

MEMORANDUM

Agenda Item No. 8(N)(1)

TO: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

DATE: June 4, 2019

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Resolution authorizing the
Mayor to file a Notice of Quiet
Zone Establishment with the
Federal Railroad Administration
along the Florida East Coast
Railway from NE 79 Street
to NE 215 Street/County Line

The accompanying resolution was prepared by the Transportation and Public Works Department and placed on the agenda at the request of Prime Sponsor Commissioner Sally A. Heyman.


Abigail Price-Williams
County Attorney

APW/smm

Memorandum



Date: June 4, 2019

To: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez", written over the printed name.

Subject: Resolution Authorizing the Mayor or the Mayor's Designee to File a Notice of Quiet Zone Establishment with the Federal Railroad Administration Along the Florida East Coast Railway from NE 79 Street to NE 215 Street/County Line

RECOMMENDATION

It is recommended that the Board of County Commissioners (Board) approve the attached resolution authorizing the Mayor or the Mayor's designee to file a Notice of Quiet Zone Establishment with the Federal Railroad Administration (FRA) along the Florida East Coast Railway from NE 79 Street to NE 215 Street/County line.

SCOPE

The quiet zone is located along several commission districts such as District 4, which is represented by Commissioner Sally A. Heyman; District 2, which is represented by Commissioner Jean Monestime and District 3, which is represented by Chairwoman Audrey M. Edmonson.

FISCAL IMPACT

The necessary improvements for the quiet zone were funded by Florida Department of Transportation (FDOT) in the amount of \$1,146,713.51. This item does not have a Fiscal Impact to Miami-Dade County (County). The County's maintenance obligation is addressed in separate agreements authorized by this Board with an estimated annual cost of \$18,000.

TRACK RECORD/MONITOR

The Department of Transportation and Public Works (DTPW) is the entity overseeing this item and the person responsible is Leandro Oña, P.E., Chief, Roadway Engineering and Right of Way Division.

BACKGROUND

FRA mandates that counties and/or municipalities are the only entities that may apply for Quiet Zone designations.

The County provided a Notice of Intent to Create a Quiet Zone to FRA on March 21, 2017, attached as Exhibit 1, to designate a new Quiet Zone along the Florida East Coast Railway ("FEC") from NE 79 Street to NE 215 Street/County Line. This Quiet Zone will allow railroad trains to be exempt from blowing their whistles at each crossing,

To qualify for this Quiet Zone, safety upgrades were necessary at five grade crossings. These crossings are located at NE 79 Street (Railroad Crossing Number 272621V), NE 125 Street (Railroad Crossing Number 272612W), NW 16 Avenue (Railroad Crossing Number 272611P), NE 141 Street (Railroad Crossing Number 272609N), and NE 179 Street (Railroad Crossing Number 272602R), Miami, Florida.

Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners
Page 2

The safety upgrades have been completed by the FEC. Now the County must petition the FRA to establish the Quiet Zone thru the Notice of Quiet Zone Establishment attached as Exhibit 2.

The Quiet Zone will be implemented 21 days after the Notice of Quiet Zone Establishment is mailed to the FRA.

ATH

Alina T. Hudak
Deputy Mayor

Exhibit 1

March 21, 2017 Notice of Intent to Create a Quiet Zone



March 21, 2017

Thomas Drake
Crossing/Trespasser Regional Manager
Federal Railroad Administration – Region 3
P.O. Box 913
Sharpsburg, Georgia 30277
Certified Mail #:

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Distribution is indicated in Section 5 herein

Subject:

Miami-Dade County Notice of Intent to Establish a Railroad Quiet Zone Under 49 CFR 222 from NE 79th St (SR-934) to NE 215th Street/County Line.

BACKGROUND INFORMATION

Miami-Dade County provided a Notice of Intent to Establish a Railroad Quiet Zone on October 22, 2014 (Attachment A). The October 22, 2014 notice included the limits of the City of Miami quiet zone which was established on September 30, 2012 (Attachment B).

This NOI revise the limits of Miami-Dade County proposed quiet zone to exclude the crossings located within the City of Miami's quiet zone.

NOTICE OF INTENT TO CREATE NEW QUIET ZONE

Notice is hereby provided that Miami-Dade County, Florida, intends to create a New 24-hour Quiet Zone in accordance with the regulatory provisions contained in Title 49 of the Code of Federal Regulations, Parts 222 and 229 *Use of Locomotive Horns at Highway-Rail Grade Crossings; Final Rule* (Final Rule). The Quiet Zone would restrict the routine sounding of the horns on passenger and freight trains at highway-rail grade crossings per the Final Rule.

A party receiving this Notice of Intent may submit information or comments about the proposed Quiet Zone to Miami-Dade County during the 60 days following the date of this letter. However, this comment period will terminate if all of the parties either submit comments or signed statements that they do not have any comments due to their continuous participation in the process of developing this Quiet Zone.

SECTION 1 -AFFECTED HIGHWAY-RAIL CROSSINGS

The Quiet Zone affects the segment of the Florida East Coast Railway (FEC) from NE 79th St (SR-934) to NE 215 St (County line) which includes a total of nineteen (19) existing highway crossing locations (Table 1). Other portions of the FEC and other rail corridors are not a part of this program.

All crossings are located within Miami-Dade County, Florida. There is one existing private highway rail grade crossing and there are no pedestrian-exclusive rail grade crossings located within the proposed Quiet Zone.

SECTION 2 -TIME RESTRICTION

The routine sounding of horns would be restricted twenty-four (24) hours a day, seven (7) days a week.

SECTION 3 – PROPOSED IMPROVEMENTS

Supplemental Safety Measure (SSM) will be installed at the following crossings as follows:

Median construction at: NW 16 Avenue (FDOT No 272611P).

Exit gates construction at: NE 179 Street (FDOT No 272602R), NE 141 Street (FDOT No 272609N), NE 125 Street (FDOT No 272612W) and NE 79 Street (FDOT No 272602R).

