed		Injured	
44. Driver was 1. Killed 2. Injured 3. Uninjured		45. Was Driver in the Vehicle? 1. Yes 2. No		Code 3 1	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$4,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
52. Passengers on Train 0		53a. Special Study Block		53b. Special Study Block	
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

HIGHWAY-RAIL GRADE CROSSING  
ACCIDENT/INCIDENT REPORT

**3.a**

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 084462
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 084462
4. U.S. DOT-AAR Grade Crossing ID No. <b>715620R</b>		5. Date of Accident/Incident 02/08/95		6. Time of Accident/Incident 12:29 AM	
7. Nearest Railroad Station ANDREWS YARD		8. Division		9. County RICHLAND	
11. City (if in a city) ANDREWS		12. Highway Name or No. ASSEMBLY ST		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
Code A			Code 1		
14. Vehicle Speed (est. mph at impact) 5		15. Direction (geographical) 1. North 2. South 3. East 4. West		18. Position of Car Unit in Train 1	
Code 3					
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
Code 3			Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither			20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
Code 4			Code		
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 28 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
Code 4				Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name R LINE
Code 1			Code 1		
27. FRA Track Class 4		28. Number of Locomotive Units 3	29. Number of Cars 124	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 11 mph	
Code E				Code 2	
31. Time Table Direction 1. North 2. South 3. East 4. West			Code 2		
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 1. Yes 2. No 3. Unknown
Code(s) 07					Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown
Code 1			Code 2		Code 2
38. Driver's Age	39. Driver's Gender 1. Male 2. Female	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop	
Code	Code	Code 2		Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown			43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed		
Code 2			Code 8		
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured	
				Code 3	
				45. Was Driver in the Vehicle? 1. Yes 2. No	
				Code 1	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$2,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1
					Code 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No
					Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title			56. Signature		57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. SOU	1b. GC0379057
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]				3a. SOU	3b. GC0379057
4. U.S. DOT-AAR Grade Crossing ID No. 715620R		5. Date of Accident/Incident 10/05/79		6. Time of Accident/Incident 06:55 PM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city)		12. Highway Name or No. SC48 ASSEMBLY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			Code A		
14. Vehicle Speed (est. mph at impact) 20			15. Direction (geographical) 1. North 2. South 3. East 4. West		
Code 4			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			Code 3		
18. Position of Car Unit in Train 1			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
Code 1			20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
Code 4			20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 60 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 2	
23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow		Code 1			
24. Type of Equipment Consist 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			A. Spec. MoW Equip Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry
Code 1			Code 1		26. Track Number or Name MAIN
27. FRA Track Class 4	28. Number of Locomotive Units 4	29. Number of Cars 72	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 17 mph		Code E
31. Time Table Direction 1. North 2. South 3. East 4. West			Code 2		
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 1. Yes 2. No 3. Unknown
Code(s) 12			Code		Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown
Code 1			Code 2		Code 2
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown	Code 2				
38. Driver's Age	39. Driver's Gender 1. Male 2. Female	Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		Code 2
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop			Code 3		
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown			Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed
Code 2			Code 8		
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured	
				Code 3	
45. Was Driver in the Vehicle? 1. Yes 2. No		Code 1			
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$500		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No
52. Passengers on Train 0		0	Code 2		
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title			56. Signature		57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. SOU	1b. GC0376041
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance				3a.	3b.
4. U.S. DOT-AAR Grade Crossing ID No. 715620R		5. Date of Accident/Incident 04/17/76		6. Time of Accident/Incident 04:00 AM	
7. Nearest Railroad Station COLUMBIA		8. Division RICHLAND		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. ASSEMBLY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 8. Other (specify) 2. Train (units pushing) 6. Light loco(s) (moving) A. Train pulling- RCL 3. Train (standing) 7. Light loco(s) (standing) B. Train pushing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 40		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 1		18. Position of Car Unit in Train 29	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 58 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name EAST BOUND MAIN
27. FRA Track Class 4		28. Number of Locomotive Units 4	29. Number of Cars 104	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 10 mph Code E	
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 Code(s) 01 03 06 07			33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 1	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$500		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 715621X
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> MAIN ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> CITY RD	
<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 PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None SOU		<b>11. Branch or Line Name</b> <input type="checkbox"/> None SC	
<b>12. RR Milepost</b> R   0108.30 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 33.9903980		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0291980	
<b>29. Lat/Long Source</b> <input type="checkbox"/> Actual <input checked="" 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>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>		<b>30.D. Railroad Use *</b>	
<b>32.A. Narrative (Railroad Use) *</b>		<b>32.B. Narrative (State Use) *</b>		<b>33. Emergency Notification Telephone No. (posted)</b> 800-453-2530	
<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624			

## 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 15 3.B. Typical Speed Range Over Crossing (mph) From 5 to 10		
<b>4. Type and Count of Tracks</b> Main 1 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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 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) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715621X	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No	
				<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)	
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway <u>2</u> 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 <u>2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>2</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 10
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) 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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>4</u>		<input type="checkbox"/> One-way Traffic <input 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 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> (0) Rural <input checked="" 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
				5. Linear Referencing System (LRS Route ID) *	
				6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>012755</u>		8. Estimated Percent Trucks <u>10</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 715866N
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> PICKENS ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> CITY RD	
<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 <input type="checkbox"/> PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None <input type="checkbox"/> CHLT		<b>11. Branch or Line Name</b> <input type="checkbox"/> None <input type="checkbox"/> R	
<b>12. RR Milepost</b> R   0107.85 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 34.0063020		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0519030	
<b>29. Lat/Long Source</b> <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>30.C. Railroad Use *</b>			
<b>30.D. Railroad Use *</b>		<b>30.E. Railroad Use *</b>			
<b>31.A. State Use *</b>			<b>31.B. State Use *</b>		
<b>31.C. State 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 10 to 50		
<b>4. Type and Count of Tracks</b> Main 1 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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715866N	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type _____ Count 1 Specify Type _____ Count 0 Specify Type _____ Count _____		<input checked="" type="checkbox"/> Yes <input 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)	
<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 _____	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) 2 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 5
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) 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 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 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 2	<input type="checkbox"/> One-way Traffic <input 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 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 checked="" type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input 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 checked="" 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 checked="" type="checkbox"/> No	4. Highway Speed Limit System 35 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	5. Linear Referencing System (LRS Route ID) * _____
7. Annual Average Daily Traffic (AADT) Year 2005 AADT 008565	8. Estimated Percent Trucks 10 _____ %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day 3 _____		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 086447
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 086447
4. U.S. DOT-AAR Grade Crossing ID No. 715866N		5. Date of Accident/Incident 10/07/95		6. Time of Accident/Incident 05:30 AM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. PICKENS ST		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 8. Other (specify) 2. Train (units pushing) 6. Light loco(s) (moving) A. Train pulling- RCL 3. Train (standing) 7. Light loco(s) (standing) B. Train pushing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 15		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 10	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2			
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 2		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 70 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name R LINE
27. FRA Track Class 4		28. Number of Locomotive Units 2	29. Number of Cars 118	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 10 mph Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2					
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 Code(s) 03 06 07			33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1					
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$5,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 084747
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 084747
4. U.S. DOT-AAR Grade Crossing ID No. 715866N		5. Date of Accident/Incident 03/09/95		6. Time of Accident/Incident 04:10 AM	
7. Nearest Railroad Station ANDREWS YARD		8. Division		9. County RICHLAND	
11. City (if in a city) ANDREWS YARD		12. Highway Name or No. PICKENS ST		10. State Code Abbr. 45 SC	
13. Type		14. Vehicle Speed		15. Direction (geographical)	
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)		5		1. North 2. South 3. East 4. West	
Code A		Code 3		Code 3	
17. Equipment		18. Position of Car Unit in Train		19. Circumstance	
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		60		1. Rail equipment struck highway user 2. Rail equipment struck by highway user	
Code 1		Code 2		Code 2	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials?		20b. Was there a hazardous materials release by		20c. State the name and quantity of the hazardous material released, if any	
1. Highway User 2. Rail Equipment 3. Both 4. Neither		1. Highway User 2. Rail Equipment 3. Both 4. Neither			
Code 4		Code 4			
21. Temperature (specify if minus) 40 °F		22. Visibility (single entry)		23. Weather (single entry)	
Code 4		1. Dawn 2. Day 3. Dusk 4. Dark		1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
Code 4		Code 4		Code 1	
24. Type of Equipment		25. Track Type Used by Rail Equipment Involved		26. Track Number or Name	
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		Code 1		1. Main 2. Yard 3. Siding 4. Industry	
Code 1		Code 1		R LINE	
27. FRA Track Class		28. Number of Locomotive Units		29. Number of Cars	
4		3		99	
30. Consist Speed (Recorded if available)		31. Time Table Direction		32. Type of Crossing	
R. Recorded E. Estimated		4 mph E		1. North 2. South 3. East 4. West	
Code 2		Code 2		Code 2	
33. Signaled Crossing Warning		34. Whistle Ban		35. Location of Warning	
20 sec warn min (1);		1. Yes 2. No 3. Unknown		1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach	
Code 3		Code 3		Code 1	
36. Crossing Warning Interconnected with Highway Signals		37. Crossing Illuminated by Street Lights or Special Lights		38. Driver's Age	
Code 3		Code 2		39. Driver's Gender	
1. Yes 2. No 3. Unknown		1. Yes 2. No 3. Unknown		1. Male 2. Female	
Code 3		Code 2		Code 2	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train		41. Driver		42. Driver Passed Standing Highway Vehicle	
1. Yes 2. No 3. Unknown		1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop		1. Yes 2. No 3. Unknown	
Code 2		Code 3		Code 2	
43. View of Track Obscured by (primary obstruction)		44. Driver was		45. Was Driver in the Vehicle?	
1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other (specify) 8. Not Obstructed		1. Killed 2. Injured 3. Uninjured		1. Yes 2. No	
Code 8		Code 2		Code 1	
46. Highway-Rail Crossing Users		47. Highway Vehicle Property Damage (est. dollar damage)		48. Total Number of Highway-Rail Crossing Users (include driver)	
0		\$5,000		1	
49. Railroad Employees		50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed	
0		0		1. Yes 2. No	
Code 0		Code 0		Code 2	
52. Passengers on Train		53a. Special Study Block		53b. Special Study Block	
0					
54. Narrative Description					
55. Typed Name and Title					
56. Signature				57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 084602
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 084602
4. U.S. DOT-AAR Grade Crossing ID No. 715866N		5. Date of Accident/Incident 02/21/95		6. Time of Accident/Incident 06:25 PM	
7. Nearest Railroad Station ANDREWS YARD		8. Division		9. County RICHLAND	
11. City (if in a city) ANDREWS		12. Highway Name or No. PICKENS ST		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) Code 1		
14. Vehicle Speed (est. mph at impact) 5		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 2		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 45 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name R LINE
27. FRA Track Class 4		28. Number of Locomotive Units 2	29. Number of Cars 117	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 25 mph Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2			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 Code(s) 03 06 07		
33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code		35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1	
36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 3		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2			
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1		46. Highway-Rail Crossing Users 0 0		47. Highway Vehicle Property Damage (est. dollar damage) \$2,000	
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0 0		50. Total Number of People on Train (include passengers and crew)	
51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2		52. Passengers on Train 0 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description			
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 079834
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 079834
4. U.S. DOT-AAR Grade Crossing ID No. 715866N		5. Date of Accident/Incident 09/08/93		6. Time of Accident/Incident 05:45 AM	
7. Nearest Railroad Station ANDREWS YARD		8. Division		9. County RICHLAND	
11. City (if in a city) ANDREWS		12. Highway Name or No. PICKENS ST		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 40		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2			
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 2		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 75 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 2	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name R LINE
27. FRA Track Class 4		28. Number of Locomotive Units 3	29. Number of Cars 150	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 15 mph Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 1					
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 Code(s) 03 06 07			33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$2,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0376085
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance		3a.	3b.
4. U.S. DOT-AAR Grade Crossing ID No. 715866N		5. Date of Accident/Incident 09/16/76	
6. Time of Accident/Incident 09:15 PM			
7. Nearest Railroad Station COLUMBIA		8. Division RICHLAND	
9. County RICHLAND		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. S-I027 PICKENS ST	
		<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) A		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 1	
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) Code 1. North 2. South 3. East 4. West 3	
16. Position 1. Stalled on crossing 3. Moving over crossing Code 2. Stopped on Crossing 4. Trapped 2		18. Position of Car Unit in Train 1	
19. Circumstance 1. Rail equipment struck highway user Code 2. Rail equipment struck by highway user 1		20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4	
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) 70 °F		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 4	
23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1			
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) Code 3. Commuter train 6. Cut of cars 9. Main./inspect. car 1		25. Track Type Used by Rail Code Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1	
26. Track Number or Name MAIN LINE			
27. FRA Track Class 4		28. Number of Locomotive Units 3	
29. Number of Cars 24		30. Consist Speed (Recorded if available) Code R. Recorded 10 mph E E. Estimated	
31. Time Table Direction Code 1. North 2. South 3. East 4. West 2			
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew Warning 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None		33. Signaled Crossing Warning 20 sec warn min (1);	
34. Whistle Ban Code 1. Yes 2. No 3. Unknown			
35. Location of Warning Code 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach 1		36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2	
37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 2			
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 2		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 4	
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2		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 8	
Casualties to:		44. Driver was Code 1. Killed 2. Injured 3. Uninjured 3	
45. Was Driver in the Vehicle? Code 1. Yes 2. No 2			
46. Highway-Rail Crossing Users 0 0		47. Highway Vehicle Property Damage (est. dollar damage) \$400	
48. Total Number of Highway-Rail Crossing Users (include driver) 0			
49. Railroad Employees 0 0		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 2			
52. Passengers on Train 0 0			
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0376076
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance		3a.	3b.
4. U.S. DOT-AAR Grade Crossing ID No. 715866N		5. Date of Accident/Incident 08/07/76	
6. Time of Accident/Incident 12:05 AM			
7. Nearest Railroad Station COLUMBIA		8. Division RICHLAND	
9. County		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. S-2027 PICKENS ST	
		<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) A		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 1	
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) Code 1. North 2. South 3. East 4. West 3	
16. Position 1. Stalled on crossing 3. Moving over crossing Code 2. Stopped on Crossing 4. Trapped 2		18. Position of Car Unit in Train 1	
19. Circumstance 1. Rail equipment struck highway user Code 2. Rail equipment struck by highway user 1		20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4	
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) 75 °F		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 4	
23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1			
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) Code 3. Commuter train 6. Cut of cars 9. Main./inspect. car 1		25. Track Type Used by Rail Code Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1	
26. Track Number or Name MAIN LINE			
27. FRA Track Class 4		28. Number of Locomotive Units 4	
29. Number of Cars 50		30. Consist Speed (Recorded if available) Code R. Recorded E. Estimated 15 mph E	
31. Time Table Direction Code 1. North 2. South 3. East 4. West 2			
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew Warning 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None		33. Signaled Crossing Warning Code 34. Whistle Ban Code 1. Yes 2. No 3. Unknown	
35. Location of Warning Code 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach 1		36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2	
37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 2			
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 2		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 4	
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2		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 8	
Casualties to:		44. Driver was Code 1. Killed 2. Injured 3. Uninjured 3	
45. Was Driver in the Vehicle? Code 1. Yes 2. No 2			
46. Highway-Rail Crossing Users 0 0		47. Highway Vehicle Property Damage (est. dollar damage) \$400	
48. Total Number of Highway-Rail Crossing Users (include driver) 2			
49. Railroad Employees 0 0		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 2			
52. Passengers on Train 0 0			
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. SOU	1b. GC0375092
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance				3a.	3b.
4. U.S. DOT-AAR Grade Crossing ID No. 715866N		5. Date of Accident/Incident 11/21/75		6. Time of Accident/Incident 08:10 AM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. S-2027 PICKENS ST		10. State Code Abbr. 45 SC	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)		Code A		17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	
14. Vehicle Speed (est. mph at impact) 30		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code 4	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped		Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither	
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 55 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 2	
23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow		Code 2		24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car	
Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		Code 1	
26. Track Number or Name R LINE NORTH		27. FRA Track Class 4		28. Number of Locomotive Units 1	
29. Number of Cars 5		30. Consist Speed (Recorded if available) R. Recorded E. Estimated 10 mph		Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West		Code 1		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	
Code(s) 03 06 07		33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach		Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown	
Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code 2	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		Code	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop	
Code 3		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code 1	
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed		Code 8		44. Driver was 1. Killed 2. Injured 3. Uninjured	
Code 2		45. Was Driver in the Vehicle? 1. Yes 2. No		Code 1	
Casualties to: Killed Injured		46. Highway-Rail Crossing Users 0 2		47. Highway Vehicle Property Damage (est. dollar damage) \$750	
48. Total Number of Highway-Rail Crossing Users (include driver) 2		49. Railroad Employees 0 0		50. Total Number of People on Train (include passengers and crew)	
51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No		Code 2		52. Passengers on Train 0 0	
53a. Special Study Block		53b. Special Study Block			
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 715867V
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> WHEAT ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-108	
<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 <input checked="" type="checkbox"/> PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> CHLT		<b>11. Branch or Line Name</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> R	
<b>12. RR Milepost</b> R   0107.80 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 33.9900020		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0347980	
<b>29. Lat/Long Source</b> <input type="checkbox"/> Actual <input checked="" 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>30.D. 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 10 to 20		
<b>4. Type and Count of Tracks</b> Main 1 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 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715867V	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
<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) 2 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 5
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) 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 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 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 2	<input type="checkbox"/> One-way Traffic <input 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) 75		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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit System 35 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	
			5. Linear Referencing System (LRS Route ID) *		
			6. LRS Milepost *		
7. Annual Average Daily Traffic (AADT) Year 2005 AADT 002105	8. Estimated Percent Trucks 06 _____ %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day 2		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. SOU	1b. GC0382046
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]				3a. SOU	3b. GC0382046
4. U.S. DOT-AAR Grade Crossing ID No. 715867V		5. Date of Accident/Incident 12/05/82		6. Time of Accident/Incident 10:20 PM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. S-108/WHEAT ST		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. S-108/WHEAT ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved				Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A				17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 3	
14. Vehicle Speed (est. mph at impact) 10		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 112	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 60 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name MAIN	
27. FRA Track Class 4		28. Number of Locomotive Units 4		29. Number of Cars 132	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated 0 mph R		31. Time Table Direction 1. North 2. South 3. East 4. West Code 1			
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 Code(s) 03 06 07		33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3			
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1		46. Highway-Rail Crossing Users 0 Killed 0 Injured			
47. Highway Vehicle Property Damage (est. dollar damage) \$500		48. Total Number of Highway-Rail Crossing Users (include driver) 1			
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block			
53b. Special Study Block		54. Narrative Description			
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input checked="" 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> 715869J
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> GREENE ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-176	
<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    PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None    SOU		<b>11. Branch or Line Name</b> <input type="checkbox"/> None    R	
<b>12. RR Milepost</b> 0107.40 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 type="checkbox"/> Freight <input type="checkbox"/> Transit <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Commuter <input type="checkbox"/> Tourist/Other		<b>22. Average Passage 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 33.9942020		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0364990	
<b>29. Lat/Long Source</b> <input 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>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>		<b>30.D. Railroad Use *</b>	
<b>32.A. Narrative (Railroad Use) *</b>		<b>32.B. Narrative (State Use) *</b>		<b>33. Emergency Notification Telephone No. (posted)</b> 800-453-2530	
<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624			

## 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 10 to 20		
<b>4. Type and Count of Tracks</b> Main 1    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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715869J	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
<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 <u>2</u> 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 <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa <u>6</u>
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) <u>1</u>
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 <u>0</u> Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input checked="" type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input checked="" 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 <u>4</u>	<input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>		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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit System <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	5. Linear Referencing System (LRS Route ID) * _____
7. Annual Average Daily Traffic (AADT) Year <u>2006</u> AADT <u>009675</u>	8. Estimated Percent Trucks <u>15</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 005031
2. Other Railroad Involved in Train Accident/Incident				2a.	2b. 005031
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 005031
4. U.S. DOT-AAR Grade Crossing ID No. 715869J		5. Date of Accident/Incident 03/31/01		6. Time of Accident/Incident 11:40 PM	
7. Nearest Railroad Station ANDREWS		8. Division PIEDMONT		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. GREEN ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 30		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 6	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2			
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 2		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 50 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name R MAIN TRACK
27. FRA Track Class 4		28. Number of Locomotive Units 4	29. Number of Cars 144	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 4 mph Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2					
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 Code(s) 03 06 07			33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code 2
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 1		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2
38. Driver's Age 22	39. Driver's Gender 1. Male 2. Female Code 1	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1					
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$2,500		48. Total Number of Highway-Rail Crossing Users (include driver) 2
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew) 2		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 089615
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 089615
4. U.S. DOT-AAR Grade Crossing ID No. 715869J		5. Date of Accident/Incident 10/05/96		6. Time of Accident/Incident 04:30 AM	
7. Nearest Railroad Station ANDREWS YARD		8. Division		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city)		12. Highway Name or No. GREEN ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 2		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 50 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name R MAIN LINE
27. FRA Track Class 4		28. Number of Locomotive Units 2	29. Number of Cars 88	30. Consist Speed (Recorded if available) R. Recorded 30 mph E. Estimated Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2					
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 Code(s) 02 03 05 06 07			33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 2			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2			41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$4,000		48. Total Number of Highway-Rail Crossing Users (include driver) 0
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

HIGHWAY-RAIL GRADE CROSSING  
ACCIDENT/INCIDENT REPORT

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No. 2130-0500

Name Of			Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]			1a. SOU	1b. GC0382004
2. Other Railroad Involved in Train Accident/Incident			2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]			3a. SOU	3b. GC0382004
4. U.S. DOT-AAR Grade Crossing ID No. 715869J		5. Date of Accident/Incident 01/26/82		6. Time of Accident/Incident 01:42 PM
7. Nearest Railroad Station COLUMBIA		8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city)		12. Highway Name or No. GREEN ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved			Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)
14. Vehicle Speed (est. mph at impact) 12			15. Direction (geographical) 1. North 2. South 3. East 4. West	Code 2
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither			Code 4	20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither
20c. State the name and quantity of the hazardous material released, if any				
21. Temperature (specify if minus) 40 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 2
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry
27. FRA Track Class 3			28. Number of Locomotive Units 4	29. Number of Cars 49
30. Consist Speed (Recorded if available) R. Recorded E. Estimated			Code 8 mph R	31. Time Table Direction 1. North 2. South 3. East 4. West
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			Code 02 03 06 07	33. Signaled Crossing Warning 20 sec warn min (1);
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			Code 1	36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown
37. Crossing Illuminated by Street Lights or Special Lights			Code 2	38. Driver's Age 39. Driver's Gender 1. Male 2. Female
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown			Code 1	41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown			Code 3	43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed
Casualties to:			Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured			Code 3	45. Was Driver in the Vehicle? 1. Yes 2. No
46. Highway-Rail Crossing Users 0			0	47. Highway Vehicle Property Damage (est. dollar damage) \$0
48. Total Number of Highway-Rail Crossing Users (include driver) 1			49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0			51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
52. Passengers on Train 0			53. Special Study Block	
54. Narrative Description				
55. Typed Name and Title			56. Signature	
			57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0378050
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]		3a. SOU	3b. GC0378050
4. U.S. DOT-AAR Grade Crossing ID No. 715869J	5. Date of Accident/Incident 04/22/78	6. Time of Accident/Incident 01:05 PM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city)	12. Highway Name or No. GREEN ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code B	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 5	15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 65 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 3	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name CHAR MAINLINE
27. FRA Track Class 4	28. Number of Locomotive Units 1	29. Number of Cars 15	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 17 mph Code R
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 Code(s) 03 06 07		33. Signaled Crossing Warning 20 sec warn min (1); 34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 2	
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$300	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0	
52. Passengers on Train 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 904228Y
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> PED XING (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b>	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None SOU		<b>11. Branch or Line Name</b> <input type="checkbox"/> None COLUMBIA LINE	
<b>12. RR Milepost</b> 0107.35 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input type="checkbox"/> N/A		<b>17. Crossing Type</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	
<b>18. Crossing Purpose</b> <input type="checkbox"/> Highway <input checked="" 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 type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<b>22. Average Passage 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 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 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 33.9996620		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0188030	
<b>29. Lat/Long Source</b> <input 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<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

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 904228Y	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No <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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify Type _____ Count 2 Specify Type _____ Count 0 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 Flashing Light Pa 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"/> Statute
7. Annual Average Daily Traffic (AADT) Year 1991 _____ 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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 715871K
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> HAMPTON ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-158	
<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 <input checked="" type="checkbox"/> PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> CHLT		<b>11. Branch or Line Name</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> R	
<b>12. RR Milepost</b> R   0106.60 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<b>22. Average Passage 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 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 34.0036010		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0407030	
<b>29. Lat/Long Source</b> <input type="checkbox"/> Actual <input checked="" 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>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>		<b>30.D. Railroad Use *</b>	
<b>32.A. Narrative (Railroad Use) *</b>		<b>32.B. Narrative (State Use) *</b>		<b>33. Emergency Notification Telephone No. (posted)</b> 800-453-2530	
<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624			

