

City of Scottsbluff, Nebraska

Monday, April 1, 2024

Regular Meeting

Item Reports4

Council to discuss and consider action on the Railroad Quiet Zone Update and authorize the Mayor to sign CEO Statement for Quiet Zone Affirmation.

Staff Contact: Mark Bohl, Public Works Director

Agenda Statement

Item No.

For Meeting of: ___April 1, 2024

AGENDA TITLE: Approve Railroad Quiet Zone Update and authorize the Mayor to sign CEO statement for Quiet Zone Affirmation.

SUBMITTED BY DEPARTMENT/ORGANIZATION: Public Works/Transportation

PRESENTATION BY: Mark Bohl, Director of Public Works

SUMMARY EXPLANATION: The City of Scottsbluff is affirming that the Quiet Zone is conforming to the requirements of the Final Rule, i.e. all railroad crossings have raised medians, gates and the correct signage at every crossing within the Quiet Zone. Grade Crossing Inventory forms for each crossing are also attached.

BOARD/COMMISSION/STAFF RECOMMENDATION: Staff recommends that Council authorize the Mayor to sign Statement of Quiet Zone Affirmation.

Does this item require the expenditure of funds?	___yes __X__no
Are funds budgeted?	___yes ___no

If no, comments:	_____
Estimated Amount	_____
Amount Budgeted	_____
Department	_____
Account Description	_____

EXHIBITS

Resolution Ordinance Contract Minutes Plan/Map

Other (specify) Mayor Quiet Zone Affirmation, Inventory Sheets and 5 Year Affirmation.

NOTIFICATION LIST: Yes No Further Instructions
Please list names and addresses required for notification.

APPROVAL FOR SUBMITTAL: _____
City Manager



308-632-4136
2525 Circle Drive
Scottsbluff, NE 69361

April 1, 2024

**Name: 5-Year Quiet Zone Affirmation
Scottsbluff Quiet Zone**

The City of Scottsbluff, Nebraska is hereby affirming that the Scottsbluff Quiet Zone continues to conform to the requirements of the *Final Rule*. Routine locomotive horn use at the crossings mentioned below ceased on April 24, 2014. The last affirmation was sent in on April 17, 2019. The Scottsbluff Quiet Zone imposed a 24-hour restriction on routine sounding of locomotive horns within its respective area. It was created pursuant to 49 CFR Sec. 222.39 (a) (1) by implementing Medians with Gates as Supplementary Safety Measures (SSM's) at every public highway-rail grade crossing within the quiet zone.

Following is a list of the public at-grade crossings within the Scottsbluff Quiet Zone in Scotts Bluff County, Nebraska and Supplementary Safety Measures in place.

US DOT Inventory Number	Street or Highway	Railroad Milepost	SSM Type
089151N	Ninth Avenue	030.06	Gates with Medians
089152V	Fifth Avenue	030.34	Gates with Medians
089153C	Broadway	030.81	Gates with Medians
089154J	Avenue B	031.02	Gates with Medians
089156X	W. Twentieth Street	031.47	Gates with Medians
089157E	Avenue I	031.71	Gates with Medians

Each approach to the at-grade crossings is also signed with the required "No Train Horn" (W-10-9P) sign below the Highway-Rail Grade Crossing Advance-Warning Symbol Signs (W10-1), in compliance with the Manual on Uniform Traffic Control Devices (MUTCD).

Up-to-date Grade Crossing Inventory forms for the crossings are also provided that reflect the current conditions to the best of our knowledge in this quiet zone. We trust that the Nebraska Department of Transportation and the BNSF Railway will need to check and update their appropriate background data on the inventory forms. Also included is a signed statement by the Mayor for the City of Scottsbluff certifying that the information submitted is accurate and complete to their best knowledge and beliefs.