SECTION 4 -POINT OF CONTACT – MIAMI-DADE COUNTY

Octavio Marin, Senior PE

Roadway Engineering and Right-of-Way Division, Public Works and Waste Management Department

Miami-Dade County, Government Center

111 NW 1 Street, 15th Floor

Miami, Florida 33128

Office: 305.375.4664

Fax: 305.679.7738

ocm@miamidade.gov

TABLE 1 - FEC RAIL CORRIDOR CROSSINGS

Department of Transportation Crossing Inventory Number	Location
272621V	NE 79th St / SR-934
272620N	NE 82nd St / SR-934
272619U	NE 87th St
272618M	NE 6th Ave / SR-915
272617F	NE 96th St
272616Y	Private, Golf Course Crossing
272613D	NE 107th St
272612W	NE 125th St / SR-922
272611P	NE 16th Ave
272610H	NE 135th St /SR-916
272609N	NE 141st St
272607A	NE 146th St

Mr. Thomas Drake, March 21, 2017

Re: Miami-Dade County Notice of Intent to Establish a Railroad Quiet Zone Under 49 CFR 222 from NE 79th St. (SR-934) to County Line.

272606T	NE 151st St
272604E	NE 163rd St / SR-826
272603X	NE 172nd St
272602R	NE 179th St
272598D	NE 186th St (Miami Gardens Dr) / SR-860
272596P	NE 203rd St / Ives Dairy
272595H	NE 215th St, Old Federal Hwy, County line

SECTION 5 – DISTRIBUTION

Jim Wolfe, PE
District Secretary
Florida Department of Transportation - District VI
1000 NW 111 Avenue
Miami, Florida 33172
james.wolf@dot.state.fl.us
Certified Mail #: 7014 1200 0000 2272 8965

Dionne G. Richardson
Freight Logistics & Passenger Operations Unit Manager
Florida Department of Transportation - District VI
1000 NW 111 Avenue
Miami, Florida 33172
dionne.richardson@dot.state.fl.us
Certified Mail #: 7014 1200 0000 2272 8989

Ana Quero
Intermodal/Rail Program Administrator
Florida Department of Transportation - District VI
1000 NW 111 Avenue
Miami, Florida 33172
ana.quero@dot.state.fl.us
Certified Mail #: 7014 1200 0000 2272 8972

Annette Lapkowski, PE
Rail Operations Administrator
Florida Department of Transportation
605 Suwannee Street - MS 25
Tallahassee, Florida 32399
Annette.lapkowski@dot.state.fl.us
Certified Mail #: 7014 1200 0000 2272 8996

Mr. Thomas Drake, March 21, 2017

Re: Miami-Dade County Notice of Intent to Establish a Railroad Quiet Zone Under 49 CFR 222 from NE 79th St (SR-934) to County Line.

André W. Goins, P.E.
State Rail Operations and Programs Administrator
Operation Lifesaver State Coordinator
Florida Department of Transportation
Office of Freight, Logistics and Passenger Operations
605 Suwannee Street, MS-25
Tallahassee, Florida 32399-0450
Andre.goins@dot.state.fl.us
Certified Mail #: 7014 1200 0000 2272 9009

Thomas Drake
Crossing/Trespasser Regional Manager
Federal Railroad Administration – Region 3
P.O. Box 913
Sharpsburg, Georgia 30277
thomas.drake@dot.gov
Certified Mail #: 7014 1200 0000 2272 9115

Robert Ledoux,
General Counsel
Florida East Coast Railway
7150 Phillips Highway
Jacksonville, Florida 32256
robert.ledoux@fecrwy.com
Certified Mail #: 7014 1200 0000 2272 9108

Joseph (Leslie) Schonder
Public Projects Engineer
Florida East Coast Railway
Engineering Department
7150 Phillips Highway
Jacksonville, FL 32256
Leslie.Schonder@fecrwy.com
Certified Mail #: 7014 1200 0000 9092

Michael Lefevre
Operations Planner
All Aboard Florida
2855 S Le Jeune Rd, 4th Floor
Coral Gables, FL 33134
Michael.Lefevre@all aboardflorida.com
Certified Mail #: 7014 1200 0000 2272 9085

Mr. Thomas Drake, March 21, 2017

Re: Miami-Dade County Notice of Intent to Establish a Railroad Quiet Zone Under 49 CFR 222 from NE 79th St (SR-934) to County Line.

Myles Tobin
General Counsel
All Aboard Florida
2855 S Le Jeune Rd, 4th Floor
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Myles.Tobin@allaboardflorida.com
Certified Mail #: 7014 1200 0000 2272 9078

Daniel J. Alfonso
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City of Miami
Miami Riverside Center
444 SW 2nd Avenue - 10th Floor
Miami, Florida 33130
djalfonso@miamigov.com
Certified Mail #: 7014 1200 0000 2272 9061

Jeovanny Rodriguez, PE
Director, Capital Improvements and Transportation Program
City of Miami
Miami Riverside Center
444 SW 2nd Avenue - 10th Floor
Miami, Florida 33130
jeovannyrodriguez@miamigov.com
Certified Mail #: 7014 1200 0000 2272 9122

Collin Worth
Bicycle Coordinator/Transportation Analyst
Capital Improvements and Transportation Program
City of Miami
Miami Riverside Center
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Miami, Florida 33130
cworth@miamigov.com
Certified Mail #: 7014 1200 0000 2272 9139

Ana M. Garcia
City Manager
City of North Miami Beach
17011 Northeast 19th Avenue 4th Floor
N. Miami Beach, Florida 33162
ana.garcia@citynmb.com
Certified Mail #:

Mr. Thomas Drake, March 21, 2017

Re: Miami-Dade County Notice of Intent to Establish a Railroad Quiet Zone Under 49 CFR 222 from NE 79th St (SR-934) to County Line.