### 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 10 to 20		
<b>4. Type and Count of Tracks</b> Main 1 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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715871K	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
<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 <u>2</u> 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 <u>1</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>1</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>1</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa g
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) 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 type="checkbox"/> None			3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>4</u>	<input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>		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 checked="" 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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	5. Linear Referencing System (LRS Route ID) * 6. LRS Milepost *
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>005305</u>	8. Estimated Percent Trucks <u>12</u> %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day <u>7</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 715872S
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> TAYLOR ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> SC-12	
<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 <input checked="" type="checkbox"/> PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> CHLT		<b>11. Branch or Line Name</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> R	
<b>12. RR Milepost</b> R   0106.50   (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 34.0049020		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0414960	
<b>29. Lat/Long Source</b> <input 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 49 3.B. Typical Speed Range Over Crossing (mph) From 10 to 10		
<b>4. Type and Count of Tracks</b> Main 1 Siding 1 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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715872S	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 checked="" type="checkbox"/> Yes (count _____) <input type="checkbox"/> No	2.F. Pavement Markings <input checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
<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 <u>2</u> 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 <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>3</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa <u>4</u>
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) <u>1</u>
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 <u>0</u> 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 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 <u>4</u>	<input type="checkbox"/> One-way Traffic <input 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>		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 checked="" type="checkbox"/> No	
<b>Part V: Public Highway Information</b>					
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input checked="" 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 checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit System <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	5. Linear Referencing System (LRS Route ID) * _____
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>018880</u>	8. Estimated Percent Trucks <u>18</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 085371
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 085371
4. U.S. DOT-AAR Grade Crossing ID No. 715872S		5. Date of Accident/Incident 05/30/95		6. Time of Accident/Incident 12:35 AM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city)		12. Highway Name or No. TAYLOR ST		10. State Code Abbr. 45 SC	
11. City (if in a city)		12. Highway Name or No. TAYLOR ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact) 0			18. Position of Car Unit in Train 1		
15. Direction (geographical) 1. North 2. South 3. East 4. West			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			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		
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			20b. Was there a hazardous materials release by 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) 65 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name R LINE
27. FRA Track Class 4		28. Number of Locomotive Units 7	29. Number of Cars 84	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 34 mph E	
31. Time Table Direction 1. North 2. South 3. East 4. West			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 20 sec warn min (1);			34. Whistle Ban 1. Yes 2. No 3. Unknown		
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown
38. Driver's Age		39. Driver's Gender 1. Male 2. Female	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed		44. Driver was 1. Killed 2. Injured 3. Uninjured	
45. Was Driver in the Vehicle? 1. Yes 2. No		46. Highway-Rail Crossing Users 0 0			
47. Highway Vehicle Property Damage (est. dollar damage) \$1,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1			
49. Railroad Employees 0 0		50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
52. Passengers on Train 0 0		53a. Special Study Block			
53b. Special Study Block		54. Narrative Description			
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 715874F
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> BLANDING ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-107	
<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 <input checked="" type="checkbox"/> PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> SOU		<b>11. Branch or Line Name</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> R	
<b>12. RR Milepost</b> R   0106.45 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 34.0057980		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0435030	
<b>29. Lat/Long Source</b> <input type="checkbox"/> Actual <input checked="" 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>30.D. 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 10 to 10		
<b>4. Type and Count of Tracks</b> Main 1 Siding 1 Yard _____ Transit _____ Industry _____				
<b>5. Train Detection (Main Track only)</b> <input type="checkbox"/> Constant Warning Time <input checked="" 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 checked="" 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

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2			D. Crossing Inventory Number (7 char.) 715874F	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
				<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input 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)	
Specify Type _____ Count 2						
Specify Type _____ Count 0						
Specify Type _____ Count _____						
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)	3.B. Gate Configuration		3.C. Cantilevered (or Bridged) Flashing Light Structures (count)		3.D. Mast Mounted Flashing Lights (count of masts) 2	3.E. Total Count Flashing Light Pa
Roadway 2 Pedestrian _____	<input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates		Over Traffic Lane 2 <input type="checkbox"/> Incandescent Not Over Traffic Lane 2 <input type="checkbox"/> LED		<input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	11
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) 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 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 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 4		<input type="checkbox"/> One-way Traffic <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____						
<input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal						
<input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____						
6. Intersecting Roadway within 500 feet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) _____			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local			3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit System 35 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
					5. Linear Referencing System (LRS Route ID) *	
					6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year 2005 AADT 002145		8. Estimated Percent Trucks 15 _____ %	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 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.						

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0375030
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance		3a.	3b.
4. U.S. DOT-AAR Grade Crossing ID No. 715874F		5. Date of Accident/Incident 03/20/75	
6. Time of Accident/Incident 02:27 PM			
7. Nearest Railroad Station COLUMBIA		8. Division RICHLAND	
9. County RICHLAND		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. BLANDING	
		<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) A		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 1	
14. Vehicle Speed (est. mph at impact) 25		15. Direction (geographical) Code 1. North 2. South 3. East 4. West 4	
16. Position 1. Stalled on crossing 3. Moving over crossing Code 2. Stopped on Crossing 4. Trapped 3		18. Position of Car Unit in Train 1	
19. Circumstance 1. Rail equipment struck highway user Code 2. Rail equipment struck by highway user 1		20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4	
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) 72 °F		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2	
23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1			
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) Code 3. Commuter train 6. Cut of cars 9. Main./inspect. car 1		25. Track Type Used by Rail Code Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1	
26. Track Number or Name MAIN			
27. FRA Track Class 2		28. Number of Locomotive Units 1	
29. Number of Cars 17		30. Consist Speed (Recorded if available) Code R. Recorded 11 mph E E. Estimated	
31. Time Table Direction Code 1. North 2. South 3. East 4. West 2			
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew Warning 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) Code(s) 03 06 07 9. Watchman 12. None		33. Signaled Crossing Warning 20 sec warn min (1);	
34. Whistle Ban Code 1. Yes 2. No 3. Unknown			
35. Location of Warning Code 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach 1		36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2	
37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 2			
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 1		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 3	
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2		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 1	
Casualties to:		44. Driver was Code 1. Killed 2. Injured 3. Uninjured 3	
45. Was Driver in the Vehicle? Code 1. Yes 2. No 1			
46. Highway-Rail Crossing Users 0 0		47. Highway Vehicle Property Damage (est. dollar damage) \$10	
48. Total Number of Highway-Rail Crossing Users (include driver) 1			
49. Railroad Employees 0 0		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 2			
52. Passengers on Train 0 0			
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 715875M
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> LAUREL ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-337	
<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 <input checked="" type="checkbox"/> PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> SOU		<b>11. Branch or Line Name</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> R	
<b>12. RR Milepost</b> 0106.40 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 34.0068020		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0453030	
<b>29. Lat/Long Source</b> <input 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>30.D. 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 10 to 10		
<b>4. Type and Count of Tracks</b> Main 1 Siding 1 Yard _____ Transit _____ Industry _____				
<b>5. Train Detection (Main Track only)</b> <input type="checkbox"/> Constant Warning Time <input checked="" 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 checked="" 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

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715875M	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type _____ Count <u>2</u> Specify Type _____ Count <u>0</u> Specify Type _____ Count _____		<input checked="" type="checkbox"/> Yes <input 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)	
<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 <u>2</u> 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 <u>2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>2</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 9
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) 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 type="checkbox"/> None			3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>4</u>	<input type="checkbox"/> One-way Traffic <input 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 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input 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 checked="" type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	5. Linear Referencing System (LRS Route ID) * _____
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>007485</u>	8. Estimated Percent Trucks <u>15</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 006267
2. Other Railroad Involved in Train Accident/Incident				2a.	2b. 006267
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 006267
4. U.S. DOT-AAR Grade Crossing ID No. 715875M		5. Date of Accident/Incident 08/03/01		6. Time of Accident/Incident 09:50 AM	
7. Nearest Railroad Station ANDREWYN		8. Division PIEDMONT		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. LAUREL ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) Code 1		
14. Vehicle Speed (est. mph at impact) 2		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 85 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name "R" MAIN LINE	
27. FRA Track Class 4		28. Number of Locomotive Units 4		29. Number of Cars 73	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated 17 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 1			
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 Code(s) 03 06 08 07			33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code 2
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Driver's Age 65		39. Driver's Gender 1. Male 2. Female Code 1		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 2		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$6,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 2		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block			
53b. Special Study Block					
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

HIGHWAY-RAIL GRADE CROSSING  
ACCIDENT/INCIDENT REPORT

**3.a**

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. SOU	1b. GC0377031
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]				3a. SOU	3b. GC0377031
4. U.S. DOT-AAR Grade Crossing ID No. 715875M		5. Date of Accident/Incident 04/12/77		6. Time of Accident/Incident 08:20 AM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city)		12. Highway Name or No. S-337 LAUREL ST			
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			Code A		
14. Vehicle Speed (est. mph at impact) 40			15. Direction (geographical) 1. North 2. South 3. East 4. West		
Code 3			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			Code 3		
18. Position of Car Unit in Train 1			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
Code 3			Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither			Code 4		
20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither			Code		
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 67 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 2	
23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow				Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry
Code 1			Code 1		26. Track Number or Name MAIN
27. FRA Track Class 4		28. Number of Locomotive Units 1	29. Number of Cars 6	30. Consist Speed (Recorded if available) R. Recorded 10 mph E. Estimated R	
Code R				Code 1	
31. Time Table Direction 1. North 2. South 3. East 4. West			Code 1		
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 1. Yes 2. No 3. Unknown
Code(s) 07					Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown
			Code 2		Code 2
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown				Code	
Code 2				Code	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female	Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown
					Code 2
					Code 5
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop				Code 5	
Code 5				Code	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown			Code 1		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed
					Code 8
Casualties to:			Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured
					Code 2
					Code 1
45. Was Driver in the Vehicle? 1. Yes 2. No					Code 1
Code 1					Code
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$3,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1
					Code 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No
					Code 2
52. Passengers on Train 0		0			Code 2
					Code 2
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title			56. Signature		57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

A. Revision Date (MM/DD/YYYY) 11 / 08 / 2016
B. Reporting Agency [X] Railroad [ ] Transit [ ] State [ ] Other
C. Reason for Update (Select only one) [ ] Change in Data [ ] Re-Open [ ] New Crossing [ ] Date Change Only [ ] Closed [ ] Change in Primary Operating RR [ ] No Train Traffic [ ] Quiet Zone Update [ ] Admin. Correction
D. DOT Crossing Inventory Number 715879P

Part I: Location and Classification Information

1. Primary Operating Railroad Norfolk Southern Railway Company [NS]
2. State SOUTH CAROLINA
3. County RICHLAND
4. City / Municipality [ ] In [X] Near COLUMBIA
5. Street/Road Name & Block Number SLIGH ST&CHESNUT
6. Highway Type & No. S-1486

7. Do Other Railroads Operate a Separate Track at Crossing? [ ] Yes [X] No
8. Do Other Railroads Operate Over Your Track at Crossing? [ ] Yes [X] No

9. Railroad Division or Region [ ] None [X] PIEDMONT
10. Railroad Subdivision or District [ ] None [X] CHLTAUGUSTAMN
11. Branch or Line Name [ ] None [X] R
12. RR Milepost R 0105.60

13. Line Segment \*
14. Nearest RR Timetable Station \* COLUMBIA HUB
15. Parent RR (if applicable) [ ] N/A
16. Crossing Owner (if applicable) [ ] N/A

17. Crossing Type [X] Public [ ] Private
18. Crossing Purpose [X] Highway [ ] Pathway, Ped. [ ] Station, Ped.
19. Crossing Position [X] At Grade [ ] RR Under [ ] RR Over
20. Public Access (if Private Crossing) [ ] Yes [X] No
21. Type of Train [ ] Freight [ ] Intercity Passenger [ ] Commuter [ ] Transit [ ] Shared Use Transit [ ] Tourist/Other
22. Average Passage Train Count Per Day [ ] Less Than One Per [ ] Number Per Day 0

23. Type of Land Use [ ] Open Space [ ] Farm [X] Residential [ ] Commercial [ ] Industrial [ ] Institutional [ ] Recreational [ ] RR Yard

24. Is there an Adjacent Crossing with a Separate Number? [ ] Yes [ ] No
25. Quiet Zone (FRA provided) [X] No [ ] 24 Hr [ ] Partial [ ] Chicago Excused Date Established

26. HSR Corridor ID [ ] N/A
27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 34.0222590
28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -81.0217130
29. Lat/Long Source [ ] Actual [ ] 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) 800-453-2530
34. Railroad Contact (Telephone No.) 800-946-4744
35. State Contact (Telephone No.) 803-737-1624

Part II: Railroad Information

1. Estimated Number of Daily Train Movements
1.A. Total Day Thru Trains (6 AM to 6 PM) 14
1.B. Total Night Thru Trains (6 PM to 6 AM) 4
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?

2. Year of Train Count Data (YYYY)
3. Speed of Train at Crossing
3.A. Maximum Timetable Speed (mph) 50
3.B. Typical Speed Range Over Crossing (mph) From 10 to 10

4. Type and Count of Tracks
Main 1 Siding Yard Transit Industry

5. Train Detection (Main Track only) [ ] Constant Warning Time [ ] Motion Detection [ ] AFO [ ] PTC [X] DC [ ] Other [ ] None

6. Is Track Signaled? [X] Yes [ ] No
7.A. Event Recorder [ ] Yes [ ] No
7.B. Remote Health Monitoring [ ] Yes [ ] No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715879P	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway <u>2</u> 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 <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa <u>4</u>
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) <u>1</u>
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 <u>0</u> 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 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 <u>2</u> <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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>004240</u>		8. Estimated Percent Trucks <u>05</u> %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day <u>10</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 012517
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 012517
4. U.S. DOT-AAR Grade Crossing ID No. 715879P		5. Date of Accident/Incident 04/20/03		6. Time of Accident/Incident 12:17 AM	
7. Nearest Railroad Station COLUMBIA		8. Division PIEDMONT		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city)		12. Highway Name or No. SLIGH ST/CHESTNUT ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 4. Car(s) (moving) 8. Other (specify) 2. Train (units pushing) 5. Car(s) (standing) A. Train pulling- RCL 3. Train (standing) 6. Light loco(s) (moving) B. Train pushing- RCL 7. Light loco(s) (standing) C. Train standing- RCL Code 3		
14. Vehicle Speed (est. mph at impact) 5		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 67	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2			
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 2		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 60 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 2	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 7			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name R MAIN TRACK
27. FRA Track Class 4		28. Number of Locomotive Units 2	29. Number of Cars 74	30. Consist Speed (Recorded if available) R. Recorded E. Estimated mph E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2					
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 Code(s) 01 03 06 07			33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code 2
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2
38. Driver's Age 25	39. Driver's Gender 1. Male 2. Female Code 1	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 1	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1					
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$2,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew) 2		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train					
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. SOU	1b. GC0376012
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance				3a.	3b.
4. U.S. DOT-AAR Grade Crossing ID No. 715879P		5. Date of Accident/Incident 01/24/76		6. Time of Accident/Incident 12:25 AM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city)		12. Highway Name or No. S-883 SLIGH ST		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact) 0			18. Position of Car Unit in Train 1		
15. Direction (geographical) 1. North 2. South 3. East 4. West			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			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		
20b. Was there a hazardous materials release by 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) 44 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name MAIN LINE	
27. FRA Track Class 4		28. Number of Locomotive Units 5		29. Number of Cars 152	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated		31. Time Table Direction 1. North 2. South 3. East 4. West		Code 10 mph E 2	
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 1. Yes 2. No 3. Unknown
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed	
Casualties to:		Killed		Injured	
44. Driver was 1. Killed 2. Injured 3. Uninjured		45. Was Driver in the Vehicle? 1. Yes 2. No		Code 3 2	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$1,000		48. Total Number of Highway-Rail Crossing Users (include driver) 0	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
52. Passengers on Train 0		53a. Special Study Block		53b. Special Study Block	
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 715880J
---	--	--	--

### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> BELTLINE BLVD (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> SC-16	
<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 PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None SOU		<b>11. Branch or Line Name</b> <input type="checkbox"/> None R	
<b>12. RR Milepost</b> 0104.75 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		<b>22. Average Passage 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 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 34.0343510		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0166160	
<b>29. Lat/Long Source</b> <input 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 20 to 30		
<b>4. Type and Count of Tracks</b> Main 1 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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715880J	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
<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 <u>2</u> 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 <u>2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>2</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>0</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 8
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) 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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>4</u>	<input type="checkbox"/> One-way Traffic <input 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 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 checked="" type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit System <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	5. Linear Referencing System (LRS Route ID) * _____
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>024545</u>	8. Estimated Percent Trucks <u>15</u> %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day <u>13</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 077380
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 077380
4. U.S. DOT-AAR Grade Crossing ID No. 715880J		5. Date of Accident/Incident 11/29/92		6. Time of Accident/Incident 08:40 PM	
7. Nearest Railroad Station CALVIN		8. Division		9. County RICHLAND	
11. City (if in a city) CALVIN		12. Highway Name or No. BELT LINE BLVD		10. State Code Abbr. 45 SC	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 8. Other (specify) 2. Train (units pushing) 6. Light loco(s) (moving) A. Train pulling- RCL 3. Train (standing) 7. Light loco(s) (standing) B. Train pushing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 2		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 47 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name R LINE
27. FRA Track Class 4		28. Number of Locomotive Units 3	29. Number of Cars 71	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 44 mph Code E	
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 Code(s) 01 03 07			33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 1		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 1	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$500		48. Total Number of Highway-Rail Crossing Users (include driver) 0
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0378124
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]		3a. SOU	3b. GC0378124
4. U.S. DOT-AAR Grade Crossing ID No. 715880J	5. Date of Accident/Incident 12/09/78	6. Time of Accident/Incident 02:22 PM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city)	12. Highway Name or No. SC-16 BELTLINE BLVD		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 50	15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 50 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 2	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SOU MAIN
27. FRA Track Class 4	28. Number of Locomotive Units 2	29. Number of Cars 13	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 25 mph Code E
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2		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 Code(s) 02 06 07	
33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2		38. Driver's Age 39. Driver's Gender Code 1. Male 2. Female	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 1		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 2		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		1	47. Highway Vehicle Property Damage (est. dollar damage) \$600
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC037703L
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]		3a. SOU	3b. GC0377036
4. U.S. DOT-AAR Grade Crossing ID No. 715880J	5. Date of Accident/Incident 05/03/77	6. Time of Accident/Incident 04:45 AM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city)	12. Highway Name or No. SC-16 BELTLINE BLVD		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code B	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 10	15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 70 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 1	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 4	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 7	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name MAIN
27. FRA Track Class 4	28. Number of Locomotive Units 1	29. Number of Cars 3	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 8 mph Code E
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2		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 Code(s) 02 06 07	
33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2		38. Driver's Age 39. Driver's Gender 1. Male 2. Female Code	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$1,000
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 715881R
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> CUSHMAN DR (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-907	
<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 <input checked="" type="checkbox"/> PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> CHLT		<b>11. Branch or Line Name</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> R	
<b>12. RR Milepost</b> R   0103.50 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		<b>22. Average Passage 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 34.0525020		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0078960	
<b>29. Lat/Long Source</b> <input type="checkbox"/> Actual <input checked="" 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>30.D. 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 30 to 40		
<b>4. Type and Count of Tracks</b> Main 1 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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715881R	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 checked="" type="checkbox"/> Yes (count _____) <input type="checkbox"/> No	2.F. Pavement Markings <input checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)	
<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 <u>2</u> 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 <u>2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>2</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 8
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) 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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>2</u>	<input type="checkbox"/> One-way Traffic <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) _____			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit System <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>006010</u>		8. Estimated Percent Trucks <u>10</u> %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day <u>29</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 087158
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 087158
4. U.S. DOT-AAR Grade Crossing ID No. 715881R		5. Date of Accident/Incident 12/28/95		6. Time of Accident/Incident 08:40 AM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city)		12. Highway Name or No. CUSHMAN DR		10. State Code Abbr. 45 SC	
11. City (if in a city)		12. Highway Name or No. CUSHMAN DR		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			Code A		
14. Vehicle Speed (est. mph at impact) 0			15. Direction (geographical) 1. North 2. South 3. East 4. West		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			Code 2		
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 2		
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 21 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 2	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		A. Spec. MoW Equip Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry	
27. FRA Track Class 4		28. Number of Locomotive Units 3		29. Number of Cars 48	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated		40 mph		Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West		Code 1			
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		Code(s) 02 03 06 07 08		33. Signaled Crossing Warning 20 sec warn min (1);	
34. Whistle Ban 1. Yes 2. No 3. Unknown		Code 1			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach		Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown	
Code 3				37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown	
Code 2					
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		Code	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop	
Code 4					
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed	
Code 8					
Casualties to:		Killed		Injured	
44. Driver was 1. Killed 2. Injured 3. Uninjured		Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No	
Code 2					
46. Highway-Rail Crossing Users 0		0		47. Highway Vehicle Property Damage (est. dollar damage) \$2,000	
Code 0				48. Total Number of Highway-Rail Crossing Users (include driver) 0	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and crew)	
Code 0				51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
Code 2					
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0377007
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]		3a. SOU	3b. GC0377007
4. U.S. DOT-AAR Grade Crossing ID No. 715881R	5. Date of Accident/Incident 01/17/77	6. Time of Accident/Incident 08:23 AM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city)	12. Highway Name or No. S40-907 CUSHMAN DR		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 0	15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 1	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4	20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code		
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 38 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name MAIN
27. FRA Track Class 4	28. Number of Locomotive Units 1	29. Number of Cars 14	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 40 mph Code E
31. Time Table Direction 1. North 2. South 3. East 4. West Code 1		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 Code(s) 07 08	
33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2		38. Driver's Age 39. Driver's Gender Code 1. Male 2. Female	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 1		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 1	0	47. Highway Vehicle Property Damage (est. dollar damage) \$1,000	
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. SOU	1b. GC0375040
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance				3a.	3b.
4. U.S. DOT-AAR Grade Crossing ID No. 715881R		5. Date of Accident/Incident 04/15/75		6. Time of Accident/Incident 08:12 AM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city)		12. Highway Name or No. CUSHMAN DR		10. State Code Abbr. 45 SC	
11. City (if in a city)		12. Highway Name or No. CUSHMAN DR		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact) 40			18. Position of Car Unit in Train 1		
15. Direction (geographical) 1. North 2. South 3. East 4. West			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			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		
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			20b. Was there a hazardous materials release by 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) 60 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name MAIN
27. FRA Track Class 4		28. Number of Locomotive Units 1	29. Number of Cars 10	30. Consist Speed (Recorded if available) R. Recorded 15 mph E. Estimated	
31. Time Table Direction 1. North 2. South 3. East 4. West		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 1. Yes 2. No 3. Unknown			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured	
46. Highway-Rail Crossing Users		0	1	47. Highway Vehicle Property Damage (est. dollar damage) \$15	
49. Railroad Employees		0	0	50. Total Number of People on Train (include passengers and crew)	
52. Passengers on Train		0	0	51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	<b>D. DOT Crossing Inventory Number</b> 715882X
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> PRIVATE (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b>	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR			<b>8. Do Other Railroads Operate Over Your Track at Crossing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None SOU		<b>11. Branch or Line Name</b> <input type="checkbox"/> None COLUMBIA LINE	
<b>12. RR Milepost</b> 0102.85 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 34.0569330		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0001160	
<b>29. Lat/Long Source</b> <input 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 1	<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>	<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>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 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