The designated contact person for monitoring compliance for the Scottsbluff Quiet Zone and preferred method of contact for this existing quiet zone is:

Mark Bohl
Scottsbluff Public Works Director
2525 Circle Drive
Scottsbluff, NE 69361



308-632-4136
2525 Circle Drive
Scottsbluff, NE 69361

Chief Executive Office Statement – City of Scottsbluff, Nebraska

STATEMENT BY THE MAYOR OF SCOTTSBLUFF, NEBRASKA
REGARDING THE NOTICE OF THE SCOTTSBLUFF QUIET ZONE AFFIRMATION

I, Jeanne McKerrigan, am the Mayor of Scottsbluff, Nebraska and my duties include the overall management for the City and its operations. In my capacity as Mayor, I hereby certify that the information submitted by Scottsbluff, as part of the Notice of Quiet Zone Affirmation in continuing the **Scottsbluff Quiet Zone**, is accurate and complete to the best of my knowledge and belief.

Date

Jeanne McKerrigan
Mayor

5-YEAR QUIET ZONE AFFIRMATION

SCOTTSBLUFF QUIET ZONE

City of Scottsbluff, Scotts Bluff County, Nebraska

Notice of Affirmation is hereby given by the City of Scottsbluff, Nebraska to:

Associate Administrator for Railroad Safety
Office of Railroad Safety
Federal Railroad Administration
1200 New Jersey Avenue, SE
Mail Stop 25
Washington, DC 20590

Mr. Howard Gillespie
Manager for Grade Crossing Safety &
Trespass Prevention
Federal Railroad Administration
901 Locust Street, Suite 464
Kansas City, MO 64106

Ms. Kara Brockamp
BNSF Railway
Manager of Public Projects – KS, NE, MO
BNSF Railway Co.
4515 Kansas Avenue
Kansas City, KS 66106

Mr. Todd Palmer
Railroad Liaison Engineer
Nebraska Dept of Transportation
PO Box 94759
Lincoln, NE 68509

Donald J. Dye
M.C. Schaff & Associates
818 S. Beltline Hwy E
Scottsbluff, NE 69361

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

A. Revision Date (MM/DD/YYYY) <u>12/14/2023</u> <u>4/1/2024</u>	B. Reporting Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input type="checkbox"/> Other	C. Reason for Update (Select only one) <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"/> Admin. Correction	<input checked="" type="checkbox"/> Quiet Zone Update	D. DOT Crossing Inventory Number 089151N
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Part I: Location and Classification Information

1. Primary Operating Railroad BNSF Railway Company [BNSF]		2. State NEBRASKA		3. County SCOTTS BLUFF	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCOTTSBLUFF		5. Street/Road Name & Block Number 9TH AVE <small>(Street/Road Name) * (Block Number)</small>		6. Highway Type & No. RANGELN	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None POWDER RIVER		10. Railroad Subdivision or District <input type="checkbox"/> None VALLEY		11. Branch or Line Name <input type="checkbox"/> None NPORT-E GURNSEY	
12. RR Milepost 0030.056 <small>(prefix) (nnnn.nnn) (suffix)</small>		12. RR Milepost <u>0030.06</u>			
13. Line Segment 5		14. Nearest RR Timetable Station SCOTTSBLUFF		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A	
16. Crossing Owner (if applicable) <input type="checkbox"/> N/A BNSF		17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	
19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over		20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input type="checkbox"/> No		21. Type of Train <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	
22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day <u>0</u>					
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input type="checkbox"/> No <input checked="" type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.8534800		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -103.651000	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *		31.A. State Use *	
30.B. Railroad Use *		31.B. State Use *		31.C. State Use *	
30.C. Railroad Use *		31.D. State Use * NOE 6/4/2013		32.A. Narrative (Railroad Use) * (1.27 1.28 1.29) Value Provided by Railroad, Not Yet	
32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-832-5452		34. Railroad Contact (Telephone No.) 817-352-1549	
35. State Contact (Telephone No.) 402-479-4515					

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) 14	1.C. Total Switching Trains 0	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week?
2. Year of Train Count Data (YYYY) 2019		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) <u>50</u> 3.B. Typical Speed Range Over Crossing (mph) From <u>1</u> to <u>50</u>		
4. Type and Count of Tracks Main <u>1</u> Siding <u>0</u> Yard <u>2</u> Transit <u>0</u> Industry <u>0</u>				
5. Train Detection (Main Track only) <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				
6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 12/14/2023 04/01/2024	PAGE 2	D. Crossing Inventory Number (7 char.) 089151N
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Part III: Highway or Pathway Traffic Control Device Information