Hasan Rizvi
City Engineer
City of North Miami
776 Northeast 125th Street
North Miami, Florida 33161
hrizvi@northmiamifl.gov
Certified Mail #: 7014 1200 0000 2272 9047

Tom Benton
City Manager
Miami Shores Village
10050 Northeast 2nd Avenue
Miami Shores, Florida 33138
bentont@miamishoresvillage.com
Certified Mail #: 7014 1200 0000 2272 9030

Antonio F. Tomei
Capital Projects Manager
Office of the City Manager
City of Aventura
19200 West Country Club Drive
Aventura, FL 33180
tomeit@cityofaventura.com
Certified Mail #: 7014 1200 0000 2272 9023

David A. Rosemond
Village Manager
Village of El Portal
500 Northeast 87th Street
El Portal, Florida 33138
drosemond@villageofelportal.org
Certified Mail #: 7014 1200 0000 2272 9016

Alice N. Bravo, P.E
Director
Department of Transportation and Public Works
Overtown Transit Village (OTV)
701 NW 1st Court, Suite 1700
Miami, Florida 33138
alice.bravo@miamidade.gov

Frank Guyamier, PE
Deputy Director and County Engineer
Department of Transportation and Public Works
Overtown Transit Village (OTV)
701 NW 1st Court, Suite 1700
Miami, Florida 33138
Frank.Guyamier@miamidade.gov

Mr. Thomas Drake, March 21, 2017

Re: Miami-Dade County Notice of Intent to Establish a Railroad Quiet Zone Under 49 CFR 222 from NE 79th St (SR-934) to County Line.

Gaspar Miranda, P.E.
Assistant Director
Department Transportation and Public Works
Highway Engineering
111 NW 1st Street, Suite 1510
Miami, Florida 33128
gxm@miamidade.gov

Leandro J. Oña, P.E.
Division Chief
Department of Transportation and Public Works
Roadway Engineering and Right-of-Way
111 NW 1st Street, Suite 1510
Miami, Florida 33128
Leandro.Oña@miamidade.gov

For your convenience, a sample response is provided on the next sheet.

Mr. Thomas Drake, March 21, 2017

Re: Miami-Dade County Notice of Intent to Establish a Railroad Quiet Zone Under 49 CFR 222 from NE 79th St (SR-934) to County Line.

Date: _____

Mr. Octavio Marin, Senior PE
Roadway Engineering and Right-of-Way Division
Department of Transportation and Public Works
Miami-Dade County, Government Center
111 NW 1 Street, 15th Floor
Miami, Florida 33128

Subject: Notice of Intent to Establish a Railroad Quiet Zone Under 49 CFR 222 from NE 79th St (SR-934) to County Line

We received your Notice of Intent dated March 21, 2017. We offer the following comments:

No Comment

Comment:

Signature

By:

Attachment A



miamidade.gov

Public Works and Waste Management
2525 NW 62nd Street • Suite 5100
Miami, Florida 33147
T 305-514-6666

111 NW 1st Street • Suite 1610
Miami, Florida 33120
T 305-375-2960

October 22, 2014

Thomas Drake
Crossing/Trespasser Regional Manager
Federal Railroad Administration -- Region 3
P.O. Box 913
Sharpsburg, Georgia 30277
Certified Mail #: 7011 1150 0002 2165 2541

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Distribution is indicated in Section 5 herein

Subject: Notice of Intent to Establish a Railroad Quiet Zone Under 49 CFR 222 from Downtown Miami to County Line

NOTICE OF INTENT TO CREATE NEW QUIET ZONE

Notice is hereby provided that Miami-Dade County, Florida, intends to create a New 24-hour Quiet Zone in accordance with the regulatory provisions contained in Title 49 of the Code of Federal Regulations, Parts 222 and 229 *Use of Locomotive Horns at Highway-Rail Grade Crossings; Final Rule* (Final Rule). The Quiet Zone would restrict the routine sounding of the horns on passenger and freight trains per the Final Rule.

A party receiving this Notice of Intent may submit information or comments about the proposed Quiet Zone to Miami-Dade County during the 60 days following the date of this letter. However, this comment period will terminate if all of the parties either submit comments or signed statements that they do not have any comments due to their continuous participation in the process of developing this Quiet Zone.

SECTION 1 -AFFECTED HIGHWAY-RAIL CROSSINGS

The Quiet Zone affects the segment of the Florida East Coast Railway (FEC) from Port Blvd. (Downtown Miami) to NE 245 St (County line) which includes a total of forty (40) existing highway crossing locations (Table 1). Other portions of the FEC and other rail corridors are not a part of this program.

All crossings are located within Miami-Dade County, Florida. There is one existing private highway rail grade crossing and there are no pedestrian-exclusive rail grade crossings located within the proposed Quiet Zone.

SECTION 2 -TIME RESTRICTION

The routine sounding of horns would be restricted twenty-four (24) hours a day, seven (7) days a week.

SECTION 3 - PROPOSED IMPROVEMENTS

Supplemental Safety Measure (SSM) will be installed at the following crossings as follows:

Mr. Thomas Drake, October 22, 2014
 Re: Notice of Intent to Establish a Railroad Quiet Zone

Median construction at: NW 16 Avenue (FDOT No 272611P), NE 29 Street (FDOT No 272634W) and NE 135 Street (FDOT No. 272610H).

Exit gates construction at: NE 179 Street (FDOT No 272602R), NE 141 Street (FDOT No 272609N), NE 125 Street (FDOT No 272612W) and NE 79 Street (FDOT No 272602R).

SECTION 4 - POINT OF CONTACT -- MIAMI-DADE COUNTY

Octavio Marín, Senior PE
 Roadway Engineering and Right-of-Way Division, Public Works and Waste Management Department
 Miami-Dade County, Government Center
 111 NW 1 Street, 15th Floor
 Miami, Florida 33128
 Office: 305.375.4664
 Fax: 305.679.7738
 ocm@miamidade.gov

TABLE 1 - FEC RAIL CORRIDOR CROSSINGS

Florida Department of Transportation Crossing Number	Location
272621V	NE 79th St / SR-934
272620N	NE 82nd St / SR-934
272619U	NE 87th St
272618M	NE 6th Ave / SR-915
272617F	NE 96th St
272616Y	Private, Golf Course Crossing
272613D	NE 107th St
272612W	NE 125th St / SR-922
272611P	NE 16th Ave
272610H	NE 135th St /SR-916
272609N	NE 141st St
272607A	NE 146th St
272606T	NE 151st St
272604E	NE 163rd St / SR-826
272603X	NE 172nd St
272602R	NE 179th St
272598D	NE 186th St (Miami Gardens Dr) / SR-860
272596P	NE 203rd St / Ives Dairy

Mr. Thomas Drake, October 22, 2014
Re: Notice of Intent to Establish a Railroad Quiet Zone

272595H	NE 215th St, Old Federal Hwy, County line
272622C	NE 71 St.
273010J	NE 62 St.
272624R	NE 61 St.
272625X	NE 59 St.
272627L	NE 54 St.
272631B	NE 39 St.
272633P	NE 36 St.
272634W	NE 29 St.
272635D	NE 27 St.
272636K	NE 20 St.
272637S	N Miami Ave
272640A	NW 14 St.
272644C	NW 11 St.
272646R	NW 10 St.
272647X	NW 8 St.
272648E	NW 1 Ave
272651M	N Miami Ave
272652U	NE 1 Ave.
272653B	NE 2 Ave
272654H	Biscayne Blvd
272960A	Port Blvd.