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715882X	
<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) 2	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No <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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify Type _____ Count 2 Specify Type _____ Count 0 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 _____	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 Flashing Light Pa 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"/> Statute
7. Annual Average Daily Traffic (AADT) Year 1985 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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 030393
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 030393
4. U.S. DOT-AAR Grade Crossing ID No. 715882X		5. Date of Accident/Incident 09/24/07		6. Time of Accident/Incident 02:58 PM	
7. Nearest Railroad Station COLUMBIA HUB		8. Division PIEDMONT		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city)		12. Highway Name or No. PRIVATE		<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code D			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 8. Other (specify) 2. Train (units pushing) 6. Light loco(s) (moving) A. Train pulling- RCL 3. Train (standing) 7. Light loco(s) (standing) B. Train pushing- RCL Code 1		
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 94 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN TRACK	
27. FRA Track Class 4		28. Number of Locomotive Units 1		29. Number of Cars 30	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated 47 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 1			
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 Code(s) 08 07		33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code 2	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1	
38. Driver's Age 65		39. Driver's Gender 1. Male 2. Female Code 1		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 1			
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1		46. Highway-Rail Crossing Users 1 0		47. Highway Vehicle Property Damage (est. dollar damage) \$15,000	
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0 0		50. Total Number of People on Train (include passengers and crew) 2	
51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2		52. Passengers on Train 0 0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description LOCAL P85P024 STRUCK HIGHWAY USER THAT FAILED TO STOP AT CROSSING.					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
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3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 028314
4. U.S. DOT-AAR Grade Crossing ID No. 715882X		5. Date of Accident/Incident 03/02/07		6. Time of Accident/Incident 12:53 PM	
7. Nearest Railroad Station CALVIN		8. Division PIEDMONT		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city)		12. Highway Name or No. PRIVATE		<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code C			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1	
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20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 65 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN TRACK
27. FRA Track Class 4		28. Number of Locomotive Units 2	29. Number of Cars 2	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 46 mph Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 1					
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 Code(s) 08 07			33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code 2
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2
38. Driver's Age 35	39. Driver's Gender 1. Male 2. Female Code 1	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$200		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew) 3		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 1
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 076999
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 076999
4. U.S. DOT-AAR Grade Crossing ID No. 715882X		5. Date of Accident/Incident 10/19/92		6. Time of Accident/Incident 09:05 AM	
7. Nearest Railroad Station FAIRWOLD		8. Division		9. County RICHLAND	
11. City (if in a city) FAIRWOLD		12. Highway Name or No. PRIVATE		10. State Code Abbr. 45 SC	
11. City (if in a city) FAIRWOLD		12. Highway Name or No. PRIVATE		<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact) 0			18. Position of Car Unit in Train 1		
15. Direction (geographical) 1. North 2. South 3. East 4. West			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			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		
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			20b. Was there a hazardous materials release by 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) 45 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name R LINE	
27. FRA Track Class 4		28. Number of Locomotive Units 2		29. Number of Cars 42	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated		31. Time Table Direction 1. North 2. South 3. East 4. West		Code 38 mph E 1	
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 1. Yes 2. No 3. Unknown
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		Code 2 4			
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed		Code 2 8	
Casualties to:		Killed		Injured	
44. Driver was 1. Killed 2. Injured 3. Uninjured		Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$1,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
52. Passengers on Train 0		Code 2			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0384011
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]		3a. SOU	3b. GC0384011
4. U.S. DOT-AAR Grade Crossing ID No. 715882X	5. Date of Accident/Incident 02/23/84	6. Time of Accident/Incident 08:42 AM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city)	12. Highway Name or No. PRIVATE		<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code B	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) Code A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 3	15. Direction (geographical) Code 1. North 2. South 3. East 4. West 4	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped		Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 4	20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 40 °F	22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2	23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 2	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		Code A. Spec. MoW Equip 1 E	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1
26. Track Number or Name MAIN	31. Time Table Direction Code 1. North 2. South 3. East 4. West 1		
27. FRA Track Class 4	28. Number of Locomotive Units 4	29. Number of Cars 75	30. Consist Speed (Recorded if available) Code R. Recorded E. Estimated 25 mph E
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		Code(s) 07	33. Signaled Crossing Warning 34. Whistle Ban 1. Yes 2. No 3. Unknown
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach		Code 1	36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown 2
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code 2	38. Driver's Age 39. Driver's Gender 1. Male 2. Female
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		Code 2	41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop 3
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code 2	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 8
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured		Code 2	45. Was Driver in the Vehicle? 1. Yes 2. No 1
46. Highway-Rail Crossing Users 0	1	47. Highway Vehicle Property Damage (est. dollar damage) \$6,000	
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No 2	
52. Passengers on Train 0		53. Special Study Block	
53a. Special Study Block			
54. Narrative Description			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0381003
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]		3a. SOU	3b. GC0381003
4. U.S. DOT-AAR Grade Crossing ID No. 715882X	5. Date of Accident/Incident 01/08/81	6. Time of Accident/Incident 03:00 PM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city)	12. Highway Name or No. PRIVATE		<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) Code A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 0	15. Direction (geographical) Code 1. North 2. South 3. East 4. West 4	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 1	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		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) 45 °F	22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2	23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car	A. Spec. MoW Equip Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry	26. Track Number or Name R LINE
27. FRA Track Class 4	28. Number of Locomotive Units 1	29. Number of Cars 39	30. Consist Speed (Recorded if available) Code R. Recorded E. Estimated 41 mph R
31. Time Table Direction 1. North 2. South 3. East 4. West		Code 2	
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew Warning 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None	Code(s) 07	33. Signaled Crossing Warning	34. Whistle Ban Code 1. Yes 2. No 3. Unknown
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach		Code 2	36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code 2	
38. Driver's Age	39. Driver's Gender Code 1. Male 2. Female	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	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 4
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code 2	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 8
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured		Code 3	45. Was Driver in the Vehicle? Code 1. Yes 2. No 2
46. Highway-Rail Crossing Users	0	47. Highway Vehicle Property Damage (est. dollar damage)	\$2,000
48. Total Number of Highway-Rail Crossing Users (include driver)	1		
49. Railroad Employees	0	50. Total Number of People on Train (include passengers and crew)	0
51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	Code 2		
52. Passengers on Train	0	53a. Special Study Block	53b. Special Study Block
54. Narrative Description			
55. Typed Name and Title		56. Signature	57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 715883E
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> FONTAINE RD (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-218	
<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 PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None SOU		<b>11. Branch or Line Name</b> <input type="checkbox"/> None R	
<b>12. RR Milepost</b> 0102.55 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<b>22. Average Passage 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 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 34.0592540		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -80.9958110	
<b>29. Lat/Long Source</b> <input 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 30 to 40		
<b>4. Type and Count of Tracks</b> Main 1 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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715883E	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No	
				<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)	
<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 <u>2</u> 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 <u>2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>2</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>0</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 12
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input checked="" type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input checked="" 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 <u>5</u> <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>			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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Lim System <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
				5. Linear Referencing System (LRS Route ID) *	
				6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>009800</u>		8. Estimated Percent Trucks <u>10</u> %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day <u>21</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Norfolk Southern Railway Company [NS]				1a. Alphabetic Code NS		1b. Railroad Accident/Incident No. 120531	
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) Norfolk Southern Railway Company [NS]				3a. Alphabetic Code NS		3b. Railroad Accident/Incident No. 120531	
4. U.S. DOT Grade Crossing ID No. <b>715883E</b>				5. Date of Accident/Incident month   day   year 0   5   1   3   2016		6. Time of Accident/Incident 5:18 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station R 109		8. Subdivision PIEDMONT		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city) N/A			12. Highway Name or No. S-218/FONTAINE RD			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 1. Train (units pulling) 2. Train (units pushing) 3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL D. EMU Locomotive(s) E. DMU Locomotive(s) Code 1			
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped on crossing by traffic 5. Blocked on crossing by gates Code 2				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 70 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 1		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1			
24. Type of Equipment Consist (single entry) 1. Freight Train 2. Passenger Train-Pulling 3. Commuter Train-Pulling 4. Work Train 5. Single Car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing D. EMU E. DMU Code 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN TRACK	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 2		29. Number of Cars 82		30. Consist Speed (Recorded speed if available) R. Recorded E. Estimated 28 mph E	
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) 01 02 05 06 07				33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1		34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code A	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 1			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1	
38. Highway User's Age 77		39. Highway User's Gender 1. Male 2. Female Code 1		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other (specify) 8. Not Obstructed Code 8				
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0		47. Highway Vehicle Property Damage (est. dollar damage) \$1,000		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew) 3		48. Total Number of Vehicle Occupants (including driver) 1	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2			
53a. Special Study Block Video Taken? <input checked="" type="checkbox"/> Yes <input 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) NS TRAIN 338P312 STRUCK A HWY-USER AT A HWY-GRADE CROSSING. DRIVER'S AGE VERIFIED.							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Norfolk Southern Railway Company [NS]				1a. Alphabetic Code NS		1b. Railroad Accident/Incident No. 095340	
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) Norfolk Southern Railway Company [NS]				3a. Alphabetic Code NS		3b. Railroad Accident/Incident No. 095340	
4. U.S. DOT Grade Crossing ID No. <b>715883E</b>				5. Date of Accident/Incident month   day   year 0   6   2   6   2011		6. Time of Accident/Incident 10:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA		8. Subdivision PIEDMONT		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city)			12. Highway Name or No. FONTAINE RD			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 1. Train (units pulling) 5. Car(s) (standing) B. Train pushing- RCL 2. Train (units pushing) 6. Light loco(s) (moving) C. Train standing- RCL 3. Train (standing) 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact) 20		15. Direction (geographical) Code 1. North 2. South 3. East 4. West 4		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 3. Moving over crossing 3				19. Circumstance Code 1. Rail equipment struck highway user 2. Rail equipment struck by highway user 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4				20b. Was there a hazardous materials release by Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 72 °F		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 4		23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				25. Track Type Used by Rail Equipment Involved Code 1. Main 2. Yard 3. Siding 4. Industry 1		26. Track Number or Name SINGLE MAIN TRACK	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 3		29. Number of Cars 123		30. Consist Speed (Recorded speed if available) Code R. Recorded 22 mph E. Estimated E	
31. Time Table Direction Code 1. North 3. East 2. South 4. West 2				32. Type of Crossing Warning Code(s) 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None 02 04 06 07			
33. Signaled Crossing Warning Code (See reverse side for instructions and codes) 1				34. Roadway Conditions Code A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) A			
35. Location of Warning Code 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach 1			36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2			37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 1	
38. Highway User's Age 26		39. Highway User's Gender Code 1. Male 2. Female 1		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train Code 1. Yes 2. No 3. Unknown 2		41. Highway User Code 1. Went around the gate 5. Other (specify) 2. Stopped and then proceeded 6. Went around/thru temporary barricade (if yes, see instructions) 3. Did not stop 7. Went thru the gate 4. Stopped on crossing 8. Suicide/Attempted suicide Code 3	
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2			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 8				
Casualties to:		Killed		Injured		44. Driver was Code 1. Killed 2. Injured 3. Uninjured 2	
46. Highway-Rail Crossing Users 0		1		47. Highway Vehicle Property Damage (est. dollar damage) \$10,000		45. Was Driver in the Vehicle? Code 1. Yes 2. No 1	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew) 2		48. Total Number of Vehicle Occupants (including driver) 1	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed Code 1. Yes 2. No 2			
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) DRIVER OF VEHICLE FAILED TO OBEY CROSSING WARNING. AND WAS STRUCK BY 337P326.							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Norfolk Southern Railway Company [NS]				1a. Alphabetic Code NS		1b. Railroad Accident/Incident No. 036512	
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) Norfolk Southern Railway Company [NS]				3a. Alphabetic Code NS		3b. Railroad Accident/Incident No. 036512	
4. U.S. DOT Grade Crossing ID No. <b>715883E</b>				5. Date of Accident/Incident month   day   year 0   6   1   4   2009		6. Time of Accident/Incident 10:15 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA HUB		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city)			12. Highway Name or No. FONTAINE RD			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 1. Train (units pulling) 2. Train (units pushing) 3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL D. EMU Locomotive(s) E. DMU Locomotive(s) Code 1			
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped on crossing by traffic 5. Blocked on crossing by gates Code 2				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 80 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 2			
24. Type of Equipment Consist (single entry) 1. Freight Train 2. Passenger Train-Pulling 3. Commuter Train-Pulling 4. Work Train 5. Single Car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing D. EMU E. DMU Code 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN TRACK	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 3		29. Number of Cars 63		30. Consist Speed (Recorded speed if available) R. Recorded 44 mph E. Estimated E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2				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) 01 02 05 06 07 1			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand,Mud,Dirt,Oil,Gravel F. Water (Standing, Moving) Code			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 1			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Highway User's Age 30		39. Highway User's Gender 1. Male 2. Female Code 1		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other (specify) 8. Not Obstructed Code 4				
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$10,000		45. Was Driver in the Vehicle? 1. Yes 2. No Code 2			
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and train crew) 2		48. Total Number of Vehicle Occupants (including driver) 0			
52. Passengers on Train 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2					
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN 155P3 MOVING SOUTH STRUCK A DODGE STRATA THAT WAS STRUCK FOULING THE MAIN TRACK AT A CROSSING PROTECTED BY CROSSBUCKS.							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Norfolk Southern Railway Company [NS]				1a. Alphabetic Code NS		1b. Railroad Accident/Incident No. 097309	
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) Norfolk Southern Railway Company [NS]				3a. Alphabetic Code NS		3b. Railroad Accident/Incident No. 097309	
4. U.S. DOT Grade Crossing ID No.  715883E				5. Date of Accident/Incident month   day   year 0   6   0   4   1999		6. Time of Accident/Incident 11:45 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station STATE PARK		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city) COLUMBIA			12. Highway Name or No. FONTAINE RD			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 5. Car(s) (standing) B. Train pushing- RCL 6. Light loco(s) (moving) C. Train standing- RCL 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 4 3. Moving over crossing				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 82 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1		26. Track Number or Name R MAIN TRACK	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 3		29. Number of Cars 99		30. Consist Speed (Recorded speed if available) R. Recorded 17 mph E. Estimated	
31. Time Table Direction 1. North 3. East 2. South 4. West Code 1				32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 01 03 06 07			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand,Mud,Dirt,Oil,Gravel F. Water (Standing, Moving) Code			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 1			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 3	
38. Highway User's Age 48		39. Highway User's Gender 2		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2				43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured 3	
46. Highway-Rail Crossing Users 0		0		47. Highway Vehicle Property Damage (est. dollar damage) \$4,000		45. Was Driver in the Vehicle? 1. Yes 2. No Code 2	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew) 2		48. Total Number of Vehicle Occupants (including driver) 0	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. Alphabetic Code SOU		1b. Railroad Accident/Incident No. X030289063	
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) SOUTHERN RAILWAY COMPANY [SOU]				3a. Alphabetic Code SOU		3b. Railroad Accident/Incident No. X030289063	
4. U.S. DOT Grade Crossing ID No.  715883E				5. Date of Accident/Incident month   day   year 0   2   0   4   1989		6. Time of Accident/Incident 6:50 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city)			12. Highway Name or No. FONTAINE RD			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 5. Car(s) (standing) B. Train pushing- RCL 6. Light loco(s) (moving) C. Train standing- RCL 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) Code 1. North 2. South 3. East 4. West 4		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 3. Moving over crossing 2				19. Circumstance Code 1. Rail equipment struck highway user 2. Rail equipment struck by highway user 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4				20b. Was there a hazardous materials release by Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 45 °F		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 4		23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 3			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				25. Track Type Used by Rail Equipment Involved Code 1. Main 2. Yard 3. Siding 4. Industry 1		26. Track Number or Name ONE	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 4		29. Number of Cars 131		30. Consist Speed (Recorded speed if available) Code R. Recorded 35 mph E. Estimated	
31. Time Table Direction Code 1. North 3. East 2. South 4. West 2				32. Type of Crossing Warning Code(s) 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None 02 03 06 07			
33. Signaled Crossing Warning Code (See reverse side for instructions and codes) 1				34. Roadway Conditions Code A. Dry B. Wet C. Snow/Slush D. Ice E. Sand,Mud,Dirt,Oil,Gravel F. Water (Standing, Moving)			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2			37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 2	
38. Highway User's Age 1. Male 2. Female Code		39. Highway User's Gender Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train Code 1. Yes 2. No 3. Unknown 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		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 8					
Casualties to:		Killed		Injured		44. Driver was Code 1. Killed 2. Injured 3. Uninjured 2	
46. Highway-Rail Crossing Users 1		2		47. Highway Vehicle Property Damage (est. dollar damage) \$6,000		45. Was Driver in the Vehicle? Code 1. Yes 2. No 1	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) 3	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. Alphabetic Code SOU		1b. Railroad Accident/Incident No. GC0388049	
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) SOUTHERN RAILWAY COMPANY [SOU]				3a. Alphabetic Code SOU		3b. Railroad Accident/Incident No. GC0388049	
4. U.S. DOT Grade Crossing ID No.  715883E				5. Date of Accident/Incident month   day   year 0   7   2   4   1988		6. Time of Accident/Incident 4:10 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city)			12. Highway Name or No. FONTAINE RD			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) B				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 5. Car(s) (standing) B. Train pushing- RCL 6. Light loco(s) (moving) C. Train standing- RCL 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 2 3. Moving over crossing				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 86 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1		26. Track Number or Name MAIN	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 4		29. Number of Cars 28		30. Consist Speed (Recorded speed if available) R. Recorded 43 mph   E. Estimated R	
31. Time Table Direction 1. North 3. East Code 2 2. South 4. West				32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 02 03 06 07			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Highway User's Age 1. Male Code 2. Female		39. Highway User's Gender		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured   3	
46. Highway-Rail Crossing Users 0		0		47. Highway Vehicle Property Damage (est. dollar damage) \$1,500		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) 1	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad <b>SOUTHERN RAILWAY COMPANY [SOU]</b>				1a. Alphabetic Code <b>SOU</b>		1b. Railroad Accident/Incident No. <b>X030388018</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>SOUTHERN RAILWAY COMPANY [SOU]</b>				3a. Alphabetic Code <b>SOU</b>		3b. Railroad Accident/Incident No. <b>X030388018</b>	
4. U.S. DOT Grade Crossing ID No. <b>715883E</b>				5. Date of Accident/Incident month   day   year <b>0   3   2   8   1988</b>		6. Time of Accident/Incident <b>9:00</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station <b>COLUMBIA</b>		8. Subdivision		9. County <b>RICHLAND</b>		10. State Abbr. <b>SC</b> Code <b>45</b>	
11. City (if in a city)			12. Highway Name or No. <b>FONTAINE RD</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 Code B. Truck E. Van H. Motorcycle M. Other (specify) A				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>3</b>		18. Position of Car Unit in Train <b>49</b>			
16. Position 1. Stalled or stuck on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped on crossing by traffic 5. Blocked on crossing by gates Code <b>3</b>				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code <b>2</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			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) <b>70</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>R-LINE 102.35</b>	
27. FRA Track Class (1-9,X) <b>4</b>		28. Number of Locomotive Units <b>3</b>		29. Number of Cars <b>46</b>		30. Consist Speed (Recorded speed if available) R. Recorded <b>45</b> mph E. Estimated Code <b>E</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>02 03 06 07</b>				33. Signaled Crossing Warning (See reverse side for instructions and codes) Code <b>1</b>		34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code	
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 1. Male 2. Female Code		39. Highway User's Gender 1. Male 2. Female Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code <b>1</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>2</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>2</b>			
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code <b>2</b>	
46. Highway-Rail Crossing Users		<b>0</b>		<b>1</b>		45. Was Driver in the Vehicle? 1. Yes 2. No Code <b>1</b>	
49. Railroad Employees		<b>0</b>		<b>0</b>		47. Highway Vehicle Property Damage (est. dollar damage) <b>\$3,000</b>	
52. Passengers on Train		<b>0</b>		<b>0</b>		48. Total Number of Vehicle Occupants (including driver) <b>1</b>	
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
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).

1. Name of Reporting Railroad <b>SOUTHERN RAILWAY COMPANY [SOU]</b>				1a. Alphabetic Code <b>SOU</b>		1b. Railroad Accident/Incident No. <b>GC0385037</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>SOUTHERN RAILWAY COMPANY [SOU]</b>				3a. Alphabetic Code <b>SOU</b>		3b. Railroad Accident/Incident No. <b>GC0385037</b>	
4. U.S. DOT Grade Crossing ID No. <b>715883E</b>				5. Date of Accident/Incident month   day   year <b>0   8   1   6   1985</b>		6. Time of Accident/Incident <b>4:30</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station <b>COLUMBIA</b>		8. Subdivision		9. County <b>RICHLAND</b>		10. State Abbr. <b>SC</b> Code <b>45</b>	
11. City (if in a city)			12. Highway Name or No. <b>FONTAINE RD</b>			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) K				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)		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 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 3. Moving over crossing <b>3</b>				19. Circumstance Code 1. Rail equipment struck highway user 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? Code 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 here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) <b>85</b> °F		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark <b>2</b>		23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow <b>1</b>			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing <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 (1-9,X) <b>4</b>		28. Number of Locomotive Units <b>4</b>		29. Number of Cars <b>131</b>		30. Consist Speed (Recorded speed if available) R. Recorded <b>35</b> mph E. Estimated <b>E</b>	
32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) <b>02 03 06 07</b>				33. Signaled Crossing Warning (See reverse side for instructions and codes) Code		34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code	
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 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. Highway User's Age 1. Male 2. Female Code		39. Highway User's Gender 1. Male 2. Female Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train Code 1. Yes 2. No 3. Unknown		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	
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown				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:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured	
46. Highway-Rail Crossing Users		<b>0</b>		<b>1</b>		45. Was Driver in the Vehicle? 1. Yes 2. No	
49. Railroad Employees		<b>0</b>		<b>0</b>		47. Highway Vehicle Property Damage (est. dollar damage) <b>\$0</b>	
52. Passengers on Train		<b>0</b>		<b>0</b>		48. Total Number of Vehicle Occupants (including driver) <b>0</b>	
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. Alphabetic Code SOU		1b. Railroad Accident/Incident No. GC0382038	
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) SOUTHERN RAILWAY COMPANY [SOU]				3a. Alphabetic Code SOU		3b. Railroad Accident/Incident No. GC0382038	
4. U.S. DOT Grade Crossing ID No.  715883E				5. Date of Accident/Incident month   day   year 1   1   0   6   1982		6. Time of Accident/Incident 7:55 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city)			12. Highway Name or No. FONTAINE RD			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) B				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 5. Car(s) (standing) B. Train pushing- RCL 6. Light loco(s) (moving) C. Train standing- RCL 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) Code 1. North 2. South 3. East 4. West 4		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 3. Moving over crossing 2				19. Circumstance Code 1. Rail equipment struck highway user 2. Rail equipment struck by highway user 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4				20b. Was there a hazardous materials release by Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 44 °F		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 4		23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				25. Track Type Used by Rail Equipment Involved Code 1. Main 2. Yard 3. Siding 4. Industry 1		26. Track Number or Name MAIN	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 4		29. Number of Cars 22		30. Consist Speed (Recorded speed if available) Code R. Recorded 40 mph R E. Estimated	
31. Time Table Direction Code 1. North 3. East 2. South 4. West 2				32. Type of Crossing Warning Code(s) 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None 02 03 06 07			
33. Signaled Crossing Warning Code (See reverse side for instructions and codes) 1				34. Roadway Conditions Code A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving)			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2			37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 2	
38. Highway User's Age 1. Male Code 2. Female		39. Highway User's Gender Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train Code 1. Yes 2. No 3. Unknown 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 4	
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2		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 8					
Casualties to:		Killed		Injured		44. Driver was Code 1. Killed 2. Injured 3. Uninjured 2	
46. Highway-Rail Crossing Users 0		1		47. Highway Vehicle Property Damage (est. dollar damage) \$1,000		45. Was Driver in the Vehicle? Code 1. Yes 2. No 1	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) 1	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed Code 1. Yes 2. No 2			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. Alphabetic Code SOU		1b. Railroad Accident/Incident No. GC0378046	
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) SOUTHERN RAILWAY COMPANY [SOU]				3a. Alphabetic Code SOU		3b. Railroad Accident/Incident No. GC0378046	
4. U.S. DOT Grade Crossing ID No. <b>715883E</b>				5. Date of Accident/Incident month   day   year 0   4   1   5   1978		6. Time of Accident/Incident 10:20 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city)			12. Highway Name or No. FONTAINE RD			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 5. Car(s) (standing) B. Train pushing- RCL 6. Light loco(s) (moving) C. Train standing- RCL 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact) 10		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 1		18. Position of Car Unit in Train 104			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 3 3. Moving over crossing				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 65 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name WEST BOUND LEAD	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 5		29. Number of Cars 144		30. Consist Speed (Recorded speed if available) R. Recorded 7 mph E. Estimated	
31. Time Table Direction 1. North 3. East Code 2 2. South 4. West				32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 02 03 06 07			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Highway User's Age 1. Male 2. Female Code		39. Highway User's Gender 1. Male 2. Female Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 5. Other (specify) 2. Stopped and then proceeded 6. Went around/thru temporary barricade (if yes, see instructions) Code 3. Did not stop 7. Went thru the gate 4. Stopped on crossing 8. Suicide/Attempted suicide Code 5	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 3			43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8				
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0		47. Highway Vehicle Property Damage (est. dollar damage) \$20,050		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) 1 Code	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad <b>SOUTHERN RAILWAY COMPANY [SOU]</b>				1a. Alphabetic Code <b>SOU</b>		1b. Railroad Accident/Incident No. <b>GC0376032</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)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U.S. DOT Grade Crossing ID No. <b>715883E</b>				5. Date of Accident/Incident month   day   year <b>0   3   1   5   1976</b>		6. Time of Accident/Incident 7:20 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station <b>COLUMBIA</b>		8. Subdivision		9. County <b>RICHLAND</b>		10. State Abbr. <b>SC</b> Code <b>45</b>	
11. City (if in a city)			12. Highway Name or No. <b>FONTAINE RD</b>			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 1. Train (units pulling) 5. Car(s) (standing) B. Train pushing- RCL 2. Train (units pushing) 6. Light loco(s) (moving) C. Train standing- RCL 3. Train (standing) 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact) <b>5</b>		15. Direction (geographical) 1. North 2. South 3. East 4. West Code <b>4</b>		18. Position of Car Unit in Train <b>1</b>			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code <b>3</b> 3. Moving over crossing				19. Circumstance Code 1. Rail equipment struck highway user 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? Code 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 here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) <b>51</b> °F		22. Visibility (single entry) Code <b>4</b> 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) Code <b>3</b> 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing <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 LINE</b>	
27. FRA Track Class (1-9,X) <b>4</b>		28. Number of Locomotive Units <b>4</b>		29. Number of Cars <b>132</b>		30. Consist Speed (Recorded speed if available) R. Recorded <b>40 mph</b> E. Estimated <b>R</b>	
31. Time Table Direction Code 1. North 3. East <b>2</b> 2. South 4. West				32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) <b>02 03 06 07</b>			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code <b>1</b>				34. Roadway Conditions Code A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving)			
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 Code <b>2</b> 1. Yes 2. No 3. Unknown			37. Crossing Illuminated by Street Lights or Special Lights Code <b>2</b> 1. Yes 2. No 3. Unknown	
38. Highway User's Age 1. Male Code 2. Female		39. Highway User's Gender Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train Code <b>1</b> 1. Yes 2. No 3. Unknown		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>2</b>	
42. Driver Passed Standing Highway Vehicle Code <b>3</b> 1. Yes 2. No 3. Unknown			43. View of Track Obscured by (primary obstruction) Code <b>8</b> 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed				
Casualties to:		Killed		Injured		44. Driver was Code <b>3</b> 1. Killed 2. Injured 3. Uninjured	
46. Highway-Rail Crossing Users <b>0</b>		<b>0</b>		47. Highway Vehicle Property Damage (est. dollar damage) <b>\$4,500</b>		45. Was Driver in the Vehicle? Code <b>1</b> 1. Yes 2. No	
49. Railroad Employees <b>0</b>		<b>0</b>		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) <b>1</b>	
52. Passengers on Train <b>0</b>		<b>0</b>		51. Is a Rail Equipment Accident / Incident Report Being Filed Code <b>2</b> 1. Yes 2. No			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
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).