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) <u>2</u> 0	2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None	
				<input checked="" type="checkbox"/> W10-1 <u>2</u> <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 checked="" 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 <u>W10-9P</u> Count <u>2</u> Specify Type <u>R15-2P (3)</u> Count <u>2</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>2</u> Pedestrian _____	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 type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs <u>2</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 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 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	

Part IV: Physical Characteristics

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) <input checked="" 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) _____		Installation Date * (MM/YYYY) ____/____/____ Width * <u>35</u> Length * <u>48</u>		
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) <u>125</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

Part V: Public Highway Information

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 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 <u>30</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>2021</u> AADT <u>1800</u>		8. Estimated Percent Trucks <u>03</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

Submission Information - This information is used for administrative purposes and is not available on the public website.

Submitted by Maurice Boll Organization CITY OF SCOTTS BLUFF Phone 308-630-6286 Date 4-1-24

Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

A. Revision Date (MM/DD/YYYY) <u>12/14/2023</u> <u>04/01/2024</u>	B. Reporting Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	C. Reason for Update (Select only one) <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"/> Admin. Correction <input type="checkbox"/> No Train Traffic <input checked="" type="checkbox"/> Quiet Zone Update	D. DOT Crossing Inventory Number 089152V
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Part I: Location and Classification Information

1. Primary Operating Railroad BNSF Railway Company [BNSF]		2. State NEBRASKA		3. County SCOTTS BLUFF	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCOTTSBLUFF		5. Street/Road Name & Block Number 5TH AVE (Street/Road Name) *(Block Number)		6. Highway Type & No. 5713	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None POWDER RIVER		10. Railroad Subdivision or District <input type="checkbox"/> None VALLEY		11. Branch or Line Name <input type="checkbox"/> None NPORT-E GURNSEY	
12. RR Milepost 0030.340 (prefix) (nnnn.nnn) (suffix)		13. Line Segment 5			
14. Nearest RR Timetable Station SCOTTSBLUFF		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A BNSF	
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	
20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. Type of Train <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		22. Average Passenger Train Count Per Day <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input type="checkbox"/> No <input checked="" type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.8553100		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -103.655000	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30. Railroad Use *			
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 * NOE 6/4/2013			
32.A. Narrative (Railroad Use) * (1.27 1.28 1.29) Value Provided by Railroad, Not Yet			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-832-5452		34. Railroad Contact (Telephone No.) 817-352-1549		35. State Contact (Telephone No.) 402-479-4515	

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) 14	1.C. Total Switching Trains 0	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week?
2. Year of Train Count Data (YYYY) 2019		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 1 to 50		
4. Type and Count of Tracks Main 1 Siding 0 Yard 1 Transit 0 Industry 0				
5. Train Detection (Main Track only) <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				
6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 12/14/2023 04-01-24 PAGE 2 D. Crossing Inventory Number (7 char.)
089152V

Part III: Highway or Pathway Traffic Control Device Information

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) <u>2</u> <u>0</u>		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None	
				<input checked="" type="checkbox"/> W10-1 <u>2</u>	<input type="checkbox"/> W10-3 <u> </u> <input type="checkbox"/> W10-11 <u> </u>
				<input type="checkbox"/> W10-2 <u> </u>	<input type="checkbox"/> W10-4 <u> </u> <input type="checkbox"/> W10-12 <u> </u>
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count <u> </u>) <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 checked="" type="checkbox"/> None		2.G. Channelization Devices/Medians <input checked="" 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 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 <u>W10-9P</u> Count <u>2</u> Specify Type <u>R15-2P (2)</u> Count <u>2</u> Specify Type <u> </u> Count <u> </u>					