SECTION 5 -- DISTRIBUTION

Antonio Cotarelo, PE
Deputy Director and County Engineer
Public Works and Waste Management Department
Miami-Dade County, Government Center
111 NW 1 Street, 14th Floor
Miami, Florida 33128
cotara@miamidade.gov

Gus Pego, PE
District Secretary
Florida Department of Transportation - District VI
1000 NW 111 Avenue
Miami, Florida 33172
gus.pegos@dot.state.fl.us
Certified Mail #: 7011 1150 0002 2165 2527

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Mr. Thomas Drake, October 22, 2014
Re: Notice of Intent to Establish a Railroad Quiet Zone

Andre W. Golns, PE
Rail Operation Administrator
Florida Department of Transportation
605 Suwannee Street, MS-25
Tallahassee, Florida 32399
Andre.golns@dot.state.fl.us
Certified Mail #: 7011 1150 0002 2165 2534

Thomas Drake
Crossing/Trespasser Regional Manager
Federal Railroad Administration -- Region 3
P.O. Box 913
Sharpsburg, Georgia 30277
thomas.drake@dot.gov
Certified Mail #: 7011 1150 0002 2165 2541

Dionne G. Richardson
Freight Logistics & Passenger Operations Unit Manager
Florida Department of Transportation
1000 NW 111 Avenue
Miami, Florida 33172
Phone: 305-470-5292
dionne.richardson@dot.state.fl.us
Certified Mail #: 7011 1150 0002 2165 2538

Ana Quero
Intermodal/Rail Program Administrator
Florida Department of Transportation
1000 NW 111 Avenue
Miami, Florida 33172
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ana.quero@dot.state.fl.us
Certified Mail #: 7011 1150 0002 2165 2565

Annette Lapkowski, PE
Rail Operations Administrator
Florida Department of Transportation
605 Suwannee Street - MS 25
Tallahassee, Florida 32399
Annette.lapkowski@dot.state.fl.us
Certified Mail #: 7011 1150 0002 2165 2572

Robert Ledoux,
General Counsel
Florida East Coast Railway
7150 Phillips Highway
Jacksonville, Florida 32256
robert.ledoux@fecrwy.com

Mr. Thomas Drake, October 22, 2014
Re: Notice of Intent to Establish a Railroad Quiet Zone

Certified Mail #: 7011 1150 0002 2165 2589

Michael Lefevre
Operations Planner
All Aboard Florida
2855 S Le Jeune Rd, 4th Floor
Coral Gables, FL 33134
305.520.2111
Michael.Lefevre@allaboardflorida.com
Certified Mail #: 7011 1150 0002 2165 2596

Myles Tobin
General Counsel
All Aboard Florida
2855 S Le Jeune Rd, 4th Floor
Coral Gables, FL 33134
Myles.Tobin@allaboardflorida.com
Certified Mail #: 7011 1150 0002 2165 2602

Alice Bravo, PE
Deputy City Manager - Chief of Infrastructure
City of Miami
Miami Riverside Center
444 SW 2nd Avenue - 10th Floor
Miami, Florida 33130
abravo@miami.com
Certified Mail #: 7011 1150 0002 2165 2619

Carlos Cruz-Casas, PE
Chief Transportation Manager
City of Miami - Capital Improvements & Transportation Program
Miami Riverside Center
444 SW 2nd Avenue - 8th Floor
Miami, Florida 33130
Office: 305-416-1092
ccruz-casas@miamigov.com
Certified Mail #: 7011 1150 0002 2165 2626

Thomas Rodrigues
City of Miami
444 SW 2nd Avenue - 10th Floor
Miami, Florida 33130
trodrigues@miamigov.com
Certified Mail #: 7011 1150 0002 2165 2688

Mr. Thomas Drake, October 22, 2014
Re: Notice of Intent to Establish a Railroad Quiet Zone

Ana M. Garcia
City Manager
City of North Miami Beach
17011 Northeast 19th Avenue 4th Floor
N. Miami Beach, Florida 33162
Phone: 305-948-2900
ralph.rosado@citynmb.com
Certified Mail #: 7011 1150 0002 2165 2633

George Balaban
City Engineer
City of North Miami
776 Northeast 125th Street
North Miami, Florida 33161
Phone: 305-893-6511
gbalaban@northmiamifl.gov
Certified Mail #: 7011 1150 0002 2165 2640

Tom Benton
City Manager
Miami Shores Village
10050 Northeast 2nd Avenue
Miami Shores, Florida 33138
Phone: 305-795-2207
bentont@miamishoresvillage.com
Certified Mail #: 7011 1150 0002 2165 2657

Antonio F. Tomei
Capital Projects Manager
Office of the City Manager
City of Aventura
19200 West Country Club Drive
Aventura, FL 33180
(305) 466 8923
tomeit@cityofaventura.com
Certified Mail #: 7011 1150 0002 2165 2664

Jason Walker
Village Manager
Village of El Portal
500 Northeast 87th Street
El Portal, Florida 33138
Phone: 305-795-7880
jwalker@villageofelportal.org
Certified Mail #: 7011 1150 0002 2165 2671

Mr. Thomas Drake, October 22, 2014
Re: Notice of Intent to Establish a Railroad Quiet Zone

Date: _____

SAMPLE

Mr. Octavio Marin, Senior PE
Roadway Engineering and Right-of-Way Division, Public Works and Waste Management Department
Miami-Dade County, Government Center
111 NW 1 Street, 15th Floor
Miami, Florida 33128

Subject: Notice of Intent to Establish a Railroad Quiet Zone Under 49 CFR 222 from Downtown
Miami to County Line

We received your Notice of Intent dated October 21, 2014. We offer the following comments:

____ No Comment

____ Comment:

Signature

By:

Attachment B

City of Miami



JOHNNY MARTINEZ, P.E.
City Manager

August 27, 2012

Ms. Jo Strang
Associate Administrator for Safety
Federal Railroad Administration
1200 New Jersey Ave, S.E.
Washington, DC 20590

RECEIVED
SEP 21 2012

MIAMI-DADE PUBLIC WORKS DEPT.
HIGHWAY DIVISION PLANS REVIEW & DESIGN SECTION

Dear Ms. Strang:

The City of Miami is establishing a New 24 Hour Quiet Zone effective September 30, 2012 for the Port of Miami lead of the Florida East Coast Railway.