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 715884L
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input type="checkbox"/> In <input checked="" type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> WESTMORE DR. (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-973	
<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 PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None SOU		<b>11. Branch or Line Name</b> <input type="checkbox"/> None R	
<b>12. RR Milepost</b> 0101.60 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 34.0669520		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -80.9828110	
<b>29. Lat/Long Source</b> <input 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>30.D. 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 14	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 30 to 40		
<b>4. Type and Count of Tracks</b> Main 1 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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715884L	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Yes (count _____) <input type="checkbox"/> No		2.F. Pavement Markings <input checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify Type _____ Count 1 Specify Type _____ Count 0 Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway 2 Pedestrian _____	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) 2 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 6
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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input checked="" type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input checked="" 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 2 <input type="checkbox"/> One-way Traffic <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input 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 checked="" type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input 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 checked="" type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit System 30 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year 2005 AADT 006650		8. Estimated Percent Trucks 10 _____ %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day 1 _____		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Norfolk Southern Railway Company [NS]				1a. Alphabetic Code NS		1b. Railroad Accident/Incident No. 123539	
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) Norfolk Southern Railway Company [NS]				3a. Alphabetic Code NS		3b. Railroad Accident/Incident No. 123539	
4. U.S. DOT Grade Crossing ID No. <b>715884L</b>				5. Date of Accident/Incident month   day   year 0   1   1   2   2017		6. Time of Accident/Incident 3:30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA HUB		8. Subdivision PIEDMONT		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city) N/A			12. Highway Name or No. S-973/WESTMORE DR			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 1. Train (units pulling) 5. Car(s) (standing) B. Train pushing- RCL 2. Train (units pushing) 6. Light loco(s) (moving) C. Train standing- RCL 3. Train (standing) 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 6			
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) Code 1. North 2. South 3. East 4. West 4		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 3. Moving over crossing 2				19. Circumstance Code 1. Rail equipment struck highway user 2. Rail equipment struck by highway user 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4				20b. Was there a hazardous materials release by Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 75 °F		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2		23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 8				25. Track Type Used by Rail Equipment Involved Code 1. Main 2. Yard 3. Siding 4. Industry 1		26. Track Number or Name SINGLE MAIN TRACK	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 2		29. Number of Cars 0		30. Consist Speed (Recorded speed if available) Code R. Recorded 41 mph R E. Estimated	
31. Time Table Direction Code 1. North 3. East 2. South 4. West 2				32. Type of Crossing Warning Code(s) 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None 01 03 05 06 07			
33. Signaled Crossing Warning Code (See reverse side for instructions and codes) 1				34. Roadway Conditions Code A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) A			
35. Location of Warning Code 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach 1			36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 1			37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 1	
38. Highway User's Age 41		39. Highway User's Gender Code 1. Male 2. Female 2		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train Code 1. Yes 2. No 3. Unknown 2		41. Highway User Code 1. Went around the gate 5. Other (specify) 2. Stopped and then proceeded 6. Went around/thru temporary barricade (if yes, see instructions) 3. Did not stop 7. Went thru the gate 4. Stopped on crossing 8. Suicide/Attempted suicide Code 4	
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2			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 8				
Casualties to:		Killed		Injured		44. Driver was Code 1. Killed 2. Injured 3. Uninjured 2	
46. Highway-Rail Crossing Users 0		1		47. Highway Vehicle Property Damage (est. dollar damage) \$1,000		45. Was Driver in the Vehicle? Code 1. Yes 2. No 1	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew) 3		48. Total Number of Vehicle Occupants (including driver) 1	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed Code 1. Yes 2. No 2			
53a. Special Study Block Video Taken? <input checked="" type="checkbox"/> Yes <input 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) NS TRAIN P85P012 STRUCK A HWY-USER AT A HWY-GRADE CROSSING.							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Norfolk Southern Railway Company [NS]				1a. Alphabetic Code NS		1b. Railroad Accident/Incident No. 029520	
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) Norfolk Southern Railway Company [NS]				3a. Alphabetic Code NS		3b. Railroad Accident/Incident No. 029520	
4. U.S. DOT Grade Crossing ID No.  715884L				5. Date of Accident/Incident month   day   year 0   6   2   5   2007		6. Time of Accident/Incident 11:15 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city)			12. Highway Name or No. WESTMORE DR			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) C				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 1. Train (units pulling) 5. Car(s) (standing) B. Train pushing- RCL 2. Train (units pushing) 6. Light loco(s) (moving) C. Train standing- RCL 3. Train (standing) 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 2		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 4 3. Moving over crossing				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 81 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 3			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN TRACK	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 4		29. Number of Cars 57		30. Consist Speed (Recorded speed if available) R. Recorded 45 mph E. Estimated	
31. Time Table Direction 1. North 3. East Code 2 2. South 4. West				32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 01 03 05 06 07			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 1			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1	
38. Highway User's Age 31		39. Highway User's Gender 1		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 5. Other (specify) 2. Stopped and then proceeded 6. Went around/thru temporary barricade (if yes, see instructions) Code 3. Did not stop 7. Went thru the gate 4 4. Stopped on crossing 8. Suicide/Attempted suicide	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0		47. Highway Vehicle Property Damage (est. dollar damage) \$35,000		45. Was Driver in the Vehicle? 1. Yes 2. No Code 2	
49. Railroad Employees 0		1		50. Total Number of People on Train (include passengers and train crew) 2		48. Total Number of Vehicle Occupants (including driver) 1	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 1			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN 337P3 STRUCK A KENWORTH TRACTOR TRAILER THAT BECAME STUCK ON CROSSING.							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Norfolk Southern Railway Company [NS]				1a. Alphabetic Code NS		1b. Railroad Accident/Incident No. 026815	
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) Norfolk Southern Railway Company [NS]				3a. Alphabetic Code NS		3b. Railroad Accident/Incident No. 026815	
4. U.S. DOT Grade Crossing ID No.  715884L				5. Date of Accident/Incident month   day   year 1   0   1   7   2006		6. Time of Accident/Incident 9:55 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station TALCOTT		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city)			12. Highway Name or No. WESTMORE DR			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) C				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 1. Train (units pulling) 5. Car(s) (standing) B. Train pushing- RCL 2. Train (units pushing) 6. Light loco(s) (moving) C. Train standing- RCL 3. Train (standing) 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 4 3. Moving over crossing				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 70 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 3			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1		26. Track Number or Name MAIN ONE	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 3		29. Number of Cars 64		30. Consist Speed (Recorded speed if available) R. Recorded 45 mph E. Estimated E	
31. Time Table Direction 1. North 3. East Code 2 2. South 4. West				32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 01 03 05 06 07			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand,Mud,Dirt,Oil,Gravel F. Water (Standing, Moving) Code			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 1			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Highway User's Age 43		39. Highway User's Gender 1. Male 2. Female Code 1		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 5. Other (specify) 2. Stopped and then proceeded 6. Went around/thru temporary barricade (if yes, see instructions) 3. Did not stop 7. Went thru the gate Code 4 4. Stopped on crossing 8. Suicide/Attempted suicide	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8				
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0		47. Highway Vehicle Property Damage (est. dollar damage) \$300		45. Was Driver in the Vehicle? 1. Yes 2. No Code 2	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew) 2		48. Total Number of Vehicle Occupants (including driver) 0	
52. Passengers on Train 0		0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Norfolk Southern Railway Company [NS]				1a. Alphabetic Code NS		1b. Railroad Accident/Incident No. 012501	
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) Norfolk Southern Railway Company [NS]				3a. Alphabetic Code NS		3b. Railroad Accident/Incident No. 012501	
4. U.S. DOT Grade Crossing ID No.  715884L				5. Date of Accident/Incident month   day   year 0   4   1   7   2003		6. Time of Accident/Incident 11:50 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station TALCOTT		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city)			12. Highway Name or No. WESTMORE DR			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 1. Train (units pulling) 2. Train (units pushing) 3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL D. EMU Locomotive(s) E. DMU Locomotive(s) Code 1			
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped on crossing by traffic 5. Blocked on crossing by gates Code 2				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 65 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1			
24. Type of Equipment Consist (single entry) 1. Freight Train 2. Passenger Train-Pulling 3. Commuter Train-Pulling 4. Work Train 5. Single Car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing D. EMU E. DMU Code 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name MAIN ONE	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 3		29. Number of Cars 94		30. Consist Speed (Recorded speed if available) R. Recorded 45 mph E. Estimated R	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2				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) 01 03 05 06 07			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Highway User's Age 30		39. Highway User's Gender 1. Male 2. Female Code 2		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other (specify) 8. Not Obstructed Code 8				
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0		47. Highway Vehicle Property Damage (est. dollar damage) \$500		45. Was Driver in the Vehicle? 1. Yes 2. No Code 2	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and train crew) 2		48. Total Number of Vehicle Occupants (including driver) 0	
52. Passengers on Train				51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad <b>SOUTHERN RAILWAY COMPANY [SOU]</b>				1a. Alphabetic Code <b>SOU</b>		1b. Railroad Accident/Incident No. <b>GC0375056</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)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U.S. DOT Grade Crossing ID No. <b>715884L</b>				5. Date of Accident/Incident month   day   year <b>0   6   1   8   1975</b>		6. Time of Accident/Incident 1:45 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station <b>COLUMBIA</b>		8. Subdivision		9. County <b>RICHLAND</b>		10. State Abbr. <b>SC</b> Code <b>45</b>	
11. City (if in a city)			12. Highway Name or No. <b>DIXON DR</b>			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 5. Car(s) (standing) B. Train pushing- RCL 6. Light loco(s) (moving) C. Train standing- RCL 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact) <b>10</b>		15. Direction (geographical) 1. North 2. South 3. East 4. West Code <b>4</b>		18. Position of Car Unit in Train <b>1</b>			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 3. Moving over crossing <b>3</b>				19. Circumstance Code 1. Rail equipment struck highway user 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 Code <b>4</b>				20b. Was there a hazardous materials release by Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) <b>70 °F</b>		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark <b>2</b>		23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow <b>1</b>			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing <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 (1-9,X) <b>4</b>		28. Number of Locomotive Units <b>3</b>		29. Number of Cars <b>47</b>		30. Consist Speed (Recorded speed if available) R. Recorded <b>20 mph</b> E. Estimated <b>E</b>	
31. Time Table Direction Code 1. North 3. East 2. South 4. West <b>1</b>				32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) <b>07</b>			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code				34. Roadway Conditions Code A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving)			
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 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>3</b>	
38. Highway User's Age 1. Male 2. Female Code		39. Highway User's Gender Code		40. Highway User Went 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. 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) 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:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured <b>2</b>	
46. Highway-Rail Crossing Users <b>0</b>		<b>2</b>		47. Highway Vehicle Property Damage (est. dollar damage) <b>\$300</b>		45. Was Driver in the Vehicle? 1. Yes 2. No <b>1</b>	
49. Railroad Employees <b>0</b>		<b>0</b>		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) <b>2</b>	
52. Passengers on Train <b>0</b>		<b>0</b>		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code <b>2</b>			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
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).

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad <b>SOUTHERN RAILWAY COMPANY [SOU]</b>				1a. Alphabetic Code <b>SOU</b>		1b. Railroad Accident/Incident No. <b>GC0375029</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)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U.S. DOT Grade Crossing ID No. <b>715884L</b>				5. Date of Accident/Incident month   day   year <b>0   3   1   6   1975</b>		6. Time of Accident/Incident 7:25 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station <b>COLUMBIA</b>		8. Subdivision		9. County <b>RICHLAND</b>		10. State Code Abbr. <b>SC</b> Code <b>45</b>	
11. City (if in a city)			12. Highway Name or No. <b>DIXON DR</b>			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 1. Train (units pulling) 5. Car(s) (standing) B. Train pushing- RCL 2. Train (units pushing) 6. Light loco(s) (moving) C. Train standing- RCL 3. Train (standing) 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact) <b>20</b>		15. Direction (geographical) Code 1. North 2. South 3. East 4. West 4		18. Position of Car Unit in Train <b>1</b>			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic Code 2. Stopped on Crossing 5. Blocked on crossing by gates 3 3. Moving over crossing				19. Circumstance Code 1. Rail equipment struck highway user 2. Rail equipment struck by highway user 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4				20b. Was there a hazardous materials release by Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) <b>50 °F</b>		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 4		23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 3			
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				25. Track Type Used by Rail Equipment Involved Code 1. Main 2. Yard 3. Siding 4. Industry 1		26. Track Number or Name <b>MAIN</b>	
27. FRA Track Class (1-9,X) <b>4</b>		28. Number of Locomotive Units <b>4</b>		29. Number of Cars <b>127</b>		30. Consist Speed (Recorded speed if available) Code R. Recorded <b>25 mph</b> E. Estimated <b>E</b>	
31. Time Table Direction Code 1. North 3. East 2. South 4. West 2				32. Type of Crossing Warning Code(s) 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None <b>07</b>			
33. Signaled Crossing Warning Code (See reverse side for instructions and codes)				34. Roadway Conditions Code A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving)			
35. Location of Warning Code 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach 1			36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2			37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 3	
38. Highway User's Age Code 1. Male 2. Female		39. Highway User's Gender Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train Code 1. Yes 2. No 3. Unknown 2		41. Highway User Code 1. Went around the gate 5. Other (specify) 2. Stopped and then proceeded 6. Went around/thru temporary barricade (if yes, see instructions) 3. Did not stop 7. Went thru the gate 4. Stopped on crossing 8. Suicide/Attempted suicide Code 3	
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2		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 8					
Casualties to:		Killed		Injured		44. Driver was Code 1. Killed 2. Injured 3. Uninjured 1	
46. Highway-Rail Crossing Users <b>1</b>		<b>0</b>		47. Highway Vehicle Property Damage (est. dollar damage) <b>\$1,500</b>		45. Was Driver in the Vehicle? Code 1. Yes 2. No 1	
49. Railroad Employees <b>0</b>		<b>0</b>		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) <b>1</b>	
52. Passengers on Train <b>0</b>		<b>0</b>		51. Is a Rail Equipment Accident / Incident Report Being Filed Code 1. Yes 2. No 2			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad <b>SOUTHERN RAILWAY COMPANY [SOU]</b>			1a. Alphabetic Code <b>SOU</b>			1b. Railroad Accident/Incident No. <b>GC0375015</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)			3a. Alphabetic Code			3b. Railroad Accident/Incident No.		
4. U.S. DOT Grade Crossing ID No. <b>715884L</b>			5. Date of Accident/Incident month   day   year <b>0   2   0   1   1975</b>			6. Time of Accident/Incident 10:14 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		
7. Nearest Railroad Station <b>COLUMBIA</b>		8. Subdivision		9. County <b>RICHLAND</b>		10. State Abbr. <b>SC</b>		Code <b>45</b>
11. City (if in a city)			12. Highway Name or No. <b>DIXON DR</b>			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>		
Highway User Involved				Rail Equipment Involved				
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) C				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 1. Train (units pulling) 5. Car(s) (standing) B. Train pushing- RCL 2. Train (units pushing) 6. Light loco(s) (moving) C. Train standing- RCL 3. Train (standing) 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1				
14. Vehicle Speed (est. mph at impact) <b>40</b>		15. Direction (geographical) 1. North 2. South 3. East 4. West Code <b>3</b>		18. Position of Car Unit in Train <b>1</b>				
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code 3. Moving over crossing <b>1</b>			19. Circumstance Code 1. Rail equipment struck highway user 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 Code <b>4</b>			20b. Was there a hazardous materials release by Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither					
20c. State here the name and quantity of the hazardous material released, if any								
21. Temperature (specify if minus) <b>60 °F</b>		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark <b>1</b>		23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow <b>1</b>				
24. Type of Equipment Consist (single entry) 1. Freight Train 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing <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 (1-9,X) <b>3</b>	28. Number of Locomotive Units <b>1</b>	29. Number of Cars <b>6</b>	30. Consist Speed (Recorded speed if available) R. Recorded <b>40 mph</b> E. Estimated <b>E</b>		31. Time Table Direction Code 1. North 3. East 2. South 4. West <b>1</b>			
32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) <b>07</b>			33. Signaled Crossing Warning (See reverse side for instructions and codes) Code		34. Roadway Conditions Code A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving)			
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 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. Highway User's Age 1. Male 2. Female Code	39. Highway User's Gender Code	40. Highway User Went 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. 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>4</b>				
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code <b>3</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:		Killed	Injured	44. Driver was 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>\$4,000</b>		48. Total Number of Vehicle Occupants (including driver) <b>2</b>			
49. Railroad Employees <b>0</b>		<b>0</b>	50. Total Number of People on Train (include passengers and train 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 Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)								
55. Typed Name and Title				56. Signature			57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad <b>SOUTHERN RAILWAY COMPANY [SOU]</b>				1a. Alphabetic Code <b>SOU</b>		1b. Railroad Accident/Incident No. <b>GC0375012</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)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U.S. DOT Grade Crossing ID No. <b>715884L</b>				5. Date of Accident/Incident month   day   year <b>0   1   2   7   1975</b>		6. Time of Accident/Incident 5:20 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
7. Nearest Railroad Station <b>COLUMBIA</b>		8. Subdivision		9. County <b>RICHLAND</b>		10. State Abbr. <b>SC</b> Code <b>45</b>	
11. City (if in a city)			12. Highway Name or No. <b>DIXON DR</b>			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 4. Car(s) (moving) A. Train pulling- RCL 1. Train (units pulling) 5. Car(s) (standing) B. Train pushing- RCL 2. Train (units pushing) 6. Light loco(s) (moving) C. Train standing- RCL 3. Train (standing) 7. Light loco(s) (standing) D. EMU Locomotive(s) Code 8. Other (specify) E. DMU Locomotive(s) 1			
14. Vehicle Speed (est. mph at impact) <b>5</b>		15. Direction (geographical) 1. North 2. South 3. East 4. West Code <b>3</b>		18. Position of Car Unit in Train <b>107</b>			
16. Position 1. Stalled or stuck on crossing 4. Trapped on crossing by traffic 2. Stopped on Crossing 5. Blocked on crossing by gates Code <b>3</b> 3. Moving over crossing				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code <b>2</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			
20c. State here the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) <b>60</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 5. Single Car 9. Maint./inspect. car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/Switching B. Passenger Train-Pushing Code 4. Work Train 8. Light loco(s) C. Commuter Train-Pushing 1				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>MAIN</b>	
27. FRA Track Class (1-9,X) <b>4</b>		28. Number of Locomotive Units <b>4</b>		29. Number of Cars <b>103</b>		30. Consist Speed (Recorded speed if available) R. Recorded <b>40</b> mph E. Estimated Code <b>E</b>	
32. Type of Crossing Warning 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) <b>07</b>				33. Signaled Crossing Warning (See reverse side for instructions and codes) Code		34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving) Code	
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 1. Male 2. Female Code		39. Highway User's Gender 1. Male 2. Female Code		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code <b>2</b>		41. Highway User 1. Went around the gate 5. Other (specify) 2. Stopped and then proceeded 6. Went around/thru temporary barricade (if yes, see instructions) Code 3. Did not stop 7. Went thru the gate 4. Stopped on crossing 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 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code <b>8</b>					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code <b>3</b>	
46. Highway-Rail Crossing Users <b>0</b>		<b>0</b>		47. Highway Vehicle Property Damage (est. dollar damage) <b>\$700</b>		45. Was Driver in the Vehicle? 1. Yes 2. No Code <b>1</b>	
49. Railroad Employees <b>0</b>		<b>0</b>		50. Total Number of People on Train (include passengers and train crew)		48. Total Number of Vehicle Occupants (including driver) <b>1</b>	
52. Passengers on Train <b>0</b>		<b>0</b>		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code <b>2</b>			
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary)							
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).

## U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 08 / 24 / 2016	<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> 716364F
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> CATAWBA ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> CITY	
<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 PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None CHARLESTON		<b>11. Branch or Line Name</b> <input type="checkbox"/> None WYE	
<b>12. RR Milepost</b> SC   0128.680 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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) 33.9885167		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0300923	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>30.C. Railroad Use *</b>			
<b>30.D. Railroad Use *</b>		<b>30.E. Railroad Use *</b>			
<b>31.A. State Use *</b>			<b>31.B. State Use *</b>		
<b>31.C. State 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<b>1.C. Total Switching Trains</b> 10	<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 (YYYY)</b> 2015		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 45 3.B. Typical Speed Range Over Crossing (mph) From 5 to 45		
<b>4. Type and Count of Tracks</b> Main 0 Siding 2 Yard 0 Transit 0 Industry 0				
<b>5. Train Detection (Main Track only)</b> <input type="checkbox"/> Constant Warning Time <input checked="" 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 checked="" 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

Form with sections: A. Revision Date (08/24/2016), PAGE 2, D. Crossing Inventory Number (716364F), Part III: Highway or Pathway Traffic Control Device Information, Part IV: Physical Characteristics, Part V: Public Highway Information, Submission Information.