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> </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 type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs <u>2</u>
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) <u> </u> / <u> </u> <input type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) <u> </u> / <u> </u> <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>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 checked="" type="checkbox"/> None			3.K. Other Flashing Lights or Warning Devices Count <u>0</u> Specify type <u> </u>	

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 * <u> </u> Stop Line Distance * <u> </u>	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
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Part IV: Physical Characteristics

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) <u> </u> / <u> </u> Width * <u>26</u> Length * <u>55</u> <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) <u> </u>			
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) <u>140</u>		7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input checked="" type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°	8. Is Commercial Power Available? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V: Public Highway Information

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>30</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>2021</u> AADT <u>4160</u>	8. Estimated Percent Trucks <u>05</u> %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Average Number per Day <u> </u>		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No

Submission Information - This information is used for administrative purposes and is not available on the public website.

Submitted by Mark Bohle Organization City of Scottsbluff Phone 308-630-6256 Date 4-1-24

Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

A. Revision Date (MM/DD/YYYY) 12/14/2023 04/01/2024
B. Reporting Agency [X] Railroad [] Transit [] State [X] Other
C. Reason for Update (Select only one) [] Change in Data [] Re-Open [] New Crossing [X] Date Change Only [] Closed [] Change in Primary Operating RR [] No Train Traffic [X] Quiet Zone Update [] Admin. Correction
D. DOT Crossing Inventory Number 089153C

Part I: Location and Classification Information

1. Primary Operating Railroad BNSF Railway Company [BNSF] 2. State NEBRASKA 3. County SCOTTS BLUFF
4. City / Municipality [X] In [] Near SCOTTSBLUFF 5. Street/Road Name & Block Number BROADWAY (Street/Road Name) (Block Number)
6. Highway Type & No. N 71
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 POWDER RIVER 10. Railroad Subdivision or District VALLEY 11. Branch or Line Name NPORT-E GURNSEY 12. RR Milepost 0030.814
13. Line Segment 5 14. Nearest RR Timetable Station SCOTTSBLUFF 15. Parent RR [X] N/A 16. Crossing Owner [] N/A BNSF
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 [] Yes [X] No 21. Type of Train [X] Freight [] Intercity Passenger [] Commuter [] Transit [] Shared Use Transit [] Tourist/Other 22. Average Passenger Train Count Per Day [] Less Than One Per Day [] Number Per Day 0
23. Type of Land Use [] Open Space [] Farm [] Residential [X] Commercial [] Industrial [] Institutional [] Recreational [] RR Yard
24. Is there an Adjacent Crossing with a Separate Number? [] Yes [X] No 25. Quiet Zone [] No [X] 24 Hr [] Partial [] Chicago Excused Date Established
26. HSR Corridor ID [X] N/A 27. Latitude in decimal degrees 41.8598200 28. Longitude in decimal degrees -103.662000 29. Lat/Long Source [X] 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 * NOE 6/4/2013
32.A. Narrative (Railroad Use) * (1.27 1.28 1.29) Value Provided by Railroad, Not Yet 32.B. Narrative (State Use) *
33. Emergency Notification Telephone No. (posted) 800-832-5452 34. Railroad Contact (Telephone No.) 817-352-1549 35. State Contact (Telephone No.) 402-479-4515

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) 14
1.C. Total Switching Trains 0
1.D. Total Transit Trains 0
1.E. Check if Less Than One Movement Per Day How many trains per week? []
2. Year of Train Count Data (YYYY) 2019
3. Speed of Train at Crossing
3.A. Maximum Timetable Speed (mph) 50
3.B. Typical Speed Range Over Crossing (mph) From 1 to 50
4. Type and Count of Tracks
Main 1 Siding 0 Yard 1 Transit 0 Industry 0
5. Train Detection (Main Track only) [X] Constant Warning Time [] Motion Detection [] AFO [] PTC [] DC [] Other [] None
6. Is Track Signaled? [X] Yes [] No 7.A. Event Recorder [] Yes [X] No 7.B. Remote Health Monitoring [] Yes [X] No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 12/14/2023 04-01-2024	PAGE 2	D. Crossing Inventory Number (7 char.) 089153C
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Part III: Highway or Pathway Traffic Control Device Information