This Quiet Zone is established under authority of 49CFR222. A Notice of Intent was sent on September 21, 2011 and no comments were received from any applicable parties. The crossings in this Quiet Zone are as follows:

FLORIDA DEPARTMENT OF TRANSPORTATION CROSSING NUMBER	LOCATION
273139L	Port Boulevard - Pedestrian Crossing
272960A	Port Boulevard
272654H	US 1/Biscayne Boulevard Crossing
272653B	NE 2 nd Avenue
272652U	NE 1 st Avenue
272651M	Miami Avenue
272648B	NW 1 st Avenue
272647X	NW 8 th Street
272646R	NW 10 th Street
272644C	NW 11 th Street
272640A	NW 14 th Street
272637S	NE 19 th Street (N. Miami Avenue)
272636K	NE 20 th Street
272635D	NE 27 th Street
272634W	NE 29 th Street
272633P	NE 36 th Street

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continued

FLORIDA DEPARTMENT OF TRANSPORTATION CROSSING NUMBER	LOCATION
272631B	NE 39 th Street
272627L	NE 54 th Street
272625X	NE 59 th Street
272624R	NE 61 st Street
273010J	NE 62 nd Street
272622C	NE 71 st Street

Included as Attachment I are Grade Crossing Inventory forms for the crossings in this Quiet Zone reflecting conditions at the crossings before any modifications and reflecting any modifications made to establish the Quiet Zone. Attachment II is the results from the FRA's "Quiet Zone Calculator" for this segment.

This notice is being mailed to:

Alice Bravo, PE
Assistant City Manager
City of Miami
444 SW 2nd Avenue
10th Floor
Miami, Florida 33130

Kathleen Woods-Richardson
Miami-Dade County
Director of Public Works and Waste Management
111 NW 1st Street
Miami, Florida 33128

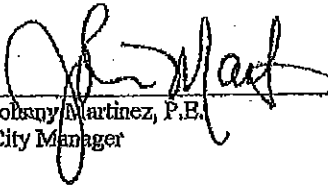
Annette Lapkowski, PE
Florida Department of Transportation
Rail Operations Administrator
605 Suwanne Street
MS 25
Tallahassee, Florida 32399

R.B. Stevens
Florida East Coast Railway
Chief Engineer - Engineering Department
7150 Phillips Highway
Jacksonville, Florida 32256

The contact person for the City of Miami is:

Lilla I. Medina, AICP
Assistant Transportation Coordinator
City of Miami - Office of the City Manager/Transportation
444 SW 2nd Avenue, 8th Floor
Miami, FL 33130

I certify that the information submitted within this Notice of Quiet Zone Establishment is accurate and complete to the best of my knowledge and belief.


Johnny Martinez, P.E.
City Manager

8/27/2012
Date

Cc:

Lilia I. Medina, AICP - Point Of Contact for City Of Miami
Assistant Transportation Coordinator
City of Miami - Office of the City Manager/Transportation
444 SW 2nd Avenue, 10th Floor
Miami, FL 33130

Thomas Drake
Federal Railroad Administration - Region 3
Crossing/Trespasser Regional Manager
P.O. Box 913
Sharpsburg, Georgia 30277

Paola Baez
Florida Department of Transportation
1000 NW 111 Avenue
Miami, Florida 33172

Octavio Marin
Assistant Chief Highway Engineer
Department of Public Works and Waste Management
Miami-Dade County
111 NW 1st Street
Miami, Florida 33128



City of Miami

Legislation

Resolution: R-12-0086

City Hall
3500 Pan American
Drive
Miami, FL 33133
www.miamigov.com

File Number: 12-00097

Final Action Date: 3/8/2012

A RESOLUTION OF THE MIAMI CITY COMMISSION, WITH ATTACHMENT(S), AUTHORIZING THE CITY MANAGER TO FILE A NOTICE OF QUIET ZONE ESTABLISHMENT, WITH THE FEDERAL RAILROAD ADMINISTRATION, IN SUBSTANTIALLY THE ATTACHED FORM, ALONG THE FLORIDA EAST COAST RAILWAY BETWEEN THE PORT OF MIAMI AND NORTHWEST 71 STREET, MIAMI, FLORIDA.

WHEREAS, the City of Miami ("City") initiated the Quiet Zone Study, attached as "Exhibit 1", in order to designate a new Quiet Zone along the Florida East Coast Railway ("FEC") from Northeast 71st Street (Little River), Miami, Florida to the Port of Miami ("POM"); and

WHEREAS, a Quiet Zone will allow railroad trains to be exempt from blowing their whistles at each crossing; and

WHEREAS, the Quiet Zone Study was driven by the FEC and POM project to reconstruct a 4.4 mile segment of the existing rail corridor in order to allow both freight and passenger rail; and

WHEREAS, the Federal Railroad Administration ("FRA") mandates that municipalities are the only entities that may apply for Quiet Zone designations; and

WHEREAS, this study determined that, in order to qualify for a Quiet Zone, safety upgrades were necessary at three grade crossings; and

WHEREAS, these crossings are located at Northwest 10 Street (Railroad Crossing Number 272646R), Northwest 11 Street (272644C) and Northwest 14 Street (272640A), Miami, Florida; and

WHEREAS, the safety upgrades have been completed by the FEC; and

WHEREAS, the City must petition the FRA, attached as "Exhibit 2", to establish the Quiet Zone; and

WHEREAS, the Quiet Zone will be implemented as of April 1, 2012;

NOW, THEREFORE, BE IT RESOLVED BY THE COMMISSION OF THE CITY OF MIAMI, FLORIDA:

Section 1. The recitals and findings contained in the Preamble to this Resolution are adopted by reference and incorporated as fully set forth in this Section.