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 032169
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 032169
4. U.S. DOT-AAR Grade Crossing ID No. 716364F		5. Date of Accident/Incident 03/06/08		6. Time of Accident/Incident 01:50 AM	
7. Nearest Railroad Station COLUMBIA HUB		8. Division PIEDMONT		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. CATAWBA ST.		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 10		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 2		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 2		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 40 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN TRACK	
27. FRA Track Class 4		28. Number of Locomotive Units 3		29. Number of Cars 54	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated 7 mph Code R		31. Time Table Direction 1. North 2. South 3. East 4. West Code 3			
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 Code(s) 07		33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code 2	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Driver's Age 40		39. Driver's Gender 1. Male 2. Female Code 1		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$500		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 4		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train					
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description TRAIN 238 TRAVELING EAST STRUCK A GREY TOYOTA CAMRY IN THE REAR PASSENGER SIDE QUATER PANEL. VEHICLE WAS SPUN AROUND AND THEN FLED THE SCENE. ENGINEER WAS BLOWING HORN AND RINGING BELL. THE CROSSING IS PROTECTED BY CROSSBUCKS.					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]		1a. NS	1b. 030882
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]		3a. NS	3b. 030882
4. U.S. DOT-AAR Grade Crossing ID No. 716364F	5. Date of Accident/Incident 11/16/07	6. Time of Accident/Incident 06:30 PM	
7. Nearest Railroad Station COLUMBIA HUB	8. Division PIEDMONT	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. CATAWBA ST.		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 25	15. Direction (geographical) 1. North 2. South 3. East 4. West Code 2	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4	20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 40 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN TRACK
27. FRA Track Class 4	28. Number of Locomotive Units 1	29. Number of Cars 6	30. Consist Speed (Recorded if available) R. Recorded 16 mph E. Estimated Code R
31. Time Table Direction 1. North 2. South 3. East 4. West Code 3	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 Code(s) 07		
33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code 2	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2		38. Driver's Age 45	
39. Driver's Gender 1. Male 2. Female Code 1	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 1		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 2		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		1	47. Highway Vehicle Property Damage (est. dollar damage) \$7,000
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 2		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		0	
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description P75 TRAVELLING EASTBOUND STRUCK A 2001 BUICK CENTURY. DRIVER FAILED TO YIELD RIGHT OF WAY. ENGINEER WAS BLOWING WHISTLE AND RINGING BELL.			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 089475
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 089475
4. U.S. DOT-AAR Grade Crossing ID No. 716364F		5. Date of Accident/Incident 09/17/96		6. Time of Accident/Incident 05:50 PM	
7. Nearest Railroad Station ANDREWS YARD		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. CATAWBA ST.		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) Code 1		
14. Vehicle Speed (est. mph at impact) 15		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 2		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 83 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 2		26. Track Number or Name E/B ENGINE LEAD
27. FRA Track Class 3	28. Number of Locomotive Units 2	29. Number of Cars 41	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 8 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 3
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 Code(s) 07			33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$2,500		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. SOU	1b. GC0379087
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]				3a. SOU	3b. GC0379087
4. U.S. DOT-AAR Grade Crossing ID No. 716364F		5. Date of Accident/Incident 12/17/79		6. Time of Accident/Incident 06:25 PM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. CATAWBA		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact) 30			18. Position of Car Unit in Train 1		
15. Direction (geographical) 1. North 2. South 3. East 4. West			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			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		
20b. Was there a hazardous materials release by 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) 45 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name MAIN	
27. FRA Track Class 4		28. Number of Locomotive Units 2		29. Number of Cars 0	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated		31. Time Table Direction 1. North 2. South 3. East 4. West		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 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown		35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach	
36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		38. Driver's Age 39. Driver's Gender 1. Male 2. Female	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown	
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed		44. Driver was 1. Killed 2. Injured 3. Uninjured		45. Was Driver in the Vehicle? 1. Yes 2. No	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$200		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
52. Passengers on Train 0		53a. Special Study Block		53b. Special Study Block	
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of 1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				Alphabetic Code 1a. SCL		RR Accident/Incident No. 1b. 087805407	
2. Other Railroad Involved in Train Accident/Incident				2a.		2b.	
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL		3b. 087805407	
4. U.S. DOT-AAR Grade Crossing ID No. 716364F		5. Date of Accident/Incident 08/31/78		6. Time of Accident/Incident 09:05 AM			
7. Nearest Railroad Station CAYCE		8. Division		9. County RICHLAND		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. CATAWBA ST				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)		Code A		17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL	
14. Vehicle Speed (est. mph at impact) 5		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code 1		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped		Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither			
20c. State the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 85 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		A. Spec. MoW Equip Code 8		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		Code 2	
26. Track Number or Name EAST ENGINE LEAD		27. FRA Track Class		28. Number of Locomotive Units 1		29. Number of Cars 0	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated 3 mph		Code E		31. Time Table Direction 1. North 2. South 3. East 4. West			
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew Warning 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None		Code(s) 07		33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach		Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code 2		38. Driver's Age 39. Driver's Gender 1. Male 2. Female		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		Code 3			
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed			
44. Driver was 1. Killed 2. Injured 3. Uninjured		Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No			
Code 1		46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$150		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No			
Code 2		53a. Special Study Block		53b. Special Study Block			
54. Narrative Description							
55. Typed Name and Title		56. Signature				57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]				1a. SOU	1b. GC0376025
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance				3a.	3b.
4. U.S. DOT-AAR Grade Crossing ID No. 716364F		5. Date of Accident/Incident 02/19/76		6. Time of Accident/Incident 05:23 PM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. CATAWBA		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact) 15			18. Position of Car Unit in Train 1		
15. Direction (geographical) 1. North 2. South 3. East 4. West			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			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		
20b. Was there a hazardous materials release by 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) 62 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name WEST BOUND ENG	
27. FRA Track Class 4		28. Number of Locomotive Units 3		29. Number of Cars 75	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated		31. Time Table Direction 1. North 2. South 3. East 4. West		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 1. Yes 2. No 3. Unknown		35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach	
36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		38. Driver's Age 39. Driver's Gender 1. Male 2. Female	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown	
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed		44. Driver was 1. Killed 2. Injured 3. Uninjured		45. Was Driver in the Vehicle? 1. Yes 2. No	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$250		48. Total Number of Highway-Rail Crossing Users (include driver) 8	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
52. Passengers on Train 0		53a. Special Study Block		53b. Special Study Block	
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 08 / 24 / 2016	<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> 716363Y
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> ASSEMBLY ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> SC 48	
<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 PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None CHARLESTON		<b>11. Branch or Line Name</b> <input type="checkbox"/> None WYE	
<b>12. RR Milepost</b> SC   0128.650 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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) 33.9882321		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0296685	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>30.C. Railroad Use *</b>			
<b>30.D. Railroad Use *</b>		<b>30.E. Railroad Use *</b>			
<b>31.A. State Use *</b>			<b>31.B. State Use *</b>		
<b>31.C. State 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 2	<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 (YYYY)</b> 2015		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 45 3.B. Typical Speed Range Over Crossing (mph) From 10 to 20		
<b>4. Type and Count of Tracks</b> Main 0 Siding 2 Yard 0 Transit 0 Industry 0				
<b>5. Train Detection (Main Track only)</b> <input checked="" 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 checked="" 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) 08/24/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 716363Y	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No	
				<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input 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 <u>2</u> 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 <u>2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>2</u> <input type="checkbox"/> LED	
				3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	
				3.E. Total Count Flashing Light Pa 10	
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) 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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>4</u>		<input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>			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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				4. Highway Speed Limit System <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	
				5. Linear Referencing System (LRS Route ID) *	
				6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>021475</u>		8. Estimated Percent Trucks <u>18</u> %	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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0384010
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]		3a. SOU	3b. GC0384010
4. U.S. DOT-AAR Grade Crossing ID No. 716363Y	5. Date of Accident/Incident 02/14/84	6. Time of Accident/Incident 07:35 AM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. SC-48 ASSEMBLY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code B	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) Code A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 5
14. Vehicle Speed (est. mph at impact) 8	15. Direction (geographical) Code 1. North 2. South 3. East 4. West 2	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped		Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 4	20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 49 °F	22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2	23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 2	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		A. Spec. MoW Equip Code 4	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1
26. Track Number or Name MAIN	31. Time Table Direction Code 1. North 2. South 3. East 4. West 4		
27. FRA Track Class 3	28. Number of Locomotive Units 0	29. Number of Cars 1	30. Consist Speed (Recorded if available) Code R. Recorded E. Estimated 0 mph E
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 20 sec warn min (1);	
34. Whistle Ban Code 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 2	
35. Location of Warning Code 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach 1		36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2	
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 1	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 3
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2		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 8	
Casualties to:		Killed	Injured
44. Driver was Code 1. Killed 2. Injured 3. Uninjured 3		45. Was Driver in the Vehicle? Code 1. Yes 2. No 1	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$200
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 2		51. Is a Rail Equipment Accident / Incident Report Being Filed Code 1. Yes 2. No 2	
52. Passengers on Train 0		0	
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 11 / 08 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 716361K
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> FLORA ST. <small>(Street/Road Name)   * (Block Number)</small>		<b>6. Highway Type &amp; No.</b> S-215	
<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 PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None SPTBG-COLAMAIN		<b>11. Branch or Line Name</b> <input type="checkbox"/> None W	
<b>12. RR Milepost</b> W   0161.74   <small>(prefix)   (nnnn.nnn)   (suffix)</small>		<b>13. Line Segment</b> * COLUMBIA HUB			
<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB		<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No		<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other	
<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 33.9976070		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0395280	
<b>29. Lat/Long Source</b> <input 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 2	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 2	<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 type="checkbox"/> How many trains per week? _____
<b>2. Year of Train Count Data (YYYY)</b>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 45 3.B. Typical Speed Range Over Crossing (mph) From 10 to 20		
<b>4. Type and Count of Tracks</b> Main 1 Siding 1 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 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 11/08/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 716361K	
<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) 2	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Specify Type _____ Count 2 Specify Type _____ Count 2 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 Flashing Light Pa 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 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 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 2	<input type="checkbox"/> One-way Traffic <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) 75		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 type="checkbox"/> (0) Rural <input checked="" 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"/> Statute	5. Linear Referencing System (LRS Route ID) * 6. LRS Milepost *
7. Annual Average Daily Traffic (AADT) Year 2005 AADT 000370	8. Estimated Percent Trucks 05 _____ %	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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. GC0391047
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. GC0391047
4. U.S. DOT-AAR Grade Crossing ID No. 716361K		5. Date of Accident/Incident 04/02/91		6. Time of Accident/Incident 07:08 PM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. FLORA ST		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact) 3			18. Position of Car Unit in Train 1		
15. Direction (geographical) 1. North 2. South 3. East 4. West			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
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			20c. State the name and quantity of the hazardous material released, if any		
21. Temperature (specify if minus) 70 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name W LINE	
27. FRA Track Class 4		28. Number of Locomotive Units 4		29. Number of Cars 28	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated		31. Time Table Direction 1. North 2. South 3. East 4. West		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 1. Yes 2. No 3. Unknown		35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach	
36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		38. Driver's Age 39. Driver's Gender 1. Male 2. Female	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown	
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed		44. Driver was 1. Killed 2. Injured 3. Uninjured		45. Was Driver in the Vehicle? 1. Yes 2. No	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$0		48. Total Number of Highway-Rail Crossing Users (include driver) 2	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
52. Passengers on Train 0		53a. Special Study Block		53b. Special Study Block	
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				1a. SCL	1b. 127705406
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL	3b. 127705406
4. U.S. DOT-AAR Grade Crossing ID No. 716361K		5. Date of Accident/Incident 12/12/77		6. Time of Accident/Incident 06:58 PM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. FLORA DRIVE		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 6		
14. Vehicle Speed (est. mph at impact) 20		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 2		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 40 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 3		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 8			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 2		26. Track Number or Name SINGLE MAIN
27. FRA Track Class	28. Number of Locomotive Units 1	29. Number of Cars 0	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 15 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 4
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) Warning 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 07			33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$500		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0376117
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance		3a.	3b.
4. U.S. DOT-AAR Grade Crossing ID No. 716361K		5. Date of Accident/Incident 12/30/76	6. Time of Accident/Incident 06:30 PM
7. Nearest Railroad Station COLUMBIA		8. Division RICHLAND	9. County RICHLAND
10. State Abbr. 45		Code SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. FLORA ST	
		<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) A		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 1	
14. Vehicle Speed (est. mph at impact) 25		15. Direction (geographical) Code 1. North 2. South 3. East 4. West 1	
16. Position 1. Stalled on crossing 3. Moving over crossing Code 2. Stopped on Crossing 4. Trapped 3		18. Position of Car Unit in Train 1	
19. Circumstance 1. Rail equipment struck highway user Code 2. Rail equipment struck by highway user 1		20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4	
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) 45 °F		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 3	
23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1		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) Code 3. Commuter train 6. Cut of cars 9. Main./inspect. car 1	
25. Track Type Used by Rail Code 1. Main 2. Yard 3. Siding 4. Industry 2		26. Track Number or Name COLA YARD	
27. FRA Track Class 3		28. Number of Locomotive Units 1	
29. Number of Cars 3		30. Consist Speed (Recorded if available) Code R. Recorded 8 mph E E. Estimated	
31. Time Table Direction Code 1. North 2. South 3. East 4. West 3		32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew Warning 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None	
33. Signaled Crossing Warning		34. Whistle Ban Code 1. Yes 2. No 3. Unknown	
35. Location of Warning Code 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach 1		36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2	
37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 2		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 2		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 3	
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2		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 1	
Casualties to:		44. Driver was Code 1. Killed 2. Injured 3. Uninjured 3	
45. Was Driver in the Vehicle? Code 1. Yes 2. No 1		46. Highway-Rail Crossing Users 0 0	
47. Highway Vehicle Property Damage (est. dollar damage) \$1,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
49. Railroad Employees 0 0		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 2		52. Passengers on Train 0 0	
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0376044
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance		3a.	3b.
4. U.S. DOT-AAR Grade Crossing ID No. 716361K		5. Date of Accident/Incident 05/11/76	
6. Time of Accident/Incident 05:35 PM			
7. Nearest Railroad Station COLUMBIA		8. Division RICHLAND	
9. County RICHLAND		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. FLORA ST	
		<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) A		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 6	
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) Code 1. North 2. South 3. East 4. West 4	
16. Position 1. Stalled on crossing 3. Moving over crossing Code 2. Stopped on Crossing 4. Trapped 2		18. Position of Car Unit in Train 1	
19. Circumstance 1. Rail equipment struck highway user Code 2. Rail equipment struck by highway user 1		20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? Code 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4	
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) 76 °F		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2	
23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 2			
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) Code 3. Commuter train 6. Cut of cars 9. Main./inspect. car 8		25. Track Type Used by Rail Code Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 2	
26. Track Number or Name WEST BOUND LEAD			
27. FRA Track Class 3		28. Number of Locomotive Units 1	
29. Number of Cars 0		30. Consist Speed (Recorded if available) Code R. Recorded E. Estimated 10 mph E	
31. Time Table Direction Code 1. North 2. South 3. East 4. West 3			
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew Warning 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None		33. Signaled Crossing Warning	
34. Whistle Ban Code 1. Yes 2. No 3. Unknown			
35. Location of Warning Code 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach 1		36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2	
37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown			
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 2		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 4	
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2		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 8	
Casualties to:		44. Driver was Code 1. Killed 2. Injured 3. Uninjured 3	
45. Was Driver in the Vehicle? Code 1. Yes 2. No 1			
46. Highway-Rail Crossing Users 0 0		47. Highway Vehicle Property Damage (est. dollar damage) \$500	
48. Total Number of Highway-Rail Crossing Users (include driver) 1			
49. Railroad Employees 0 0		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 2			
52. Passengers on Train 0 0			
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 08 / 24 / 2016	<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> 715402J
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> HEYWARD ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-255	
<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 PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None COLUMBIA DIST		<b>11. Branch or Line Name</b> <input type="checkbox"/> None SC	
<b>12. RR Milepost</b> SC   0128.50 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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) 33.9868467		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0252906	
<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>30.D. 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 12	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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> 2015		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 15 3.B. Typical Speed Range Over Crossing (mph) From 10 to 15		
<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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 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) 08/24/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715402J	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 checked="" type="checkbox"/> Yes (count _____) <input type="checkbox"/> No	2.F. Pavement Markings <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)	
<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 <u>2</u> 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 <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa <u>6</u>
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) <u>1</u>
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 <u>0</u> 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 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 <u>2</u> <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input checked="" type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>			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 checked="" 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 checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>002805</u>		8. Estimated Percent Trucks <u>08</u> %	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 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.					

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DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

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3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 096652
4. U.S. DOT-AAR Grade Crossing ID No. 715402J		5. Date of Accident/Incident 03/11/99		6. Time of Accident/Incident 05:45 PM	
7. Nearest Railroad Station ANDREWS YARD		8. Division PIEDMONT		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. HEYWARD ST.		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) Code 1		
14. Vehicle Speed (est. mph at impact) 5		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 2		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 60 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 7			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SC MAIN LINE
27. FRA Track Class 4	28. Number of Locomotive Units 1	29. Number of Cars 7	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 18 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 3
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 Code(s) 07			33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code 2
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 3
38. Driver's Age 18	39. Driver's Gender 1. Male 2. Female Code 1	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$2,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew) 3		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 08 / 24 / 2016	<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> 715403R
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> Norfolk Southern Railway Company [NS]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> WHALEY/SUMTER ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> L-454	
<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 PIEDMONT		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None COLUMBIA DIST		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> SC   0128.60 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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 checked="" 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) 33.9882708		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0259855	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. 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> 800-453-2530		<b>34. Railroad Contact (Telephone No.)</b> 800-946-4744		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 12	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 4	<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 (YYYY)</b> 2015		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 15 3.B. Typical Speed Range Over Crossing (mph) From 10 to 15		
<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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 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) 08/24/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 715403R	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)	
<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) 4 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 8
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) 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 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 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 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 checked="" 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 checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input checked="" type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) 75			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 checked="" 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 checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit System 35 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
				5. Linear Referencing System (LRS Route ID) *	
				6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year 2005 AADT 006385		8. Estimated Percent Trucks 00 _____ %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day 3		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Norfolk Southern Railway Company [NS]				1a. NS	1b. 031604
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 031604
4. U.S. DOT-AAR Grade Crossing ID No. 715403R		5. Date of Accident/Incident 01/17/08		6. Time of Accident/Incident 11:20 PM	
7. Nearest Railroad Station COLUMBIA HUB		8. Division PIEDMONT		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. WHALLY STREET		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			Code A		
14. Vehicle Speed (est. mph at impact) 0			15. Direction (geographical) 1. North 2. South 3. East 4. West		
Code 2			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither			Code 2		
20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither			Code 4		
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 34 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 4	
23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow		Code 1			
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry
Code 1			Code 1		26. Track Number or Name SINGLE MAIN TRACK
27. FRA Track Class 4		28. Number of Locomotive Units 2	29. Number of Cars 86	30. Consist Speed (Recorded if available) R. Recorded 17 mph E. Estimated R	
Code R		Code 2		31. Time Table Direction 1. North 2. South 3. East 4. West	
Code 2					
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			Code 2		33. Signaled Crossing Warning 20 sec warn min (1);
Code(s) 03 06			Code 2		34. Whistle Ban 1. Yes 2. No 3. Unknown
Code 2					Code 2
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown
Code 1			Code 2		Code 2
38. Driver's Age 18		39. Driver's Gender 1. Male 2. Female	Code 1		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown
Code 1		Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop	
Code 4					
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown			Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed
Code 2			Code 8		
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured	
				Code 3	
				45. Was Driver in the Vehicle? 1. Yes 2. No	
				Code 2	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$30,000		48. Total Number of Highway-Rail Crossing Users (include driver) 0
					Code 0
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew) 3		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No
					Code 2
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description DRIVER OF VEHICLE ATTEMPTED TO GO OVER CROSSING AND TURNED TOO EARLY RESULTING IN VEHICLE GETTING HUNG-UP ON TRACKS. WHILE ATTEMPTING TO PUSH CAR OFF TRACK WEST BOUND TRAIN 337 HIT VEHICLE. THE AUTO WAS A 2008 VOLKSWAGON JETTA.					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
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2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Norfolk Southern Railway Company [NS]				3a. NS	3b. 030624
4. U.S. DOT-AAR Grade Crossing ID No. 715403R		5. Date of Accident/Incident 10/21/07		6. Time of Accident/Incident 12:45 AM	
7. Nearest Railroad Station COLUMBIA HUB		8. Division PIEDMONT		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. WHALEY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			Code B		
14. Vehicle Speed (est. mph at impact) 10			15. Direction (geographical) 1. North 2. South 3. East 4. West		
Code 2			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			Code 3		
18. Position of Car Unit in Train 1			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
Code 2			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 2			20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
Code 4			20c. State the name and quantity of the hazardous material released, if any		
21. Temperature (specify if minus) 57 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 4	
23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow		Code 1			
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			A. Spec. MoW Equip Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry
Code 1			Code 1		26. Track Number or Name SINGLE MAIN TRACK
27. FRA Track Class 1	28. Number of Locomotive Units 4	29. Number of Cars 97	30. Consist Speed (Recorded if available) R. Recorded E. Estimated		Code E
31. Time Table Direction 1. North 2. South 3. East 4. West			Code 4		
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) Warning 3. Standard FLS 6. Audible 9. Watchman 12. None			33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown
Code(s) 03 06			Code 2		Code 2
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown
Code 1			Code 2		Code 2
38. Driver's Age 21	39. Driver's Gender 1. Male 2. Female	Code 1	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		Code 2
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop			Code 3		
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown			Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed
Code 2			Code 8		
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured	
		0	0	Code 3	
46. Highway-Rail Crossing Users		0	0	47. Highway Vehicle Property Damage (est. dollar damage) \$2,500	
				Code 2	
49. Railroad Employees		0	0	50. Total Number of People on Train (include passengers and crew) 2	
				Code 2	
52. Passengers on Train		0	0	51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
				Code 2	
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad SOUTHERN RAILWAY COMPANY [SOU]		1a. SOU	1b. GC0377099
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance SOUTHERN RAILWAY COMPANY [SOU]		3a. SOU	3b. GC0377099
4. U.S. DOT-AAR Grade Crossing ID No. 715403R	5. Date of Accident/Incident 12/18/77	6. Time of Accident/Incident 06:50 AM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. S-454 WHALEY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 0	15. Direction (geographical) 1. North 2. South 3. East 4. West 1	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 1	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user 1	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither	Code 2	20b. Was there a hazardous materials release by 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) 50 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark 1	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	Code 3
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car	A. Spec. MoW Equip Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1	26. Track Number or Name 1 MAIN
27. FRA Track Class 4	28. Number of Locomotive Units 4	29. Number of Cars 107	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 1 mph E
31. Time Table Direction 1. North 2. South 3. East 4. West	Code 1		
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 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach	Code 1	36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown 2	37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown 2	41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown	Code 2	43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:	Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3
45. Was Driver in the Vehicle? 1. Yes 2. No	Code 2		
46. Highway-Rail Crossing Users 0	0	47. Highway Vehicle Property Damage (est. dollar damage) \$300	48. Total Number of Highway-Rail Crossing Users (include driver) 0
49. Railroad Employees 0	0	50. Total Number of People on Train (include passengers and crew)	
51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	Code 2		
52. Passengers on Train 0	0	53. Special Study Block	
54. Narrative Description			
55. Typed Name and Title	56. Signature		57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 06 / 14 / 2017	<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> 634647A
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> ASSEMBLY ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> SC0048	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR NS		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None EASTOVER		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> AKA   0373.430 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 939781		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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) 33.9841940		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0278310	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>30.C. Railroad Use *</b>			
<b>30.D. Railroad Use *</b>		<b>30.E. Railroad Use *</b>			
<b>31.A. State Use *</b>			<b>31.B. State Use *</b>		
<b>31.C. State 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 1	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 1	<b>1.C. Total Switching Trains</b> 2	<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 (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 20 3.B. Typical Speed Range Over Crossing (mph) From 20 to 20		
<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 checked="" 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 checked="" type="checkbox"/> No		<b>7.A. Event Recorder</b> <input checked="" type="checkbox"/> Yes <input 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) 06/14/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 634647A	
<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"/> No	
				<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.L. LED Enhanced Signs (List types)
<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 <u>2</u> Pedestrian <u>0</u>		3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad		3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>2</u> <input checked="" type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED	
				3.D. Mast Mounted Flashing Lights (count of masts) <u>4</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input checked="" type="checkbox"/> Side Lights Included	
				3.E. Total Count Flashing Light Pa 14	
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) 3	
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 <u>0</u> 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 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 <u>6</u>		<input type="checkbox"/> One-way Traffic <input 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 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 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) <u>75</u>			7. Smallest Crossing Angle <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				4. Highway Speed Limit <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	
				5. Linear Referencing System (LRS Route ID) *	
				6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year <u>2006</u> AADT <u>027380</u>		8. Estimated Percent Trucks <u>18</u> %	9. Regularly Used by School Buses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day <u>2</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

HIGHWAY-RAIL GRADE CROSSING  
ACCIDENT/INCIDENT REPORT

**3.a**

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad CSX Transportation [CSX]		1a. CSX	1b. 118605408
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]		3a. CSX	3b. 118605408
4. U.S. DOT-AAR Grade Crossing ID No. 634647A	5. Date of Accident/Incident 11/20/86	6. Time of Accident/Incident 01:30 PM	
7. Nearest Railroad Station CAYCE	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COUMBIA	12. Highway Name or No. SOUTH ASSEMBLY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code B	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 5	15. Direction (geographical) 1. North 2. South 3. East 4. West 3	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user 1	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither 4		20b. Was there a hazardous materials release by 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) 50 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark 2	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 2	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car	A. Spec. MoW Equip Code 7	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1	26. Track Number or Name MAIN
27. FRA Track Class 2	28. Number of Locomotive Units 1	29. Number of Cars 13	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 15 mph E
31. Time Table Direction 1. North 2. South 3. East 4. West 4		32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) Warning 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 01 02 06	
33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 3		38. Driver's Age 39. Driver's Gender 1. Male 2. Female Code	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 1	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 3		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 2		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		1	47. Highway Vehicle Property Damage (est. dollar damage) \$25,000
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]		1a. SCL	1b. 018205406
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]		3a. SCL	3b. 018205406
4. U.S. DOT-AAR Grade Crossing ID No. 634647A		5. Date of Accident/Incident 01/29/82	6. Time of Accident/Incident 02:15 PM
7. Nearest Railroad Station COLUMBIA		8. Division RICHLAND	9. County RICHLAND
10. State Abbr. 45		Code SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. ASSEMBLY ST	
		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)		Code A	
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West	
		Code 2	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped		Code 2	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 4	
20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 1	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 50 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark	
		Code 2	
23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow		Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		Code 7	
25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		Code 3	
26. Track Number or Name ANDREWS SIDING			
27. FRA Track Class 1		28. Number of Locomotive Units 1	
29. Number of Cars 8		30. Consist Speed (Recorded if available) R. Recorded E. Estimated 3 mph	
		Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West		Code 4	
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) Warning 3. Standard FLS 6. Audible 9. Watchman 12. None		33. Signaled Crossing Warning 20 sec warn min (1);	
Code(s) 03		34. Whistle Ban 1. Yes 2. No 3. Unknown	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach		Code 1	
36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code 2	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female	
Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
		Code 2	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code 2	
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed		Code 8	
Casualties to:		Killed Injured	
		44. Driver was 1. Killed 2. Injured 3. Uninjured	
		Code 3	
45. Was Driver in the Vehicle? 1. Yes 2. No		Code 1	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$500	
48. Total Number of Highway-Rail Crossing Users (include driver) 1			
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0	
51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No		Code 2	
52. Passengers on Train 0			
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]		1a. SCL	1b. 017903409
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]		3a. SCL	3b. 017903409
4. U.S. DOT-AAR Grade Crossing ID No. 634647A	5. Date of Accident/Incident 01/25/79	6. Time of Accident/Incident 10:50 AM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. ASSEMBLY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code C	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) Code 7	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL	
14. Vehicle Speed (est. mph at impact) 2	15. Direction (geographical) 1. North 2. South 3. East 4. West Code 1	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4	20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code		
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 50 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 8	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1	26. Track Number or Name SINGLE MAIN TRACK	
27. FRA Track Class 2	28. Number of Locomotive Units 3	29. Number of Cars 0	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 0 mph Code E
31. Time Table Direction 1. North 2. South 3. East 4. West Code 4		32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) Warning 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 01 03	
33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2		38. Driver's Age 39. Driver's Gender 1. Male 2. Female Code	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 1	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$200	
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 09 / 02 / 2004	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input type="checkbox"/> Date Change Only <input checked="" type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	<b>D. DOT Crossing Inventory Number</b> 634648G
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### Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> PARK STREET (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-0013	
<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 FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None EASTOVER		<b>11. Branch or Line Name</b> <input type="checkbox"/> None	
<b>12. RR Milepost</b> 0373.65 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> *		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input 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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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 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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn) 33.9915010		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0350040	
<b>29. Lat/Long Source</b> <input 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>		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