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.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None	
	2.A. Crossbuck Assemblies (count) 2 0	2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count)	<input checked="" type="checkbox"/> W10-1 2	<input type="checkbox"/> W10-3	<input type="checkbox"/> W10-11
				<input type="checkbox"/> W10-2	<input type="checkbox"/> W10-4	<input type="checkbox"/> W10-12
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count) <input checked="" type="checkbox"/> No	2.F. Pavement Markings <input 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 checked="" 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 <u>W10-9P</u> Count <u>2</u> Specify Type <u>R15-2P (2)</u> Count <u>4</u> Specify Type <u>R8-8</u> Count <u>1</u>			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 4 Pedestrian	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>4</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 of Flashing Light Pairs 2 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) 2
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input checked="" type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count <u>2</u> Specify type <u>AFLS</u>		
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 checked="" type="checkbox"/> None	

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes <u>4</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 * 28 Length * 138 <input checked="" 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) 75 125		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			

Part V: Public Highway Information

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"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>2021</u> AADT <u>10110</u>		5. Linear Referencing System (LRS Route ID) * 6. LRS Milepost *	
8. Estimated Percent Trucks <u>02</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

Submission Information - This information is used for administrative purposes and is not available on the public website.

Submitted by Mark Boll Organization City of Scottsbluff Phone 308-630-6256 Date 4-1-24

Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

A. Revision Date (MM/DD/YYYY) <u>12/14/2023</u> <u>04/01/2024</u>	B. Reporting Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	C. Reason for Update (Select only one) <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"/> Admin. Correction <input type="checkbox"/> No Train Traffic <input checked="" type="checkbox"/> Quiet Zone Update	D. DOT Crossing Inventory Number 089154J
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Part I: Location and Classification Information

1. Primary Operating Railroad BNSF Railway Company [BNSF]		2. State NEBRASKA		3. County SCOTTS BLUFF	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCOTTSBLUFF		5. Street/Road Name & Block Number AVE B (Street/Road Name) * (Block Number)		6. Highway Type & No. 5709	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None POWDER RIVER		10. Railroad Subdivision or District <input type="checkbox"/> None VALLEY		11. Branch or Line Name <input type="checkbox"/> None NPORT-E GURNSEY	
12. RR Milepost 0031.020 (prefix) (nnnn.nnn) (suffix)		13. Line Segment 5		14. Nearest RR Timetable Station SCOTTSBLUFF	
15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A BNSF		17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.		19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over		20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Type of Train <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		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day <u>0</u>	
23. Type of Land Use <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					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input type="checkbox"/> No <input checked="" type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.8619230		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -103.665622	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *		31.A. State Use *	
30.B. Railroad Use *		31.B. State Use *		31.C. State Use *	
30.C. Railroad Use *		31.D. State Use * NOE 6/4/2013		32.A. Narrative (Railroad Use) * (1.27 1.28 1.29) Value Provided by Railroad, Not Yet	
32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-832-5452		34. Railroad Contact (Telephone No.) 817-352-1549	
35. State Contact (Telephone No.) 402-479-4515					

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) 14	1.C. Total Switching Trains 0	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week? _____
2. Year of Train Count Data (YYYY) 2019		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) <u>50</u> 3.B. Typical Speed Range Over Crossing (mph) From <u>1</u> to <u>50</u>		
4. Type and Count of Tracks Main <u>1</u> Siding <u>0</u> Yard <u>1</u> Transit <u>0</u> Industry <u>0</u>				
5. Train Detection (Main Track only) <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				
6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 12/14/2023 <u>04-01-2024</u>		PAGE 2		D. Crossing Inventory Number (7 char.) 089154J	
Part III: Highway or Pathway Traffic Control Device Information					
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) <u>2</u> <u>0</u>		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"/> None <input checked="" type="checkbox"/> W10-1 <u>2</u> <input type="checkbox"/> W10-3 <input type="checkbox"/> W10-11 <input type="checkbox"/> <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 checked="" 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.J. Other MUTCD Signs Specify Type <u>W10-9P</u> Count <u>2</u> Specify Type <u>R15-2P (2)</u> Count <u>2</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>2</u> Pedestrian _____	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 type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs <u>2</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>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 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	
Part IV: Physical Characteristics					
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 * <u>24</u> Length * <u>48</u> <input checked="" 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
Part V: Public Highway Information					
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>30</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>2021</u> AADT <u>5770</u>		8. Estimated Percent Trucks <u>00</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
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by <u>Maria Boller</u> Organization <u>City of Scottsbluff</u> Phone <u>308-630-6266</u> Date <u>4-1-24</u>					
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