Section 2. The City Manager is authorized{1} to file a Notice of Quiet Zone Establishment, with the FRA, in substantially the attached form, along the FEC between the POM and Northwest 71st Street,

Exhibit 2

Notice of Quiet Zone Establishment



Date _____

Associate Administrator for Safety
Federal Railroad Administration
1200 New Jersey Avenue, SE, MS-25
Washington, DC 20590

CERTIFIED MAIL RECEIPT REQUESTED

Subject: Notice of Establishment of a Quiet Zone – Miami-Dade County

Dear Associate Administrator for Railroad & Chief Safety Officer,

Miami-Dade County, State of Florida is establishing a new 24 Hours Quiet Zone effective _____ on the Florida East Coast Railway from NE 79th Street to NE 215Th Street/County Line.

This Quiet Zone is established under authority of 49 CFR 222.39(a)(3).

A Notice of intent was sent on March 21, 2017 and no comments were received from any applicable parties.

The crossings in this Quiet Zone are as follows:

<u>U.S. Department of Transportation Crossing Inventory Number</u>	<u>Location</u>
272621V	NE 79th St / SR-934
272620N	NE 82nd St / SR-934
272619U	NE 87th St
272618M	NE 6th Ave / SR-915
272617F	NE 96th St
272616Y	Private, Golf Course Crossing
272613D	NE 107th St
272612W	NE 125th St / SR-922
272611P	NE 16th Ave
272610H	NE 135th St /SR-916
272609N	NE 141st St

272606T	NE 151st St
272604E	NE 163rd St / SR-826
272603X	NE 172nd St
272602R	NE 179th St
272598D	NE 186th St (Miami Gardens Dr) / SR-860
272596P	NE 203rd St / Ives Dairy
272595H	NE 215th St, Old Federal Hwy, County line

The Quiet Zone will be in effect 24 hours per day, 7 days per week.

The private crossing was evaluated on July 10, 2018 by the diagnostic team which included staff from the Florida Department of Transportation, the Federal Railroad Administration, Florida East Coast railroad, Miami Shore Village, the owner and the County. No additional recommendations were made to the existing condition of the private crossing.

Included as Attachment A are the Grade Crossing Inventory forms for the crossings in this Quiet Zone reflecting conditions at the crossing before any modifications and reflecting any modifications made to establish the Quiet Zone. Attachment B is the result from the FRA's "Quiet Zone Calculator" for this segment.

The point of contact for Miami-Dade County is Leandro J. Oña, P.E., Chief, Roadway Engineering & Right-of-Way Division, Department of Transportation and Public Works, (305) 375-1909, Leandro.Ona@miamidade.gov.

COUNTY ENGINEER STATEMENT

I certify that the information submitted within this Notice of Quiet Zone Establishment is accurate and complete to the best of my knowledge and belief.

Frank Guyamier, P.E.
Deputy Director and County Engineer

Date

QUIET ZONE NOTICE OF ESTABLISHMENT DISTRIBUTION LIST

Mr. Patrick Goddard
Brightline President and Chief Operating Officer
161 NW 6 Street, Suite 900
Miami, Florida 33136
Certified Mail #:

Mr. Nathan Asplund
Florida East Coast Railway President and Chief Executive Officer
7150 Philips Highway
Jacksonville, Florida 32256
Certified Mail #:

Michael Lefevre
Director, Operations Control Center
Brightline
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R.B. Stevens
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Associate Administrator for Railroad & Chief Safety Officer
Federal Railroad Administration
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Washington, DC 20590
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District Secretary
Florida Department of Transportation - District VI
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Tallahassee, Florida 32399-0450
Certified Mail #:

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Crossing/Trespasser Regional Manager
Federal Railroad Administration – Region 3
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Krishan Manners
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David A. Rosemond

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Division Chief
Department of Transportation and Public Works
Roadway Engineering and Right-of-Way
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Miami, Florida 33128
Leandro.Ona@miamidade.gov

Attachment A

Grade Crossing Inventory forms reflecting "PRE" conditions at the crossings before any modifications and reflecting any "POST" modifications made to establish the Quiet Zone

U. S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

POST
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) 09/20/2014	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 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"/> No Train Traffic <input checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change in Primary Operating RR	D. DOT Crossing Inventory Number 272595H
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA	3. County MIAMI-DADE
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near MIAMI-AVENTURA		5. Street/Road Name & Block Number N.E. 215TH ST. (Street/Road Name) (Block Number)	
6. Highway Type & No.		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR BLF		9. Railroad Division or Region <input type="checkbox"/> None	
10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0351.32 (prefix) (nnn.nnn) (suffix)		13. Line Segment *	
14. Nearest RR Timetable Station MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A	
16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		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"/> Transit <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other <input checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter	
22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 32		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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established	
26. HSR Corridor ID <input type="checkbox"/> N/A	27. Latitude in decimal degrees 25.974438 (WGS84 std: nn.nnnnnn) 25.9757486	28. Longitude in decimal degrees -80.147844 (WGS84 std: -nnn.nnnnnn) -80.1482620	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 *		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) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131	
35. State Contact (Telephone No.)			

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 40 30	1.B. Total Night Thru Trains (6 PM to 6 AM) 10 15	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) 2018		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 45 79 3.B. Typical Speed Range Over Crossing (mph) From 25 79 to 30		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

POST

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272595H
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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) 2		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 1	<input type="checkbox"/> W10-3	
				<input checked="" type="checkbox"/> W10-2 2	<input type="checkbox"/> W10-4	
					<input type="checkbox"/> W10-11	
					<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 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 checked="" type="checkbox"/> No	2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes 2 <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 2 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 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 type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.E. Total Count of Flashing Light Pairs 8	
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	

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes 2-3 <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 checked="" type="checkbox"/> No
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * 24 Length * 40 <input type="checkbox"/> 1 Timber <input checked="" 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		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 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 30 MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 049462-17322 2010		8. Estimated Percent Trucks 00 %	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