### 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> 1	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 1	<b>1.C. Total Switching Trains</b> 5	<b>1.D. Total Transit Trains</b>	<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>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 20 3.B. Typical Speed Range Over Crossing (mph) From 5 to 20		
<b>4. Type and Count of Tracks</b> Main 1 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 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 09/02/2004		PAGE 2		D. Crossing Inventory Number (7 char.) 634648G	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify Type _____ Count <u>2</u> Specify Type _____ Count <u>0</u> 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 <u>2</u> 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 <u>1</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 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) 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 type="checkbox"/> None			3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 <u>2</u>	<input type="checkbox"/> One-way Traffic <input 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 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>		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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statute	
7. Annual Average Daily Traffic (AADT) Year <u>1986</u> AADT <u>000500</u>	8. Estimated Percent Trucks <u>10</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

HIGHWAY-RAIL GRADE CROSSING  
ACCIDENT/INCIDENT REPORT

**3.a**

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad CSX Transportation [CSX]				1a. CSX	1b. 109506040
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]				3a. CSX	3b. 109506040
4. U.S. DOT-AAR Grade Crossing ID No. 634648G		5. Date of Accident/Incident 10/05/95		6. Time of Accident/Incident 10:00 AM	
7. Nearest Railroad Station CAYCE		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. N. BLUFF ROAD		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
Code A			Code 1		
14. Vehicle Speed (est. mph at impact) 10		15. Direction (geographical) 1. North 2. South 3. East 4. West		18. Position of Car Unit in Train 1	
Code 1					
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
Code 3			Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither			20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
Code 4			Code		
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 81 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
Code 2				Code 2	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name MAIN
Code 7			Code 1		
27. FRA Track Class 2		28. Number of Locomotive Units 1	29. Number of Cars 0	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 15 mph	
Code E				Code 2	
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew Warning 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None			33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown
Code(s) 07					
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown
Code 1			Code		Code 2
38. Driver's Age	39. Driver's Gender 1. Male 2. Female	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop	
		Code 2		Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed		Code 8	
Code 2					
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured	
				Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$2,000		45. Was Driver in the Vehicle? 1. Yes 2. No
					Code 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		48. Total Number of Highway-Rail Crossing Users (include driver) 2
52. Passengers on Train 0		0			Code 2
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title			56. Signature		57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of 1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				Alphabetic Code 1a. SCL		RR Accident/Incident No. 1b. 127905408	
2. Other Railroad Involved in Train Accident/Incident				2a.		2b.	
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL		3b. 127905408	
4. U.S. DOT-AAR Grade Crossing ID No. 634648G		5. Date of Accident/Incident 12/11/79		6. Time of Accident/Incident 07:40 PM			
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. BLUFF RD				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)		Code A		17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL	
14. Vehicle Speed (est. mph at impact) 10		15. Direction (geographical) 1. North 2. South 3. East 4. West		Code 2		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped		Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		Code 2	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither			
20c. State the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 59 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		A. Spec. MoW Equip Code 7		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		Code 4	
26. Track Number or Name LONE STAR INDUSTRI		27. FRA Track Class 1		28. Number of Locomotive Units 2		29. Number of Cars 10	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated		Code 5 mph		E		31. Time Table Direction 1. North 2. South 3. East 4. West	
Code 3		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		Code 07		33. Signaled Crossing Warning	
34. Whistle Ban 1. Yes 2. No 3. Unknown		Code 3		35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			
Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown	
Code 2		38. Driver's Age 39. Driver's Gender 1. Male 2. Female		Code 2		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
Code 3		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown			
Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed		Code 7		44. Driver was 1. Killed 2. Injured 3. Uninjured	
Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No		Code 1		46. Highway-Rail Crossing Users 0 0	
Code 1		47. Highway Vehicle Property Damage (est. dollar damage) \$500		Code 2		48. Total Number of Highway-Rail Crossing Users (include driver) 2	
Code 2		49. Railroad Employees 0 0		Code 2		50. Total Number of People on Train (include passengers and crew)	
Code 2		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No		52. Passengers on Train 0 0			
53a. Special Study Block				53b. Special Study Block			
54. Narrative Description							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]		1a. SCL	1b. 107905406
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]		3a. SCL	3b. 107905406
4. U.S. DOT-AAR Grade Crossing ID No. 634648G	5. Date of Accident/Incident 10/25/79	6. Time of Accident/Incident 06:45 AM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. BLUFF RD		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 3
14. Vehicle Speed (est. mph at impact) 5	15. Direction (geographical) 1. North 2. South 3. East 4. West 1	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user 2	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither	Code 4	20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 40 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark 4	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car	A. Spec. MoW Equip Code 7	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1	26. Track Number or Name SINGLE MAIN
27. FRA Track Class 2	28. Number of Locomotive Units 1	29. Number of Cars 3	30. Consist Speed (Recorded if available) R. Recorded 0 mph E. Estimated E
31. Time Table Direction 1. North 2. South 3. East 4. West 4	32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) Warning 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 07		
33. Signaled Crossing Warning	34. Whistle Ban 1. Yes 2. No 3. Unknown	35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1	
36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown 2	37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown 2		
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown 2	41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown 2	43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8		
Casualties to:	Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3
45. Was Driver in the Vehicle? 1. Yes 2. No 1	46. Highway-Rail Crossing Users 0 0		
47. Highway Vehicle Property Damage (est. dollar damage) \$1,500	48. Total Number of Highway-Rail Crossing Users (include driver) 1		
49. Railroad Employees 0 0	50. Total Number of People on Train (include passengers and crew)		
51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	52. Passengers on Train 0 0		
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	
			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 06 / 14 / 2017	<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> 634654K
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> WHALEY ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> CITY	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR NS		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None EASTOVER		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> AKA   0373.770 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 939781		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 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 Passage 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) 33.9863670		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0320860	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>30.C. Railroad Use *</b>			
<b>30.D. Railroad Use *</b>		<b>30.E. Railroad Use *</b>			
<b>31.A. State Use *</b>			<b>31.B. State Use *</b>		
<b>31.C. State 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 2	<b>1.C. Total Switching Trains</b> 4	<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> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 20 3.B. Typical Speed Range Over Crossing (mph) From 20 to 20		
<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 checked="" 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 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) 06/14/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 634654K	
<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"/> No <input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type _____ Count <u>2</u> Specify Type _____ Count <u>0</u> Specify Type _____ Count _____		<input checked="" type="checkbox"/> Yes <input 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)	
<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 <u>0</u> Pedestrian <u>0</u>	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 <u>2</u> <input checked="" type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 8
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 type="checkbox"/> None			3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>2</u>	<input type="checkbox"/> One-way Traffic <input 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 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 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) <u>75</u>		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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statute	5. Linear Referencing System (LRS Route ID) * _____
7. Annual Average Daily Traffic (AADT) Year <u>1987</u> AADT <u>008065</u>	8. Estimated Percent Trucks <u>08</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

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FEDERAL RAILROAD ADMINISTRATION (FRA)

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4. U.S. DOT-AAR Grade Crossing ID No. 634654K		5. Date of Accident/Incident 11/22/89		6. Time of Accident/Incident 07:12 PM	
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10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. WHALEY STREET		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
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24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 8			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name EASTOVER MAIN
27. FRA Track Class 1	28. Number of Locomotive Units 2	29. Number of Cars 0	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 8 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 1
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 Code(s) 07			33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$500		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad CSX Transportation [CSX]		1a. CSX	1b. 048905023
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]		3a. CSX	3b. 048905023
4. U.S. DOT-AAR Grade Crossing ID No. 634654K	5. Date of Accident/Incident 04/17/89	6. Time of Accident/Incident 06:15 PM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. WHALEY STREET		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code C	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 25	15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 2	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 75 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 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	A. Spec. MoW Equip Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1	26. Track Number or Name MAIN
27. FRA Track Class 2	28. Number of Locomotive Units 2	29. Number of Cars 74	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 8 mph Code R
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2		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 Code(s) 07	
33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2		38. Driver's Age Code	
39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 1	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$55,000
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad CSX Transportation [CSX]		1a. CSX	1b. 128605406
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]		3a. CSX	3b. 128605406
4. U.S. DOT-AAR Grade Crossing ID No. 634654K	5. Date of Accident/Incident 12/17/86	6. Time of Accident/Incident 08:35 AM	
7. Nearest Railroad Station CAYCE	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIUA	12. Highway Name or No. WHALEY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code B	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 45	15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 45 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 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	A. Spec. MoW Equip Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1	26. Track Number or Name MAINLINE
27. FRA Track Class 1	28. Number of Locomotive Units 4	29. Number of Cars 90	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 10 mph Code E
31. Time Table Direction 1. North 2. South 3. East 4. West Code 1		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 Code(s) 07	
33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 3		38. Driver's Age 39. Driver's Gender 1. Male 2. Female Code	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$1,000
48. Total Number of Highway-Rail Crossing Users (include driver) 2		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard System Railroad, Incorporated [SBD]				1a. SBD	1b. 128505412
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard System Railroad, Incorporated [SBD]				3a. SBD	3b. 128505412
4. U.S. DOT-AAR Grade Crossing ID No. 634654K		5. Date of Accident/Incident 12/23/85		6. Time of Accident/Incident 10:15 AM	
7. Nearest Railroad Station CAYCE		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. WHALEY ST		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. WHALEY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact) 5			18. Position of Car Unit in Train 1		
15. Direction (geographical) 1. North 2. South 3. East 4. West			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
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			20c. State the name and quantity of the hazardous material released, if any		
21. Temperature (specify if minus) 65 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name MAIN LINE
27. FRA Track Class 1	28. Number of Locomotive Units 1	29. Number of Cars 0	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 3 mph		31. Time Table Direction 1. North 2. South 3. East 4. West
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 1. Yes 2. No 3. Unknown
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown
38. Driver's Age	39. Driver's Gender 1. Male 2. Female	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured	
46. Highway-Rail Crossing Users		0	0	47. Highway Vehicle Property Damage (est. dollar damage) \$2,000	
49. Railroad Employees		0	0	50. Total Number of People on Train (include passengers and crew)	
52. Passengers on Train		0	0	51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard System Railroad, Incorporated [SBD]		1a. SBD	1b. SCL05410
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard System Railroad, Incorporated [SBD]		3a. SBD	3b. SCL05410
4. U.S. DOT-AAR Grade Crossing ID No. 634654K	5. Date of Accident/Incident 08/20/83	6. Time of Accident/Incident 11:23 PM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. WHALEY STREET		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) Code A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 6	15. Direction (geographical) Code 1. North 2. South 3. East 4. West 1	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		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) 83 °F	22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 4	23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car	A. Spec. MoW Equip Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry	Code 1 26. Track Number or Name MAIN
27. FRA Track Class 1	28. Number of Locomotive Units 3	29. Number of Cars 20	30. Consist Speed (Recorded if available) Code R. Recorded E. Estimated 5 mph E
31. Time Table Direction 1. North 2. South 3. East 4. West		Code 1	
32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew Warning 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None	Code(s) 07 10	33. Signaled Crossing Warning	34. Whistle Ban Code 1. Yes 2. No 3. Unknown
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach	Code 1	36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown	Code 2 37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1
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 1. Yes 2. No 3. Unknown	Code 2 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 3
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown	Code 2	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 8	
Casualties to:	Killed	Injured	44. Driver was Code 1. Killed 2. Injured 3. Uninjured 3 45. Was Driver in the Vehicle? Code 1. Yes 2. No 1
46. Highway-Rail Crossing Users	0	2	47. Highway Vehicle Property Damage (est. dollar damage) \$3,000 48. Total Number of Highway-Rail Crossing Users (include driver) 3
49. Railroad Employees	0	0	50. Total Number of People on Train (include passengers and crew) 51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train	0	0	
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				1a. SCL	1b. 038105407
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL	3b. 038105407
4. U.S. DOT-AAR Grade Crossing ID No. 634654K		5. Date of Accident/Incident 03/27/81		6. Time of Accident/Incident 12:15 PM	
7. Nearest Railroad Station COLUMBIA		8. Division RICHLAND		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. WHALEY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code C			17. Equipment 1. Train (units pulling) 4. Car(s) (moving) 8. Other (specify) 2. Train (units pushing) 5. Car(s) (standing) A. Train pulling- RCL 3. Train (standing) 6. Light loco(s) (moving) B. Train pushing- RCL 7. Light loco(s) (standing) C. Train standing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 20		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 2		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 70 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN
27. FRA Track Class 4	28. Number of Locomotive Units 3	29. Number of Cars 79	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 5 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 3
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 Code(s) 07 10			33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$20,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]		1a. SCL	1b. 078005402
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]		3a. SCL	3b. 078005402
4. U.S. DOT-AAR Grade Crossing ID No. 634654K	5. Date of Accident/Incident 07/03/80	6. Time of Accident/Incident 10:37 PM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. WHALEY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) Code A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 2
14. Vehicle Speed (est. mph at impact) 0	15. Direction (geographical) Code 1. North 2. South 3. East 4. West 2	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 1	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither	Code 4	20b. Was there a hazardous materials release by 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) 80 °F	22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 4	23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car	A. Spec. MoW Equip Code 7	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1	26. Track Number or Name SINGLE MAIN
27. FRA Track Class 2	28. Number of Locomotive Units 1	29. Number of Cars 8	30. Consist Speed (Recorded if available) Code R. Recorded E. Estimated 3 mph E
31. Time Table Direction 1. North 2. South 3. East 4. West 4		32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) Warning 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 07 10	
33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2	
37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 2		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 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) Code 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$50
48. Total Number of Highway-Rail Crossing Users (include driver) 2		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]		1a. SCL	1b. 068005409
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]		3a. SCL	3b. 068005409
4. U.S. DOT-AAR Grade Crossing ID No. 634654K		5. Date of Accident/Incident 06/24/80	6. Time of Accident/Incident 11:15 PM
7. Nearest Railroad Station CAYCE		8. Division RICHLAND	9. County RICHLAND
10. State Abbr. 45		Code SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. WHALEY ST	
		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)		Code A	
14. Vehicle Speed (est. mph at impact) 4		15. Direction (geographical) 1. North 2. South 3. East 4. West	
Code 4		17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped		Code 3	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 4	
20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 4	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 75 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark	
Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
Code 4		24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car	
Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry	
Code 1		26. Track Number or Name SINGLE MAIN	
27. FRA Track Class 2		28. Number of Locomotive Units 3	
29. Number of Cars 81		30. Consist Speed (Recorded if available) R. Recorded E. Estimated	
Code 4		31. Time Table Direction 1. North 2. South 3. East 4. West	
Code 4		32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) Warning 3. Standard FLS 6. Audible 9. Watchman 12. None	
Code(s) 07 10		33. Signaled Crossing Warning	
34. Whistle Ban 1. Yes 2. No 3. Unknown		Code 4	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach		Code 1	
36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code 2	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female	
Code 2		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop	
Code 3		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown	
Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed	
Code 8		44. Driver was 1. Killed 2. Injured 3. Uninjured	
Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No	
Code 1		46. Highway-Rail Crossing Users 0 0	
47. Highway Vehicle Property Damage (est. dollar damage) \$500		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
49. Railroad Employees 0 0		50. Total Number of People on Train (include passengers and crew)	
51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No		Code 2	
52. Passengers on Train 0 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
57. Date			

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of 1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				Alphabetic Code 1a. SCL		RR Accident/Incident No. 1b. 117905402	
2. Other Railroad Involved in Train Accident/Incident				2a.		2b.	
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL		3b. 117905402	
4. U.S. DOT-AAR Grade Crossing ID No. 634654K		5. Date of Accident/Incident 11/04/79		6. Time of Accident/Incident 01:30 AM			
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. WHALEY ST				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A				17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 3			
14. Vehicle Speed (est. mph at impact) 15		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1			
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2				20b. Was there a hazardous materials release by Code	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 45 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1			
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 7				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 2		26. Track Number or Name	
27. FRA Track Class 1		28. Number of Locomotive Units 2		29. Number of Cars 18		30. Consist Speed (Recorded if available) R. Recorded 0 mph E. Estimated E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 3				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 Code(s) 07			
33. Signaled Crossing Warning				34. Whistle Ban 1. Yes 2. No 3. Unknown Code			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2			
38. Driver's Age		39. Driver's Gender 1. Male 2. Female Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1		46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$500		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2			
52. Passengers on Train 0		53a. Special Study Block		53b. Special Study Block			
54. Narrative Description							
55. Typed Name and Title		56. Signature				57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]		1a. SCL	1b. 017905415
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]		3a. SCL	3b. 017905415
4. U.S. DOT-AAR Grade Crossing ID No. 634654K	5. Date of Accident/Incident 01/27/79	6. Time of Accident/Incident 02:10 AM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. WHALEY ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 3
14. Vehicle Speed (est. mph at impact) 30	15. Direction (geographical) 1. North 2. South 3. East 4. West 2	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user 2	
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		20b. Was there a hazardous materials release by 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) 40 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark 4	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car	A. Spec. MoW Equip Code 7	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1	26. Track Number or Name SINGLE MAIN
27. FRA Track Class 2	28. Number of Locomotive Units 1	29. Number of Cars 14	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 0 mph E
31. Time Table Direction 1. North 2. South 3. East 4. West 4		32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) Warning 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 07	
33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2		38. Driver's Age 39. Driver's Gender 1. Male 2. Female Code	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$1,000
48. Total Number of Highway-Rail Crossing Users (include driver) 2		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]		1a. SCL	1b. 017805403
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]		3a. SCL	3b. 017805403
4. U.S. DOT-AAR Grade Crossing ID No. 634654K	5. Date of Accident/Incident 01/05/78	6. Time of Accident/Incident 01:55 AM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. WHALEY STREET		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 3
14. Vehicle Speed (est. mph at impact) 10	15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4	18. Position of Car Unit in Train	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 31 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN
27. FRA Track Class 2	28. Number of Locomotive Units 3	29. Number of Cars 92	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 0 mph Code
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 Code(s) 07		31. Time Table Direction 1. North 2. South 3. East 4. West Code 3	
33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2		38. Driver's Age 39. Driver's Gender 1. Male 2. Female Code	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$500
48. Total Number of Highway-Rail Crossing Users (include driver) 3		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				1a. SCL	1b. 117705409
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL	3b. 117705409
4. U.S. DOT-AAR Grade Crossing ID No. 634654K		5. Date of Accident/Incident 11/25/77		6. Time of Accident/Incident 01:25 AM	
7. Nearest Railroad Station CAYCE		8. Division		9. County LEXINGTON	
11. City (if in a city) CAYCE		12. Highway Name or No. WHALEY STREET		10. State Code Abbr. 45 SC	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) Code 1		
14. Vehicle Speed (est. mph at impact) 45		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 4		18. Position of Car Unit in Train 5	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 68 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 7			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN
27. FRA Track Class 4	28. Number of Locomotive Units 1	29. Number of Cars 32	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 5 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 3
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 Code(s) 07			33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 2			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$500		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 06 / 14 / 2017	<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> 634655S
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> LINCOLN ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> CITY	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR NS		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None EASTOVER		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> AKA   0373.800 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 939781		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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) 33.9866060		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0325560	
<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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 2	<b>1.C. Total Switching Trains</b> 4	<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> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 20 3.B. Typical Speed Range Over Crossing (mph) From 20 to 20		
<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 checked="" 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 checked="" type="checkbox"/> No		<b>7.A. Event Recorder</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 06/14/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 634655S	
<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"/> No <input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify Type _____ Count 1 Specify Type _____ Count 0 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) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 2 <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 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 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 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 2 <input type="checkbox"/> One-way Traffic <input 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 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) 75		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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit 35 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year 2005 AADT 000990		8. Estimated Percent Trucks 08 _____ %	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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad CSX Transportation [CSX]				1a. CSX	1b. 000030604
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]				3a. CSX	3b. 000030604
4. U.S. DOT-AAR Grade Crossing ID No. 634655S		5. Date of Accident/Incident 04/24/07		6. Time of Accident/Incident 06:50 AM	
7. Nearest Railroad Station CAYCE		8. Division FLORENCE		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. LINCOLN STREET			
		<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			Code A		
14. Vehicle Speed (est. mph at impact) 5			15. Direction (geographical) 1. North 2. South 3. East 4. West		
Code 4			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			Code 3		
18. Position of Car Unit in Train 1			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
Code 1			20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
Code 4			20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
Code 4			20c. State the name and quantity of the hazardous material released, if any		
21. Temperature (specify if minus) 60 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 2	
23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow		Code 1			
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry
Code 1			Code 1		26. Track Number or Name MAIN
27. FRA Track Class 1	28. Number of Locomotive Units 2	29. Number of Cars 89	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 10 mph		Code E
31. Time Table Direction 1. North 2. South 3. East 4. West			Code 1		
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 1. Yes 2. No 3. Unknown
Code(s) 08 07 11			Code 2		Code 2
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown
Code 1			Code 2		Code 2
38. Driver's Age 41	39. Driver's Gender 1. Male 2. Female	Code 1	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		Code 2
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop			Code 3		
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown			Code 3		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed
Code 3			Code 8		
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured	
		0	0	Code 3	
46. Highway-Rail Crossing Users		0	0	47. Highway Vehicle Property Damage (est. dollar damage) \$3,700	
49. Railroad Employees		0	0	48. Total Number of Highway-Rail Crossing Users (include driver) 1	
52. Passengers on Train		0	0	50. Total Number of People on Train (include passengers and crew) 2	
				51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
				Code 2	
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description N38719 STRUCK VEHICLE THAT FAILED TO YIELD AT CROSSING. PROTECTION ALSO AT CROSSING: ADVANCE WARNING SIGNS THAT STOP SIGNS ARE AHEAD, ADVANCE WARNING YELLOW & BLACK RR XING SIGNS AND PAVEMENT MARKINGS (STOP LINES & RR XING SYMBOLS).///					
55. Typed Name and Title			56. Signature		57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad CSX Transportation [CSX]		1a. CSX	1b. 128905018
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]		3a. CSX	3b. 128905018
4. U.S. DOT-AAR Grade Crossing ID No. 634655S	5. Date of Accident/Incident 12/07/89	6. Time of Accident/Incident 06:30 PM	
7. Nearest Railroad Station CAYCE	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. WHALEY ST.		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 15	15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 46 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 3	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name EASTOVER MAIN LINE
27. FRA Track Class 2	28. Number of Locomotive Units 3	29. Number of Cars 89	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 5 mph Code E
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 Code(s) 07		31. Time Table Direction 1. North 2. South 3. East 4. West Code 1	
33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1		38. Driver's Age 39. Driver's Gender 1. Male 2. Female Code	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$2,000
48. Total Number of Highway-Rail Crossing Users (include driver) 2		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad CSX Transportation [CSX]		1a. CSX	1b. 098905004
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]		3a. CSX	3b. 098905004
4. U.S. DOT-AAR Grade Crossing ID No. 634655S	5. Date of Accident/Incident 09/06/89	6. Time of Accident/Incident 09:45 PM	
7. Nearest Railroad Station CAYCE	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. WHALEY ST.		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 5	15. Direction (geographical) 1. North 2. South 3. East 4. West 3	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user 1	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither	Code 4	20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 70 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark 4	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	Code 3
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car	A. Spec. MoW Equip Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1	26. Track Number or Name SUMTER CONT.
27. FRA Track Class 2	28. Number of Locomotive Units 3	29. Number of Cars 96	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 10 mph R
31. Time Table Direction 1. North 2. South 3. East 4. West	Code 2		
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	Code(s) 07	33. Signaled Crossing Warning	34. Whistle Ban 1. Yes 2. No 3. Unknown
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach	Code 1	36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown	37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown 1
38. Driver's Age	39. Driver's Gender 1. Male 2. Female	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop 3
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown	Code 2	43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed	Code 1
Casualties to:	Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured 2
45. Was Driver in the Vehicle? 1. Yes 2. No	Code 1		
46. Highway-Rail Crossing Users 0	1	47. Highway Vehicle Property Damage (est. dollar damage) \$10,000	48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0	0	50. Total Number of People on Train (include passengers and crew)	51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0	0		
53a. Special Study Block	53b. Special Study Block		
54. Narrative Description			
55. Typed Name and Title	56. Signature		57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]		1a. SCL	1b. 077905403
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]		3a. SCL	3b. 077905403
4. U.S. DOT-AAR Grade Crossing ID No. 634655S		5. Date of Accident/Incident 07/12/79	6. Time of Accident/Incident 12:40 PM
7. Nearest Railroad Station COLUMBIA		8. Division RICHLAND	9. County RICHLAND
10. State Abbr. 45		Code SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. LINCOLN ST	
		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A		17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1	
14. Vehicle Speed (est. mph at impact) 5		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		18. Position of Car Unit in Train 1	
19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1		20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4	
20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code		20c. State the name and quantity of the hazardous material released, if any	
21. Temperature (specify if minus) 86 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2	
23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1		24. Type of Equipment 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 Code 7	
25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN	
27. FRA Track Class 2		28. Number of Locomotive Units 1	
29. Number of Cars 2		30. Consist Speed (Recorded if available) R. Recorded E. Estimated 5 mph Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 3		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 Code(s) 07	
33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2		38. Driver's Age 39. Driver's Gender 1. Male 2. Female Code	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1		46. Highway-Rail Crossing Users 0	
47. Highway Vehicle Property Damage (est. dollar damage) \$500		48. Total Number of Highway-Rail Crossing Users (include driver) 21	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0	
51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2		52. Passengers on Train 0	
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 06 / 14 / 2017	<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> 634656Y
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> CATAWBA ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-891	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR NS		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None EASTOVER		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> AKA   0373.910 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 939781		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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) 33.9872970		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0339060	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 2	<b>1.C. Total Switching Trains</b> 4	<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 (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 20 3.B. Typical Speed Range Over Crossing (mph) From 20 to 20		
<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 checked="" type="checkbox"/> Motion Detection <input type="checkbox"/> AFO <input type="checkbox"/> PTC <input checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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) 06/14/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 634656Y	
<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"/> No <input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify Type _____ Count <u>2</u> Specify Type _____ Count <u>0</u> 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 <u>0</u> Pedestrian <u>0</u>	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 <u>1</u> <input checked="" type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>3</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa <u>7</u>
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) <u>2</u>
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 <u>0</u> 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 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 <u>2</u> <input type="checkbox"/> One-way Traffic <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input checked="" type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>		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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
5. Linear Referencing System (LRS Route ID) * _____					
6. LRS Milepost * _____					
7. Annual Average Daily Traffic (AADT) Year <u>1986</u> AADT <u>000565</u>		8. Estimated Percent Trucks <u>08</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
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4. U.S. DOT-AAR Grade Crossing ID No. 634656Y	5. Date of Accident/Incident 09/08/81	6. Time of Accident/Incident 06:50 PM	
7. Nearest Railroad Station COLUMBIA	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. CATAWBA ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 6
14. Vehicle Speed (est. mph at impact) 10	15. Direction (geographical) 1. North 2. South 3. East 4. West 2	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4	
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 75 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
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27. FRA Track Class 2	28. Number of Locomotive Units 2	29. Number of Cars 0	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 10 mph Code E
31. Time Table Direction 1. North 2. South 3. East 4. West Code 3		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 Code(s) 07	
33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2		38. Driver's Age 39. Driver's Gender 1. Male 2. Female Code	
40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8	
Casualties to:		Killed	Injured
44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$1,500	
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block	
53b. Special Study Block		54. Narrative Description	
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 06 / 14 / 2017	<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> 634657F
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> GADSDEN ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-1537	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR NS		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None EASTOVER		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> AKA   0374.00 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 939781		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <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) 33.9878220		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0349830	
<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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.C. Total Switching Trains</b> 4	<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> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 20 3.B. Typical Speed Range Over Crossing (mph) From 20 to 20		
<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) 06/14/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 634657F	
<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) 2	2.C. YIELD Signs (R1-2) (count) 0	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2.J. Other MUTCD Signs Specify Type _____ Count 2 Specify Type _____ Count 0 Specify Type _____ Count _____		<input checked="" type="checkbox"/> Yes <input 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)	
<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 Flashing Light Pa 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 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 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 2 <input type="checkbox"/> One-way Traffic <input 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 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) 75		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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit 25 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
		5. Linear Referencing System (LRS Route ID) *		6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year 2001 AADT 000185		8. Estimated Percent Trucks 08 _____ %	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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 02 / 16 / 2016	<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 type="checkbox"/> Change in Data <input type="checkbox"/> Re-Open <input type="checkbox"/> New Crossing <input type="checkbox"/> Date Change Only <input checked="" type="checkbox"/> Closed <input type="checkbox"/> No Train Traffic <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Quiet Zone Update	<b>D. DOT Crossing Inventory Number</b> 643144F
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> DEVINE ST. (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> CITY	
<b>7. Do Other Railroads Operate a Separate Track at Crossing?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR NS			<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 FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None COLUMBIA		<b>11. Branch or Line Name</b> <input type="checkbox"/> None	
<b>12. RR Milepost</b> 0360.61 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * S		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<b>15. Parent RR (if applicable)</b> <input type="checkbox"/> N/A		<b>16. Crossing Owner (if applicable)</b> <input type="checkbox"/> N/A CSX		<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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input type="checkbox"/> Freight <input checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		<b>22. Average Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2		<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 type="checkbox"/> N/A		<b>27. Latitude in decimal degrees</b> (WGS84 std: nn.nnnnnnn)		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn)	
<b>29. Lat/Long Source</b> <input 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> Crossing was on an AKA spur track that was rem			<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>		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 4	<b>1.B. Total Night Thru Trains (6 PM to 6 AM)</b> 5	<b>1.C. Total Switching Trains</b> 5	<b>1.D. Total Transit Trains</b>	<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>		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 40 3.B. Typical Speed Range Over Crossing (mph) From 35 to 40		
<b>4. Type and Count of Tracks</b> Main 1 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 checked="" type="checkbox"/> DC <input type="checkbox"/> Other <input 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 type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 02/16/2016		PAGE 2		D. Crossing Inventory Number (7 char.) 643144F	
<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)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> No		
			<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type _____ Count <u>2</u> Specify Type _____ Count <u>0</u> Specify Type _____ Count _____		<input checked="" type="checkbox"/> Yes <input 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)	
<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 <u>2</u> 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 <u>2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 8
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) 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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>2</u>	<input type="checkbox"/> One-way Traffic <input 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 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 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 checked="" type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	5. Linear Referencing System (LRS Route ID) *
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>003295</u>	8. Estimated Percent Trucks <u>08</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