A. Revision Date (MM/DD/YYYY) 12/14/2023 4/1/2024	B. Reporting Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	C. Reason for Update (Select only one) <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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 089156X
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Part I: Location and Classification Information

1. Primary Operating Railroad BNSF Railway Company [BNSF]		2. State NEBRASKA		3. County SCOTTS BLUFF	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCOTTSBLUFF		5. Street/Road Name & Block Number 20TH ST <small>(Street/Road Name) *(Block Number)</small>		6. Highway Type & No. N29	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, Specify RR</small>			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, Specify RR</small>		
9. Railroad Division or Region <input type="checkbox"/> None POWDER RIVER		10. Railroad Subdivision or District <input type="checkbox"/> None VALLEY		11. Branch or Line Name <input type="checkbox"/> None NPORT-E GURNSEY	
12. RR Milepost 0031.470 <small>(prefix) (nnnn.nnn) (suffix)</small>		13. Line Segment 5			
14. Nearest RR Timetable Station SCOTTSBLUFF		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A BNSF	
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	21. Type of Train <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter	22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, Provide Crossing Number</small>			25. Quiet Zone (FRA provided) <input type="checkbox"/> No <input checked="" type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused <small>Date Established</small>		
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees <small>(WGS84 std: nn.nnnnnnn)</small> 41.8664300		28. Longitude in decimal degrees <small>(WGS84 std: -nnn.nnnnnnn)</small> -103.672000	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *		31.A. State Use *	
30.B. Railroad Use *		31.B. State Use *		30.C. Railroad Use *	
30.D. Railroad Use *		31.C. State Use *		30.D. Railroad Use *	
31.D. State Use * NOE 6/4/2013		32.A. Narrative (Railroad Use) * (1.27 1.28 1.29) Value Provided by Railroad, Not Yet			
32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-832-5452		34. Railroad Contact (Telephone No.) 817-352-1549	
35. State Contact (Telephone No.) 402-479-4515					

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) 14	1.C. Total Switching Trains 0	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day How many trains per week? <input type="checkbox"/>
2. Year of Train Count Data (YYYY) 2019		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 1 to 50		
4. Type and Count of Tracks Main 1 Siding 0 Yard 0 Transit 0 Industry 0				
5. Train Detection (Main Track only) <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				
6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 12/14/2023 04-01-2024 PAGE 2 D. Crossing Inventory Number (7 char.) 089156X

Part III: Highway or Pathway Traffic Control Device Information

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) <u>2</u> <u>0</u>		2.B. STOP Signs (R1-1) (count) <u>0</u>	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None	
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 checked="" 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.J. Other MUTCD Signs Specify Type <u>W10-9P</u> Specify Type _____ Specify Type _____		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 of Flashing Light Pairs <u>2</u> <u>2</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 <input type="checkbox"/> No Installed on (MM/YYYY) ____/____/____	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
 Flagger/Flagman Manually Operated Signals Watchman Floodlighting None

3.K. Other Flashing Lights or Warning Devices
Count 2 Specify type AFLS

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 checked="" type="checkbox"/> None
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Part IV: Physical Characteristics

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 type="checkbox"/> Yes <input type="checkbox"/> No
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * <u>10</u> Length * <u>95</u> <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>500</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

Part V: Public Highway Information

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>30</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>2021</u> AADT <u>3610</u>		8. Estimated Percent Trucks <u>02</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	

Submission Information - This information is used for administrative purposes and is not available on the public website.