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 09-20-2011	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 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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 272596P
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near MIAMI AVENTURA		5. Street/Road Name & Block Number N.E.203RD ST. (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR BLF		
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0352.86 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * MIAMI	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		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 checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 32		23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input checked="" 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 type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees 25.963723 (WGS84 std: nn.nnnnnn) -25.9405198		28. Longitude in decimal degrees -80.147483 (WGS84 std: -nnn.nnnnnn) -80.1500090	
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.E. Railroad Use *	
31.D. State Use *		32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *	
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 11 30	1.B. Total Night Thru Trains (6 PM to 6 AM) 4 15	1.C. Total Switching Trains 12 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) 2018		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 50-79 3.B. Typical Speed Range Over Crossing (mph) From 50-79 to 50		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

POST

A. Revision Date (MM/DD/YYYY) 09/20/2011 PAGE 2 D. Crossing Inventory Number (7 char.)
272596P

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>6</u>	2.B. STOP Signs (R1-1) (count) <u>0</u>	2.C. YIELD Signs (R1-2) (count) <u>0</u>	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None	
				<input checked="" type="checkbox"/> W10-1 <u>4</u>	<input type="checkbox"/> W10-3 _____
				<input type="checkbox"/> W10-2 _____	<input type="checkbox"/> W10-4 _____
	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 checked="" 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. Other MUTCD Signs 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>1</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> <u>1</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input checked="" type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>3</u> <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs <u>10</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.I. Bells (count) <u>3</u>				3.J. Non-Train Active Warning <input type="checkbox"/> Flagger/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

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes <u>4</u> <input checked="" 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 * <u>24</u> Length * <u>73</u> <input type="checkbox"/> 1 Timber <input checked="" 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>80</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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit System? <u>30</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
5. Linear Referencing System (LRS Route ID) *		6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>049600 51406</u> <u>2010</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			

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 09/20/2014
B. Reporting Agency Railroad
C. Reason for Update (Select only one) Change in Data
D. DOT Crossing Inventory Number 272598D

Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)
2. State FLORIDA
3. County MIAMI-DADE
4. City / Municipality HALLANDALE-AVENTURA
5. Street/Road Name & Block Number MIAMI GARDEN DR.
6. Highway Type & No.
7. Do Other Railroads Operate a Separate Track at Crossing? No
8. Do Other Railroads Operate Over Your Track at Crossing? Yes BLF
9. Railroad Division or Region
10. Railroad Subdivision or District
11. Branch or Line Name MAIN
12. RR Milepost 0353.18
13. Line Segment
14. Nearest RR Timetable Station FT LAUDERDALE
15. Parent RR (if applicable) N/A
16. Crossing Owner (if applicable) N/A

17. Crossing Type Public
18. Crossing Purpose Highway
19. Crossing Position At Grade
20. Public Access (if Private Crossing) Yes
21. Type of Train Freight
22. Average Passenger Train Count Per Day Number Per Day 26-32

23. Type of Land Use Commercial
24. Is there an Adjacent Crossing with a Separate Number? No
25. Quiet Zone (FRA provided) No
26. HSR Corridor ID N/A
27. Latitude in decimal degrees 25.947496
28. Longitude in decimal degrees -80.147556
29. Lat/Long Source Actual

30.A. Railroad Use *
30.B. Railroad Use *
30.C. Railroad Use *
30.D. Railroad Use *
31.A. State Use *
31.B. State Use *
31.C. State Use *
31.D. State Use *
32.A. Narrative (Railroad Use) *
32.B. Narrative (State Use) *

33. Emergency Notification Telephone No. (posted) 800-342-1131
34. Railroad Contact (Telephone No.) 800-342-1131
35. State Contact (Telephone No.)

Part II: Railroad Information

1. Estimated Number of Daily Train Movements
1.A. Total Day Thru Trains (6 AM to 6 PM) 42-30
1.B. Total Night Thru Trains (6 PM to 6 AM) 42-15
1.C. Total Switching Trains 2
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) 2018
3. Speed of Train at Crossing
3.A. Maximum Timetable Speed (mph) 55-79
3.B. Typical Speed Range Over Crossing (mph) From 40-79 to 55
4. Type and Count of Tracks
Main 1 Siding 2 Yard Transit Industry
5. Train Detection (Main Track only)
6. Is Track Signaled? Yes
7.A. Event Recorder Yes
7.B. Remote Health Monitoring No

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U. S. DOT CROSSING INVENTORY FORM

POST

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272598D
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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) 8	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 3	<input type="checkbox"/> W10-3	
					<input checked="" type="checkbox"/> W10-2 1	<input type="checkbox"/> W10-4	
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 checked="" 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. Other MUTCD Signs Specify Type <u>RD-B</u> Count <u>4</u> Specify Type <u>W10-1</u> Count <u>1</u> Specify Type _____ Count _____		2.J. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input checked="" 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>64</u> Pedestrian <u>2</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) <input type="checkbox"/> 3 Quad Resistance <input type="checkbox"/> 4 Quad <input checked="" type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>9-2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input checked="" type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>6</u> <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included		3.E. Total Count of Flashing Light Pairs <u>46-19</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3.I. Bells (count) <u>2-4</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 <u>GATES</u>			
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 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 type="checkbox"/> None	

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes <u>7</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>105</u>				
<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

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 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>40</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year <u>2006</u> AADT <u>948500-37000</u>		8. Estimated Percent Trucks <u>2</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 checked="" type="checkbox"/> No					

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 09/28/2011	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 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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 272602R
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]			2. State FLORIDA			3. County MIAMI-DADE			
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near <u>MIAMI AVENTURA</u>			5. Street/Road Name & Block Number N.E. 179TH ST. <small>(Street/Road Name) * (Block Number)</small>			6. Highway Type & No.			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, Specify RR</small> <u>BLF</u>					
9. Railroad Division or Region <input type="checkbox"/> None			10. Railroad Subdivision or District <input type="checkbox"/> None			11. Branch or Line Name <input type="checkbox"/> None <u>MAIN</u>			
12. RR Milepost <u>0353.60</u> <small>(prefix) (nnn.nnn) (suffix)</small>			13. Line Segment *			14. Nearest RR Timetable Station * <u>MIAMI</u>			
15. Parent RR (if applicable) <input type="checkbox"/> N/A			16. Crossing Owner (if applicable) <input type="checkbox"/> N/A			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 checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day <u>832</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 <small>If Yes, Provide Crossing Number</small>				25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused <small>Date Established</small>					
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees <u>25.941612</u> <small>(WGS84 std: nn.nnnnnnn) 25.9339490</small>		28. Longitude in decimal degrees <u>-80.149412</u> <small>(WGS84 std: -nnn.nnnnnnn) -80.1519850</small>		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 *			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) 800-342-1131			34. Railroad Contact (Telephone No.) 800-342-1131			35. State Contact (Telephone No.)			