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 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) 06 / 22 / 2017	<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> 634308V
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> SUNSET DRIVE (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> SC0016	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None HAMLET		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> S   0357.300 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 940340		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 checked="" 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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2	
<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) 34.0300390		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0407580	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>32.A. Narrative (Railroad Use) *</b>		<b>31.D. State 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624			

## 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> 2	<b>1.C. Total Switching Trains</b> 1	<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 (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 40 to 60		
<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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.A. Event Recorder</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 06/22/2017		PAGE 2			D. Crossing Inventory Number (7 char.) 634308V	
<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"/> No <input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____	2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)	
<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 <u>2</u> Pedestrian <u>0</u>	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 <u>2</u> <input checked="" type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>4</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input checked="" type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 11
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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 type="checkbox"/> Not Interconnected <input checked="" type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input checked="" 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 <u>4</u> <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input 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) <u>75</u>			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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statute	
5. Linear Referencing System (LRS Route ID) *						
6. LRS Milepost *						
7. Annual Average Daily Traffic (AADT) Year <u>1989</u> AADT <u>024700</u>		8. Estimated Percent Trucks <u>12</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.						

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad CSX Transportation [CSX]		1a. CSX	1b. 000023322
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]		3a. CSX	3b. 000023322
4. U.S. DOT-AAR Grade Crossing ID No. 634308V	5. Date of Accident/Incident 06/11/06	6. Time of Accident/Incident 07:50 AM	
7. Nearest Railroad Station CAYCE	8. Division FLORENCE	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. SUNSET DRIVE		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) Code A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 0	15. Direction (geographical) Code 1. North 2. South 3. East 4. West 3	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped		Code 2	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 4	20b. Was there a hazardous materials release by Code 4 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) 82 °F	22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2	23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		Code A. Spec. MoW Equip 1 Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1 26. Track Number or Name MAIN
27. FRA Track Class 3	28. Number of Locomotive Units 2	29. Number of Cars 61	30. Consist Speed (Recorded if available) Code R. Recorded E. Estimated 25 mph E
31. Time Table Direction Code 1. North 2. South 3. East 4. West 4		32. Type of Crossing 1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) Warning 3. Standard FLS 6. Audible 9. Watchman 12. None Code(s) 01 02 06	
33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban Code 1. Yes 2. No 3. Unknown 2	
35. Location of Warning Code 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach 1		36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2	
37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 2		38. Driver's Age 75	
39. Driver's Gender Code 1. Male 2. Female 2	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train Code 1. Yes 2. No 3. Unknown 2		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 4
42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2		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 8	
Casualties to:		Killed	Injured
44. Driver was Code 1. Killed 2. Injured 3. Uninjured 3		45. Was Driver in the Vehicle? Code 1. Yes 2. No 1	
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$6,500
48. Total Number of Highway-Rail Crossing Users (include driver) 1		49. Railroad Employees 0	
50. Total Number of People on Train (include passengers and crew) 3		51. Is a Rail Equipment Accident / Incident Report Being Filed Code 1. Yes 2. No 2	
52. Passengers on Train 0		0	
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description MOTORIST WENT AROUND CROSSING GATE, STOPPED ON CROSSING AND WAS STRUCK BY TRAIN.**			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 06 / 22 / 2017	<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> 634307N
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> LORICK RD (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-0205	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None HAMLET		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> S 0356.650 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 940340		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 checked="" 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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2	
<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) 34.0378390		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0348610	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.C. Total Switching Trains</b> 1	<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 (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 40 to 60		
<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 checked="" 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 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) 06/22/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 634307N	
<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"/> No <input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____	2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway <u>2</u> 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 <u>2</u> <input checked="" type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 6
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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>2</u>	<input type="checkbox"/> One-way Traffic <input 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 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 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 checked="" 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 checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statute	
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year <u>1989</u> AADT <u>001356</u>		8. Estimated Percent Trucks <u>08</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad Amtrak (National Railroad Passenger Corporation) [ATK]			1a. Alphabetic Code ATK			1b. Railroad Accident/Incident No. 148692			
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) CSX Transportation [CSX]			3a. Alphabetic Code CSX			3b. Railroad Accident/Incident No. 000170508			
4. U.S. DOT Grade Crossing ID No.  634307N			5. Date of Accident/Incident month   day   year 0   7   2   5   2017			6. Time of Accident/Incident 2:38 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>			
7. Nearest Railroad Station CAMDEN		8. Subdivision HAMLET		9. County RICHLAND		10. State Abbr. SC		Code 45	
11. City (if in a city) COLUMBIA			12. Highway Name or No. : LORICK RD.			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>			
Highway User Involved				Rail Equipment Involved					
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)				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)	
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West		18. Position of Car Unit in Train 1		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user			
16. Position 2. Stopped on Crossing 3. Moving over crossing		4. Trapped on crossing by traffic 5. Blocked on crossing by gates		Code 3		Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither					
Code 4				Code 4					
20c. State here the name and quantity of the hazardous material released, if any									
21. Temperature (specify if minus) 75 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow			
Code 2		24. Type of Equipment 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 2		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		Code 1		26. Track Number or Name MAIN			
27. FRA Track Class (1-9,X) 3		28. Number of Locomotive Units 2		29. Number of Cars 8		30. Consist Speed (Recorded speed if available) R. Recorded E. Estimated 57 mph		Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West		Code 2		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			33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1		
Code(s) 01 02		34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand,Mud,Dirt,Oil,Gravel F. Water (Standing, Moving)		Code A		35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			
Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown			
Code 2		38. Highway User's Gender 1. Male 2. Female		Code 1		39. Highway User's Age 46		Code 1	
40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		Code 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing		5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide			
Code 1		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		Code		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 5		44. Driver was 1. Killed 2. Injured 3. Uninjured		Code		45. Was Driver in the Vehicle? 1. Yes 2. No			
Code 1		46. Highway-Rail Crossing Users 1 0		Code		47. Highway Vehicle Property Damage (est. dollar damage) \$0			
Code 0		48. Total Number of Vehicle Occupants (including driver) 0		Code		49. Railroad Employees 0 0			
Code 0		50. Total Number of People on Train (include passengers and train crew) 209		Code		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No			
Code 2		52. Passengers on Train 0 0		Code		53a. Special Study Block Video Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Code		53b. Special Study Block		Code		54. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN 91 OPERATING WITH LOCOMOTIVES E/182-E/166 AND 8 CARS STRUCK A PEDESTRIAN AT MP S356.65, LORICK RD CROSSING.			
Code		55. Typed Name and Title		Code		56. Signature			
Code		57. Date		Code		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).			

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

1. Name of Reporting Railroad CSX Transportation [CSX]				1a. Alphabetic Code CSX		1b. Railroad Accident/Incident No. 129805020	
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) CSX Transportation [CSX]				3a. Alphabetic Code CSX		3b. Railroad Accident/Incident No. 129805020	
4. U.S. DOT Grade Crossing ID No. <b>634307N</b>				5. Date of Accident/Incident month   day   year 1   2   1   3   1998		6. Time of Accident/Incident 5:05 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
7. Nearest Railroad Station COLUMBIA		8. Subdivision		9. County RICHLAND		10. State Abbr. SC Code 45	
11. City (if in a city) COLUMBIA			12. Highway Name or No. LORICK ROAD			Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian Code B. Truck E. Van H. Motorcycle M. Other (specify) A				17. Equipment 1. Train (units pulling) 2. Train (units pushing) 3. Train (standing) 4. Car(s) (moving) 5. Car(s) (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL D. EMU Locomotive(s) E. DMU Locomotive(s) Code 1			
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 1		18. Position of Car Unit in Train 1			
16. Position 1. Stalled or stuck on crossing 2. Stopped on Crossing 3. Moving over crossing 4. Trapped on crossing by traffic 5. Blocked on crossing by gates Code 2				19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 0			
20c. State here the name and quantity of the hazardous material released, if any 0							
21. Temperature (specify if minus) 45 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 2			
24. Type of Equipment Consist (single entry) 1. Freight Train 2. Passenger Train-Pulling 3. Commuter Train-Pulling 4. Work Train 5. Single Car 6. Cut of cars 7. Yard/Switching 8. Light loco(s) 9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing D. EMU E. DMU Code 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name MAIN	
27. FRA Track Class (1-9,X) 4		28. Number of Locomotive Units 2		29. Number of Cars 74		30. Consist Speed (Recorded speed if available) R. Recorded 30 mph E. Estimated E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 1				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) 01 02 06			
33. Signaled Crossing Warning (See reverse side for instructions and codes) Code 1				34. Roadway Conditions A. Dry B. Wet C. Snow/Slush D. Ice E. Sand,Mud,Dirt,Oil,Gravel F. Water (Standing, Moving) Code			
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2			37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Highway User's Age 21		39. Highway User's Gender 1. Male 2. Female Code 1		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing 5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 2. Standing railroad equipment 3. Passing Train 4. Topography 5. Vegetation 6. Highway Vehicles 7. Other (specify) 8. Not Obstructed Code 8				
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$2,000		45. Was Driver in the Vehicle? 1. Yes 2. No Code 2			
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and train crew) 3		48. Total Number of Vehicle Occupants (including driver) 0			
52. Passengers on Train 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2					
53a. Special Study Block Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No				53b. Special Study Block			
54. Narrative Description (Be specific, and continue on separate sheet if necessary) VEHICLE WENT AROUND WORKING CROSSING GATES AND STOPPED ON CROSSING AND VE DRIVER ABANDONED VEHICLE. TRAIN STRUCK VEH. DAMAGE TO CSXT 8077 ENGINE AND NO INJURIES.							
55. Typed Name and Title				56. Signature		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 06 / 22 / 2017	<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> 634305A
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> COLUMBIA CLLGE BD (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-0096	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None HAMLET		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> S   0356.160 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 940340		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 checked="" 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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per <input checked="" type="checkbox"/> Number Per Day 2	
<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) 34.0417890		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0278780	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.C. Total Switching Trains</b> 1	<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 (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 40 to 60		
<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 checked="" type="checkbox"/> Other <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 06/22/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 634305A	
<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"/> No <input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)
<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 <u>2</u> Pedestrian <u>0</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input checked="" type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 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) 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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>2</u> <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input 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) <u>75</u>		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 checked="" 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 checked="" type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Lim _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statute
7. Annual Average Daily Traffic (AADT) Year <u>1989</u> AADT <u>007500</u>		8. Estimated Percent Trucks <u>14</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Amtrak (National Railroad Passenger Corporation)				1a. ATK	1b. 100289A
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]				3a. CSX	3b. XXX
4. U.S. DOT-AAR Grade Crossing ID No. 634305A		5. Date of Accident/Incident 10/02/89		6. Time of Accident/Incident 12:08 AM	
7. Nearest Railroad Station COLUMBIA		8. Division RICHLAND		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. COLUMBIA COLLEGE DR		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 5		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 73 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 3	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 2			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name MAIN
27. FRA Track Class 4		28. Number of Locomotive Units 2	29. Number of Cars 18	30. Consist Speed (Recorded if available) R. Recorded 35 mph E. Estimated Code E	
31. Time Table Direction 1. North 2. South 3. East 4. West Code 2					
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 Code(s) 03 07			33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1	
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1					
46. Highway-Rail Crossing Users 0		0	47. Highway Vehicle Property Damage (est. dollar damage) \$3,500		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

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, Parts I and II, 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 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) 06 / 22 / 2017	<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> 634304T
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> STANDISH ST (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-92	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None HAMLET		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> S 0355.610 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 940340		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 checked="" 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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2	
<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) 34.0462940		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0199280	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>32.A. Narrative (Railroad Use) *</b>		<b>31.D. State Use *</b>			
<b>32.B. Narrative (State Use) *</b>		<b>32.A. Narrative (Railroad Use) *</b>			
<b>33. Emergency Notification Telephone No. (posted)</b> 800-232-0144		<b>34. Railroad Contact (Telephone No.)</b> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.C. Total Switching Trains</b> 1	<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 (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 40 to 60		
<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 checked="" 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 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) 06/22/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 6343041	
<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"/> No <input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____	2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
<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 <u>2</u> Pedestrian <u>0</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>2</u> <input type="checkbox"/> One-way Traffic <input 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 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) <u>75</u>		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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit <u>45</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year _____ AADT <u>002080</u>		8. Estimated Percent Trucks <u>08</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad CSX Transportation [CSX]		1a. CSX	1b. 119805007
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]		3a. CSX	3b. 119805007
4. U.S. DOT-AAR Grade Crossing ID No. 634304T	5. Date of Accident/Incident 11/07/98	6. Time of Accident/Incident 08:50 AM	
7. Nearest Railroad Station COLUMBIA	8. Division FLORENCE	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. STANDISH STREET		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) Code A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 30	15. Direction (geographical) Code 1. North 2. South 3. East 4. West 2	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped		Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user
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 2	20b. Was there a hazardous materials release by 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) 45 °F	22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2	23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		A. Spec. MoW Equip Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1
26. Track Number or Name MAIN	31. Time Table Direction Code 1. North 2. South 3. East 4. West 2		
27. FRA Track Class 4	28. Number of Locomotive Units 2	29. Number of Cars 24	30. Consist Speed (Recorded if available) Code R. Recorded E. Estimated 43 mph R
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 20 sec warn min (1);	
34. Whistle Ban Code 1. Yes 2. No 3. Unknown 2		37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 2	
35. Location of Warning Code 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach 1		36. Crossing Warning Interconnected with Highway Signals Code 1. Yes 2. No 3. Unknown 2	
38. Driver's Age 36	39. Driver's Gender Code 1. Male 2. Female 1	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train Code 1. Yes 2. No 3. Unknown 2	
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 3		42. Driver Passed Standing Highway Vehicle Code 1. Yes 2. No 3. Unknown 2	
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 8		44. Driver was Code 1. Killed 2. Injured 3. Uninjured 2	
45. Was Driver in the Vehicle? Code 1. Yes 2. No 1		46. Highway-Rail Crossing Users 0 3	
47. Highway Vehicle Property Damage (est. dollar damage) \$6,500		48. Total Number of Highway-Rail Crossing Users (include driver) 3	
49. Railroad Employees 0 0		50. Total Number of People on Train (include passengers and crew) 3	
51. Is a Rail Equipment Accident / Incident Report Being Filed Code 1. Yes 2. No 2		52. Passengers on Train 0 0	
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description DRIVER FAILED TO STOP AT CROSSING WITH LIGHTS AND BELLS WORKING PROPERLY, AND DROVE INTO PATH OF TRAIN. DRIVER AND 2 PASSENGERS INJURED. CSXT 8634 DAMAGED.			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of 1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				Alphabetic Code 1a. SCL		RR Accident/Incident No. 1b. 018005408	
2. Other Railroad Involved in Train Accident/Incident				2a.		2b.	
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL		3b. 018005408	
4. U.S. DOT-AAR Grade Crossing ID No. 634304T		5. Date of Accident/Incident 01/30/80		6. Time of Accident/Incident 07:00 AM			
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. STANDISH ST				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A				17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1			
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1			
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 2		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1					
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4				20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 35 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1			
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1				25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN	
27. FRA Track Class 4		28. Number of Locomotive Units 3	29. Number of Cars 46	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 33 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 1	
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 Code(s) 07				33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2		
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2			41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4		
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8					
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 2		45. Was Driver in the Vehicle? 1. Yes 2. No Code 1	
46. Highway-Rail Crossing Users 0		0	1	47. Highway Vehicle Property Damage (est. dollar damage) \$3,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
49. Railroad Employees 0		0	0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0				53a. Special Study Block			
				53b. Special Study Block			
54. Narrative Description							
55. Typed Name and Title				56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				1a. SCL	1b. 027905405
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL	3b. 027905405
4. U.S. DOT-AAR Grade Crossing ID No. 634304T		5. Date of Accident/Incident 02/08/79		6. Time of Accident/Incident 12:45 PM	
7. Nearest Railroad Station COLUMBIA		8. Division RICHLAND		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. STANDISH ST		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 30		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 2		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 2			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 33 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN	
27. FRA Track Class 4		28. Number of Locomotive Units 5		29. Number of Cars 103	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated 30 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 2			
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 Code(s) 07		33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 5		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3			
45. Was Driver in the Vehicle? 1. Yes 2. No Code 1		46. Highway-Rail Crossing Users 0 Killed 0 Injured			
47. Highway Vehicle Property Damage (est. dollar damage) \$300		48. Total Number of Highway-Rail Crossing Users (include driver) 1			
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block			
53b. Special Study Block					
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				1a. SCL	1b. 1531000068
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance				3a.	3b.
4. U.S. DOT-AAR Grade Crossing ID No. 634304T		5. Date of Accident/Incident 10/01/75		6. Time of Accident/Incident 04:00 PM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) ELMWOOD		12. Highway Name or No. STANDISH STREET		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			Code A		
14. Vehicle Speed (est. mph at impact) 0			15. Direction (geographical) 1. North 2. South 3. East 4. West		
Code 4			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			Code 2		
18. Position of Car Unit in Train 1			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
Code 1			20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
Code 4			20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither		
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 76 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 2	
23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow		Code 1			
24. Type of Equipment Consist 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			A. Spec. MoW Equip Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry
Code 1			Code 1		26. Track Number or Name SINGLE MAIN
27. FRA Track Class 4	28. Number of Locomotive Units 4	29. Number of Cars 69	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 55 mph		Code E
31. Time Table Direction 1. North 2. South 3. East 4. West			Code 2		
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 1. Yes 2. No 3. Unknown
Code(s) 07			Code 2		Code 2
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown
Code 1			Code 2		Code 2
38. Driver's Age	39. Driver's Gender 1. Male 2. Female	Code 2		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
Code 2			Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop
Code 2			Code 2		Code 4
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown			Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed
Code 2			Code 2		Code 5
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured	
Code 0		Code 1	Code 2		45. Was Driver in the Vehicle? 1. Yes 2. No
Code 0		Code 0	Code 1		Code 1
46. Highway-Rail Crossing Users		Code 0		47. Highway Vehicle Property Damage (est. dollar damage) \$3,000	
Code 0		Code 0		Code 1	
49. Railroad Employees		Code 0		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
Code 0		Code 0		Code 1	
52. Passengers on Train		Code 0		50. Total Number of People on Train (include passengers and crew)	
Code 0		Code 0		Code 2	
Code 0		Code 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
Code 0		Code 0		Code 2	
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 06 / 22 / 2017	<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> 634303L
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> GARY ST (Street/Road Name)    * (Block Number)		<b>6. Highway Type &amp; No.</b> S-0457	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR    ATK		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None HAMLET		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> S 0355.160 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 940340		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2	
<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) 34.0500190		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0132890	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.C. Total Switching Trains</b> 1	<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 (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 40 to 60		
<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) 06/22/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 634303L	
<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"/> No <input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____	2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
<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 <u>2</u> Pedestrian <u>0</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input checked="" type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>2</u> <input type="checkbox"/> One-way Traffic <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input checked="" type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>			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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statute
5. Linear Referencing System (LRS Route ID) * _____					
6. LRS Milepost * _____					
7. Annual Average Daily Traffic (AADT) Year <u>1989</u> AADT <u>001245</u>		8. Estimated Percent Trucks <u>06</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 06 / 22 / 2017	<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> 634302E
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> KOON RD (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-456	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None HAMLET		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> S   0354.990 (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 940340		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 checked="" 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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2	
<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) 34.0513530		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0106140	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.C. Total Switching Trains</b> 1	<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 (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 40 to 60		
<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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.A. Event Recorder</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7.B. Remote Health Monitoring</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 06/22/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 634302E		
<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"/> No		
				<input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)						
3.A. Gate Arms (count) Roadway <u>2</u> Pedestrian <u>0</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input checked="" type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 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) 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 type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>0</u> 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 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 <u>2</u> <input type="checkbox"/> Divided Traffic		2. Is Roadway/Pathway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input 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) <u>75</u>			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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit <u>30</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	
5. Linear Referencing System (LRS Route ID) *						
6. LRS Milepost *						
7. Annual Average Daily Traffic (AADT) Year <u>2000</u> AADT <u>001920</u>		8. Estimated Percent Trucks <u>08</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.						