Submitted by Mick Bolle Organization City of Scottsbluff Phone 308-630-6256 Date 4-1-24

Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION

FEDERAL RAILROAD ADMINISTRATION

OMB No. 2130-0017

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

A. Revision Date (MM/DD/YYYY) 12 / 14 / 2023	B. Reporting Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> Transit <input type="checkbox"/> State <input checked="" type="checkbox"/> Other	C. Reason for Update (Select only one) <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"/> Change in Primary Operating RR	<input type="checkbox"/> No Train Traffic <input type="checkbox"/> Admin. Correction <input checked="" type="checkbox"/> Quiet Zone Update	D. DOT Crossing Inventory Number 089157E
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Part I: Location and Classification Information

1. Primary Operating Railroad BNSF Railway Company [BNSF]		2. State NEBRASKA		3. County SCOTTS BLUFF		
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near SCOTTSBLUFF		5. Street/Road Name & Block Number AVE I (Street/Road Name) * (Block Number)		6. Highway Type & No. 5703		
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR			
9. Railroad Division or Region <input type="checkbox"/> None POWDER RIVER		10. Railroad Subdivision or District <input type="checkbox"/> None VALLEY		11. Branch or Line Name <input type="checkbox"/> None NPORT-E GURNSEY		
12. RR Milepost 0031.710 (prefix) (nnnn.nnn) (suffix)		13. Line Segment 5				
14. Nearest RR Timetable Station * SCOTTSBLUFF		15. Parent RR (if applicable) <input checked="" type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A BNSF		
17. Crossing Type <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	18. Crossing Purpose <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Pathway, Ped. <input type="checkbox"/> Station, Ped.	19. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	20. Public Access (if Private Crossing) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	21. Type of Train <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter <input type="checkbox"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other	22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input type="checkbox"/> Number Per Day 0	
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Recreational <input type="checkbox"/> RR Yard						
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input type="checkbox"/> No <input checked="" type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established 4/25/2014 12:00:0			
26. HSR Corridor ID <input checked="" type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 41.8687906		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -103.675446		
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *				
30.B. Railroad Use *		31.A. State Use *				
30.C. Railroad Use *		31.B. State Use *				
30.D. Railroad Use *		31.C. State Use *				
31.D. State Use *		32.A. Narrative (Railroad Use) * (1.27 1.28 1.29) Value Provided by Railroad, Not Yet				
32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-832-5452				
34. Railroad Contact (Telephone No.) 817-352-1549		35. State Contact (Telephone No.) 402-479-4515				

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) 14	1.C. Total Switching Trains 0	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/> How many trains per week? _____
2. Year of Train Count Data (YYYY) 2019		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 1 to 50		
4. Type and Count of Tracks Main 1 Siding 0 Yard 0 Transit 0 Industry 0				
5. Train Detection (Main Track only) <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				
6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No

U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 12/14/2023 <u>04-01-2024</u>		PAGE 2		D. Crossing Inventory Number (7 char.) 089157E	
Part III: Highway or Pathway Traffic Control Device Information					
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) <u>2</u> <u>0</u>		2.B. STOP Signs (R1-1) (count) 0	2.C. YIELD Signs (R1-2) (count) 0	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None <input checked="" type="checkbox"/> W10-1 <u>2</u> <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 checked="" 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.J. Other MUTCD Signs Specify Type <u>W10-9P</u> Count <u>2</u> 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 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 type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input checked="" type="checkbox"/> Back Lights Included <input checked="" type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs <u>5</u> <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) 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 checked="" type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____		6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input checked="" type="checkbox"/> None
Part IV: Physical Characteristics					
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 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>100</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
Part V: Public Highway Information					
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 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 30 _____ MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>2021</u> AADT <u>8120</u>		8. Estimated Percent Trucks <u>00</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
Submission Information - This information is used for administrative purposes and is not available on the public website.					
Submitted by <u>Marta Rodel</u>		Organization <u>City of Scottsbluff</u>		Phone <u>308-630-6256</u>	Date <u>4-1-24</u>
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.					