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad CSX Transportation [CSX]		1a. CSX	1b. 000057630
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]		3a. CSX	3b. 000057630
4. U.S. DOT-AAR Grade Crossing ID No. 634302E	5. Date of Accident/Incident 01/24/09	6. Time of Accident/Incident 09:32 PM	
7. Nearest Railroad Station CAYCE	8. Division FLORENCE	9. County LEXINGTON	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. CUSHMAN DR.		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 0	15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 2	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4	20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		
20c. State the name and quantity of the hazardous material released, if any			
21. Temperature (specify if minus) 48 °F	22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 4	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name MAIN
27. FRA Track Class 3	28. Number of Locomotive Units 2	29. Number of Cars 32	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 15 mph Code E
31. Time Table Direction 1. North 2. South 3. East 4. West Code 1		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 Code(s) 01 02 03 06 11	
33. Signaled Crossing Warning 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown Code 2	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 1	
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 1		38. Driver's Age 33	
39. Driver's Gender 1. Male 2. Female Code 1		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2	
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
45. Was Driver in the Vehicle? 1. Yes 2. No Code 2		46. Highway-Rail Crossing Users 0	
47. Highway Vehicle Property Damage (est. dollar damage) \$6,500		48. Total Number of Highway-Rail Crossing Users (include driver) 0	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 2	
51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2		52. Passengers on Train 0	
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description HIGHWAY USER ATTEMPTED TO TRAVEL OVER ROAD CROSSING WHICH HAD BEEN TAKEN OUT OF SERVICE FOR REPAIRS DURING THE CURFEW AND WAS STRUCK W07123. PROTECTION ALSO AT CROSSING: ADVANCE WARNING AND PAVEMENT MARKINGS.			
55. Typed Name and Title		56. Signature	
		57. Date	

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Amtrak (National Railroad Passenger Corporation)				1a. ATK	1b. 101619
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]				3a. CSX	3b. XXX
4. U.S. DOT-AAR Grade Crossing ID No. 634302E		5. Date of Accident/Incident 07/30/06		6. Time of Accident/Incident 03:53 AM	
7. Nearest Railroad Station COLUMBIA		8. Division SOU		9. County RICHLAND	
10. State Abbr. 45		Code SC			
11. City (if in a city) COLUMBIA		12. Highway Name or No. S-0456 : KOON RD			
<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private			
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			Code A		
14. Vehicle Speed (est. mph at impact) 5			15. Direction (geographical) 1. North 2. South 3. East 4. West		
Code 3			17. Equipment 1. Train (units pulling) 4. Car(s) (moving) 2. Train (units pushing) 5. Car(s) (standing) 3. Train (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing)		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			Code 3		
18. Position of Car Unit in Train 1			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
Code 3			Code 1		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither			Code 4		
20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither			Code 4		
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 75 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code 4	
23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow		Code 1			
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car			Code 2		A. Spec. MoW Equip
25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry			Code 1		26. Track Number or Name MAIN
27. FRA Track Class 4		28. Number of Locomotive Units 1	29. Number of Cars 10	30. Consist Speed (Recorded if available) R. Recorded 57 mph E. Estimated R	
Code		Code		Code 1	
31. Time Table Direction 1. North 2. South 3. East 4. West			Code 1		
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 20 sec warn min (1);		34. Whistle Ban 1. Yes 2. No 3. Unknown
Code(s) 01 03			Code 2		Code 2
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach			Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown
Code 1			Code 2		Code 1
37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown		Code 1			
38. Driver's Age 37	39. Driver's Gender 1. Male 2. Female	Code 1	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown		Code 2
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		Code 1			
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown			Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed
Code 2			Code 8		
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured	
Code		Code	Code	Code 1	
45. Was Driver in the Vehicle? 1. Yes 2. No		Code 1			
46. Highway-Rail Crossing Users 2		0	47. Highway Vehicle Property Damage (est. dollar damage) \$1,000		48. Total Number of Highway-Rail Crossing Users (include driver) 2
Code		Code	Code		Code
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew) 779		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No
Code		Code	Code		Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description TRAIN 92 WITH ENGINE 123 AND 10 CARS STRUCK AN AUTO NORTH OF COLUMBIA, SC.					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				1a. SCL	1b. 097705409
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL	3b. 097705409
4. U.S. DOT-AAR Grade Crossing ID No. 634302E		5. Date of Accident/Incident 09/20/77		6. Time of Accident/Incident 11:02 PM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. KOON ROAD		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		
14. Vehicle Speed (est. mph at impact)			18. Position of Car Unit in Train 1		
15. Direction (geographical) 1. North 2. South 3. East 4. West			19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped			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		
20b. Was there a hazardous materials release by 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) 73 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		26. Track Number or Name SINGLE MAIN	
27. FRA Track Class 4		28. Number of Locomotive Units 3		29. Number of Cars 49	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated		31. Time Table Direction 1. North 2. South 3. East 4. West		Code 35 mph E 2	
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 1. Yes 2. No 3. Unknown	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed	
Casualties to:		Killed		Injured	
44. Driver was 1. Killed 2. Injured 3. Uninjured		45. Was Driver in the Vehicle? 1. Yes 2. No		Code 2 1	
46. Highway-Rail Crossing Users 0		47. Highway Vehicle Property Damage (est. dollar damage) \$2,000		48. Total Number of Highway-Rail Crossing Users (include driver) 1	
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No	
52. Passengers on Train 0		53a. Special Study Block		53b. Special Study Block	
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

## DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

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 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) 06 / 22 / 2017	<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> 634301X
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> CUSHMAN DR (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> S-907	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None HAMLET		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> S   0354.780   (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 940340		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input checked="" type="checkbox"/> Freight <input checked="" 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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2	
<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) 34.0527720		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -81.0075000	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>30.C. Railroad Use *</b>			
<b>30.D. Railroad Use *</b>		<b>30.E. Railroad Use *</b>			
<b>31.A. State Use *</b>			<b>31.B. State Use *</b>		
<b>31.C. State 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.C. Total Switching Trains</b> 1	<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 (YYYY)</b> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 40 to 60		
<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 checked="" 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 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) 06/22/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 634301X	
<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"/> No <input checked="" 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 checked="" type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify Type _____ Count 1 Specify Type _____ Count 0 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) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 1 <input checked="" 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 checked="" type="checkbox"/> Back Lights Included <input checked="" type="checkbox"/> Side Lights Included	3.E. Total Count Flashing Light Pa 8
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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input checked="" type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input checked="" 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 2 <input type="checkbox"/> One-way Traffic <input 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 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) 75		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 checked="" type="checkbox"/> (03) Federal AID, Not NHS <input 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statute
7. Annual Average Daily Traffic (AADT) Year 1990 AADT 001800		8. Estimated Percent Trucks 12 %	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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad CSX Transportation [CSX]		1a. CSX	1b. 068711151
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]		3a. CSX	3b. 068711151
4. U.S. DOT-AAR Grade Crossing ID No. 634301X	5. Date of Accident/Incident 06/28/87	6. Time of Accident/Incident 03:30 PM	
7. Nearest Railroad Station CAYCE,SC	8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC
11. City (if in a city) COLUMBIA	12. Highway Name or No. CUSHMAN DR		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Highway User Involved		Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)	Code A	17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)	8. Other (specify) Code A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1
14. Vehicle Speed (est. mph at impact) 2	15. Direction (geographical) Code 1. North 2. South 3. East 4. West 4	18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped	Code 3	19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		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) 90 °F	22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2	23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car	A. Spec. MoW Equip Code 1	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry	26. Track Number or Name MAINLINE
27. FRA Track Class 3	28. Number of Locomotive Units 4	29. Number of Cars 20	30. Consist Speed (Recorded if available) Code R. Recorded E. Estimated 25 mph E
31. Time Table Direction 1. North 2. South 3. East 4. West		Code 1	
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	Code(s) 08	33. Signaled Crossing Warning	34. Whistle Ban Code 1. Yes 2. No 3. Unknown
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach	Code 1	36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown	37. Crossing Illuminated by Street Lights or Special Lights Code 1. Yes 2. No 3. Unknown 3
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 1. Yes 2. No 3. Unknown	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 2
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown	Code 2	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 8	
Casualties to:	Killed	Injured	44. Driver was Code 1. Killed 2. Injured 3. Uninjured 3
46. Highway-Rail Crossing Users	0	0	45. Was Driver in the Vehicle? Code 1. Yes 2. No 1
49. Railroad Employees	0	0	47. Highway Vehicle Property Damage (est. dollar damage) \$800
52. Passengers on Train	0	0	48. Total Number of Highway-Rail Crossing Users (include driver) 1
53a. Special Study Block		53b. Special Study Block	
54. Narrative Description			
55. Typed Name and Title		56. Signature	57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of			Alphabetic Code	RR Accident/Incident No.	
1. Reporting Railroad CSX Transportation [CSX]			1a. CSX	1b. 038605406	
2. Other Railroad Involved in Train Accident/Incident			2a.	2b.	
3. Railroad Responsible for Track Maintenance CSX Transportation [CSX]			3a. CSX	3b. 038605406	
4. U.S. DOT-AAR Grade Crossing ID No. 634301X		5. Date of Accident/Incident 03/19/86		6. Time of Accident/Incident 07:25 AM	
7. Nearest Railroad Station COLUMBIA		8. Division	9. County RICHLAND	10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. CUSHMAN RD		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1		
14. Vehicle Speed (est. mph at impact) 5		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 3		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 65 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 2	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name MAINLINE	
27. FRA Track Class 3	28. Number of Locomotive Units 7	29. Number of Cars 27	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 35 mph Code R	31. Time Table Direction 1. North 2. South 3. East 4. West Code 2	
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 Code(s) 07			33. Signaled Crossing Warning 34. Whistle Ban 1. Yes 2. No 3. Unknown Code		
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 3	
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 3	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 3		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 2	45. Was Driver in the Vehicle? 1. Yes 2. No Code 1
46. Highway-Rail Crossing Users 0		0	1	47. Highway Vehicle Property Damage (est. dollar damage) \$5,000	48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	0	50. Total Number of People on Train (include passengers and crew)	
52. Passengers on Train 0		0	0	51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title			56. Signature		57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of 1. Reporting Railroad Seaboard System Railroad, Incorporated [SBD]			Alphabetic Code 1a. SBD		RR Accident/Incident No. 1b. 038405410		
2. Other Railroad Involved in Train Accident/Incident			2a.		2b.		
3. Railroad Responsible for Track Maintenance Seaboard System Railroad, Incorporated [SBD]			3a. SBD		3b. 038405410		
4. U.S. DOT-AAR Grade Crossing ID No. 634301X		5. Date of Accident/Incident 03/21/84		6. Time of Accident/Incident 09:45 AM			
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND		10. State Code Abbr. 45 SC	
11. City (if in a city) COLUMBIA		12. Highway Name or No. COUSHMAN DRIVE			<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		
Highway User Involved				Rail Equipment Involved			
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify)		Code A		17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing)		8. Other (specify) Code A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL 1	
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) Code 1. North 2. South 3. East 4. West 4		18. Position of Car Unit in Train 1			
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped		Code 2		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 2		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any							
21. Temperature (specify if minus) 50 °F		22. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2		23. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1			
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		A. Spec. MoW Equip Code 1		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry 1		26. Track Number or Name MAIN	
27. FRA Track Class 3		28. Number of Locomotive Units 2		29. Number of Cars 34		30. Consist Speed (Recorded if available) Code R. Recorded E. Estimated 35 mph E	
31. Time Table Direction 1. North 2. South 3. East 4. West 2		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 Code(s) 07		33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 1		37. Crossing Illuminated by Street Lights or Special Lights Code 2			
38. Driver's Age		39. Driver's Gender 1. Male 2. Female Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 1		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) Code 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed 8					
Casualties to:		Killed		Injured		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3	
46. Highway-Rail Crossing Users 0		0		47. Highway Vehicle Property Damage (est. dollar damage) \$1,500		48. Total Number of Highway-Rail Crossing Users (include driver) 0	
49. Railroad Employees 0		0		50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		0					
53a. Special Study Block				53b. Special Study Block			
54. Narrative Description							
55. Typed Name and Title				56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				1a. SCL	1b. 027805403
2. Other Railroad Involved in Train Accident/Incident				2a.	2b.
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL	3b. 027805403
4. U.S. DOT-AAR Grade Crossing ID No. 634301X		5. Date of Accident/Incident 02/11/78		6. Time of Accident/Incident 03:15 PM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. CUSHMAN ROAD		10. State Code Abbr. 45 SC	
				<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved			Rail Equipment Involved		
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A			17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) Code 1		
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 2		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 52 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 2		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 1			25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN
27. FRA Track Class 4	28. Number of Locomotive Units 3	29. Number of Cars 52	30. Consist Speed (Recorded if available) R. Recorded E. Estimated 30 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 2
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 Code(s) 07			33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1			36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2
38. Driver's Age	39. Driver's Gender 1. Male 2. Female Code	40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2		41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4	
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2		43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8			
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured Code 2	
46. Highway-Rail Crossing Users 0		1	47. Highway Vehicle Property Damage (est. dollar damage) \$1,200		48. Total Number of Highway-Rail Crossing Users (include driver) 1
49. Railroad Employees 0		0	50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2
52. Passengers on Train 0		0			
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Seaboard Coast Line Railroad [SCL]				1a. SCL	1b. 117705405
2. Other Railroad Involved in Train Accident/Incident Amtrak (National Railroad Passenger Corporation)				2a. ATK	2b. 112177
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL	3b. 117705405
4. U.S. DOT-AAR Grade Crossing ID No. 634301X		5. Date of Accident/Incident 11/21/77		6. Time of Accident/Incident 11:26 PM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city)		12. Highway Name or No. CUSHMAN ROAD		10. State Code Abbr. 45 SC	
11. City (if in a city)		12. Highway Name or No. CUSHMAN ROAD		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Highway User Involved				Rail Equipment Involved	
13. Type C. Truck-trailer F. Bus J. Other Motor Vehicle A. Auto D. Pick-up truck G. School Bus K. Pedestrian B. Truck E. Van H. Motorcycle M. Other (specify) Code A				17. Equipment 1. Train (units pulling) 5. Car(s) (standing) 2. Train (units pushing) 6. Light loco(s) (moving) 3. Train (standing) 7. Light loco(s) (standing) 8. Other (specify) A. Train pulling- RCL B. Train pushing- RCL C. Train standing- RCL Code 1	
14. Vehicle Speed (est. mph at impact) 0		15. Direction (geographical) 1. North 2. South 3. East 4. West Code 3		18. Position of Car Unit in Train 1	
16. Position 1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped Code 1		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user Code 1			
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code 4		20b. Was there a hazardous materials release by 1. Highway User 2. Rail Equipment 3. Both 4. Neither Code			
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature (specify if minus) 70 °F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark Code 4		23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow Code 1	
24. Type of Equipment Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car Code 2		25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry Code 1		26. Track Number or Name SINGLE MAIN	
27. FRA Track Class 4		28. Number of Locomotive Units 2		29. Number of Cars 14	
30. Consist Speed (Recorded if available) R. Recorded E. Estimated 37 mph Code E		31. Time Table Direction 1. North 2. South 3. East 4. West Code 2			
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 Code(s) 07		33. Signaled Crossing Warning		34. Whistle Ban 1. Yes 2. No 3. Unknown Code	
35. Location of Warning 1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach Code 1		36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown Code 2		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown Code 2	
38. Driver's Age		39. Driver's Gender 1. Male 2. Female Code		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train 1. Yes 2. No 3. Unknown Code 2	
41. Driver 1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop Code 4		42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown Code 2			
43. View of Track Obscured by (primary obstruction) 1. Permanent Structure 3. Passing Train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway Vehicles 8. Not Obstructed Code 8		44. Driver was 1. Killed 2. Injured 3. Uninjured Code 3			
45. Was Driver in the Vehicle? 1. Yes 2. No Code 2		46. Highway-Rail Crossing Users 0			
47. Highway Vehicle Property Damage (est. dollar damage) \$2,000		48. Total Number of Highway-Rail Crossing Users (include driver) 0			
49. Railroad Employees 0		50. Total Number of People on Train (include passengers and crew) 0		51. Is a Rail Equipment Accident / Incident Report Being Filed 1. Yes 2. No Code 2	
52. Passengers on Train 0		53a. Special Study Block			
53b. Special Study Block		54. Narrative Description			
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of				Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad Amtrak (National Railroad Passenger Corporation)				1a. ATK	1b. 112177
2. Other Railroad Involved in Train Accident/Incident Seaboard Coast Line Railroad [SCL]				2a. SCL	2b. 117705405
3. Railroad Responsible for Track Maintenance Seaboard Coast Line Railroad [SCL]				3a. SCL	3b. 117705405
4. U.S. DOT-AAR Grade Crossing ID No. 634301X		5. Date of Accident/Incident 11/21/77		6. Time of Accident/Incident 11:26 PM	
7. Nearest Railroad Station COLUMBIA		8. Division		9. County RICHLAND	
11. City (if in a city) COLUMBIA		12. Highway Name or No. CUSHMAN RD		10. State Code Abbr. 45 SC	
13. Type		14. Vehicle Speed		15. Direction (geographical)	
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)		0		1. North 2. South 3. East 4. West	
Code A		Code 3		Code 1	
16. Position		17. Equipment		18. Position of Car Unit in Train	
1. Stalled on crossing 3. Moving over crossing 2. Stopped on Crossing 4. Trapped		1. Train (units pulling) 4. Car(s) (moving) 2. Train (units pushing) 5. Car(s) (standing) 3. Train (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing)		1	
Code 1		Code 1		Code 1	
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials?		20b. Was there a hazardous materials release by		Code	
1. Highway User 2. Rail Equipment 3. Both 4. Neither		1. Highway User 2. Rail Equipment 3. Both 4. Neither		Code 4	
20c. State the name and quantity of the hazardous material released, if any					
21. Temperature		22. Visibility (single entry)		23. Weather (single entry)	
(specify if minus) 70 °F		1. Dawn 2. Day 3. Dusk 4. Dark		1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	
Code 4		Code 4		Code 1	
24. Type of Equipment		25. Track Type Used by Rail		26. Track Number or Name	
Consist 1. Freight train 4. Work train 7. Yard/Switching (single entry) 2. Passenger train 5. Single car 8. Light loco(s) 3. Commuter train 6. Cut of cars 9. Main./inspect. car		Code 2		Code 1	
Code 2		Code 1		SINGLE MAIN LINE	
27. FRA Track Class		28. Number of Locomotive Units		29. Number of Cars	
4		2		14	
30. Consist Speed (Recorded if available)		31. Time Table Direction		Code	
R. Recorded E. Estimated		1. North 2. South 3. East 4. West		Code 2	
37 mph		Code E		Code 2	
32. Type of Crossing		33. Signaled Crossing		34. Whistle Ban	
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		Warning		1. Yes 2. No 3. Unknown	
Code(s) 07		Code		Code	
35. Location of Warning		36. Crossing Warning Interconnected with Highway Signals		37. Crossing Illuminated by Street Lights or Special Lights	
1. Both Sides 2. Side of Vehicle Approach 3. Opposite Side of Vehicle Approach		Code 1		Code 2	
Code 1		Code 2		Code 2	
38. Driver's Age		39. Driver's Gender		40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train	
Code		Code		Code	
1. Male 2. Female		1. Yes 2. No 3. Unknown		1. Yes 2. No 3. Unknown	
Code 2		Code 2		Code 4	
41. Driver		42. Driver Passed Standing Highway Vehicle		43. View of Track Obscured by (primary obstruction)	
1. Drove around or thru the gate 4. Stopped on crossing 2. Stopped and then proceeded 5. Other (specify) 3. Did not stop		Code 2		Code 8	
Code 4		Code 2		Code 8	
44. Driver was		45. Was Driver in the Vehicle?		Code	
1. Killed 2. Injured 3. Uninjured		1. Yes 2. No		Code 2	
Code 3		Code 2		Code 2	
46. Highway-Rail Crossing Users		47. Highway Vehicle Property Damage (est. dollar damage)		48. Total Number of Highway-Rail Crossing Users (include driver)	
0		\$2,000		0	
49. Railroad Employees		50. Total Number of People on Train (include passengers and crew)		51. Is a Rail Equipment Accident / Incident Report Being Filed	
0		1		Code 2	
52. Passengers on Train		0		1. Yes 2. No	
Code 0		Code 0		Code 2	
53a. Special Study Block			53b. Special Study Block		
54. Narrative Description					
55. Typed Name and Title		56. Signature			57. Date

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)

# U. S. DOT CROSSING INVENTORY FORM

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-001

Instructions for the initial reporting of the following types of new or previously unreported crossings: For public highway-rail grade crossings, complete the entire inven Form. For private highway-rail grade crossings, complete the Header, Parts I and II, and the Submission Information section. For public pathway grade crossings (inclu pedestrian station grade crossings), complete the Header, Parts I and II, and the Submission Information section. For Private pathway grade crossings, complete the Hea Parts I and II, and the Submission Information section. For grade-separated highway-rail or pathway crossings (including pedestrian station crossings), complete the Header, 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 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 fie

<b>A. Revision Date</b> (MM/DD/YYYY) 06 / 22 / 2017	<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> 640941L
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## Part I: Location and Classification Information

<b>1. Primary Operating Railroad</b> CSX Transportation [CSX]		<b>2. State</b> SOUTH CAROLINA		<b>3. County</b> RICHLAND	
<b>4. City / Municipality</b> <input checked="" type="checkbox"/> In <input type="checkbox"/> Near COLUMBIA		<b>5. Street/Road Name &amp; Block Number</b> FONTAINE CENTER D (Street/Road Name)   * (Block Number)		<b>6. Highway Type &amp; No.</b> CO RD	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR ATK		
<b>9. Railroad Division or Region</b> <input type="checkbox"/> None FLORENCE		<b>10. Railroad Subdivision or District</b> <input type="checkbox"/> None HAMLET		<b>11. Branch or Line Name</b> <input checked="" type="checkbox"/> None	
<b>12. RR Milepost</b> S   0353.680   (prefix)   (nnnn.nnn)   (suffix)		<b>13. Line Segment</b> * 940340		<b>14. Nearest RR Timetable Station</b> * COLUMBIA HUB	
<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 checked="" type="checkbox"/> No	
<b>21. Type of Train</b> <input checked="" type="checkbox"/> Freight <input checked="" 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 Passage Train Count Per Day</b> <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2	
<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) 34.0549750		<b>28. Longitude in decimal degrees</b> (WGS84 std: -nnn.nnnnnnn) -80.9899360	
<b>29. Lat/Long Source</b> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		<b>30.A. Railroad Use *</b>			
<b>30.B. Railroad Use *</b>		<b>31.A. State Use *</b>			
<b>30.C. Railroad Use *</b>		<b>31.B. State Use *</b>			
<b>30.D. Railroad Use *</b>		<b>31.C. State Use *</b>			
<b>30.E. 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> 904-359-1650		<b>35. State Contact (Telephone No.)</b> 803-737-1624	

## 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> 2	<b>1.C. Total Switching Trains</b> 1	<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> 2017		<b>3. Speed of Train at Crossing</b> 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 40 to 60		
<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 checked="" 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 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

Attachment: 20180125 Railroad\_Full (4367 : Subcommittee Work)

## U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 06/22/2017		PAGE 2		D. Crossing Inventory Number (7 char.) 640941L	
<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"/> No	
				<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 checked="" 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 checked="" type="checkbox"/> No	
				2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No		2.L. LED Enhanced Signs (List types)
3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)					
3.A. Gate Arms (count) Roadway <u>2</u> Pedestrian <u>0</u>		3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates		3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>0</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input type="checkbox"/> LED	
				3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <input checked="" type="checkbox"/> Incandescent <input type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	
				3.E. Total Count Flashing Light Pa <u>4</u>	
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) <u>1</u>	
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 <u>0</u> Specify type _____	
4.A. Does nearby Hwy Intersection have Traffic Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input checked="" type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input checked="" 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 <u>2</u>		<input type="checkbox"/> One-way Traffic <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input checked="" type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____					
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>75</u>			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 <u>45</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statute	
				5. Linear Referencing System (LRS Route ID) *	
				6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>000545</u>		8. Estimated Percent Trucks <u>10</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u>0</u>		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 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.					

Attachment: 20180125\_Railroad\_Full (4367 : Subcommittee Work)



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We Are Columbia

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**MEETING DATE:** June 4, 2018

**DEPARTMENT:** Assistant City Manager / Chief Financial Officer

**FROM:** *Jeff Palen, Chief Financial Officer*

**SUBJECT:** Assembly Street Update

**FINANCIAL IMPACT:**



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We Are Columbia

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**MEETING DATE:** June 4, 2018

**DEPARTMENT:** Assistant City Manager for Development

**FROM:** *Missy Gentry, Assistant City Manager*

**SUBJECT:** Minute Traq: Meeting Management Tool

**FINANCIAL IMPACT:**

**ATTACHMENTS:**

- Quiet Zone Advisory Committee - Board Page



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We Are Columbia

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**MEETING DATE:** June 4, 2018

**DEPARTMENT:** City Clerk

**FROM:** *Erika Moore, City Clerk*

**SUBJECT:** Upcoming Meeting: July 9, 2018

**FINANCIAL IMPACT:**