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains <small>(6 AM to 6 PM)</small> <u>30</u>	1.B. Total Night Thru Trains <small>(6 PM to 6 AM)</small> <u>15</u>	1.C. Total Switching Trains <u>0</u>	1.D. Total Transit Trains <u>0</u>	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) <u>50</u> <u>79</u> 3.B. Typical Speed Range Over Crossing (mph) From <u>45</u> <u>79</u> to <u>50</u>		
4. Type and Count of Tracks Main <u>2</u> Siding Yard Transit Industry				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

POST

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272602R
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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) 2 4		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 2	<input type="checkbox"/> W10-3	<input type="checkbox"/> W10-11	
				<input checked="" type="checkbox"/> W10-2 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 checked="" 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 2 <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			<input type="checkbox"/> Yes <input checked="" 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)	
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 type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input checked="" type="checkbox"/> 4 Quad		3.C. Cantilevered (for 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) 1-4 <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included		3.E. Total Count of Flashing Light Pairs 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 checked="" type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.I. Bells (count) 1-4	
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 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 2 <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 checked="" type="checkbox"/> No
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * 24 Length * 32 <input type="checkbox"/> 1 Timber <input checked="" 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		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 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 30 MPH <input type="checkbox"/> Posted <input checked="" type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 007481-4586 2018	8. Estimated Percent Trucks 00 %	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

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 09/20/2011	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 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"/> Admin. Correction <input type="checkbox"/> No Train Traffic <input checked="" type="checkbox"/> Quiet Zone Update	D. DOT Crossing Inventory Number 272603X
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE		
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near NORTH MIAMI BEACH		5. Street/Road Name & Block Number N.E. 172ND ST. (Street/Road Name) * (Block Number)		6. Highway Type & No.		
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR BLF			
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN		
12. RR Milepost 0354.09 (prefix) (nnnn.nnn) (suffix)		13. Line Segment				
14. Nearest RR Timetable Station MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		
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 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 checked="" type="checkbox"/> Number Per Day 22	
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established			
26. HSR Corridor ID <input type="checkbox"/> N/A	27. Latitude in decimal degrees 25.934768 (WGS84 std: nn.nnnnnnn) 25.9407206	28. Longitude in decimal degrees -80.151562 (WGS84 std: -nnn.nnnnnnn) -80.1499500	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 *			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) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)		

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 10-30	1.B. Total Night Thru Trains (6 PM to 6 AM) 40-15	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) 2018		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 50-79 3.B. Typical Speed Range Over Crossing (mph) From 45-79 to 50		
4. Type and Count of Tracks Main + 2 Siding Yard Transit Industry				
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 checked="" type="checkbox"/> No		7.A. Event Recorder <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 09/20/2011		PAGE 2		D. Crossing Inventory Number (7 char.) 272803X	
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) 2 6	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 4 <input type="checkbox"/> W10-3 <input type="checkbox"/> W10-11 <input checked="" type="checkbox"/> W10-2 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 King Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input checked="" type="checkbox"/> All Approaches <input checked="" 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 2 <input type="checkbox"/> No
2.J. Other MUTCO Signs Specify Type <u>R8-B</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	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 checked="" 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 type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs <u>0-14</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.I. Bells (count) <u>2-4</u>	
3.J. Non-Train Active Warning <input type="checkbox"/> Flagger/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	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes <u>4</u> <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input checked="" 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 * <u>24</u> Length * <u>64</u> <input type="checkbox"/> 1 Timber <input checked="" 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	
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 checked="" 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 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 System <u>30</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory	
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>019044-2784</u> <u>3018</u>	8. Estimated Percent Trucks ____ %	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		
Submission Information - This information is used for administrative purposes and is not available on the public website.					
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 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.					

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 05/14/2014	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 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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 272604E
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI NORTH MIAMI BEACH		5. Street/Road Name & Block Number SR 826 NE 163RD (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR BLF		
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0354.70 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * N MIAMI BEACH	
15. Parent RR (if applicable) <input type="checkbox"/> N/A FEC		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A FEC		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		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 032		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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excluded Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees 25.926119 (WGS84 std: nn.nnnnnnn) 25-9231620		28. Longitude in decimal degrees -80.154278 (WGS84 std: -nnn.nnnnnnn) -80-1542930	
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 *		32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *	
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 030	1.B. Total Night Thru Trains (6 PM to 6 AM) 015	1.C. Total Switching Trains 00	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 45 79 3.B. Typical Speed Range Over Crossing (mph) From 30- 79 to 40		
4. Type and Count of Tracks Main + 2 Siding Yard Transit Industry				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

POST

A. Revision Date (MM/DD/YYYY) 05/14/2014	PAGE 2	D. Crossing Inventory Number (7 char.) 272604E
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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) 5	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 4	<input type="checkbox"/> W10-3	<input type="checkbox"/> W10-11	
			<input checked="" type="checkbox"/> W10-2 1	<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 checked="" 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 Specify Type <u>WB-8</u> Count <u>34</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>4</u> Pedestrian <u>2</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) <input type="checkbox"/> 3 Quad Resistance <input type="checkbox"/> 4 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (for Bridged) Flashing Light Structures (count) Over Traffic Lane <u>2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>3</u> <input checked="" type="checkbox"/> LED	3.D. Mast Mounted Flashing Lights (count of masts) <u>6</u> <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs <u>23</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.I. Bells (count) 4
3.J. Non-Train Active Warning <input type="checkbox"/> Flagger/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>4</u> Specify type <u>(NHS)</u>	

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 type="checkbox"/> Simultaneous <input checked="" 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
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Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes <u>9</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 checked="" type="checkbox"/> Yes <input 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>146</u> <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>200</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 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 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 checked="" type="checkbox"/> No	4. Highway Speed Limit System <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>2017</u> AADT <u>944500</u> <u>53000</u>		5. Linear Referencing System (LRS Route ID) *	6. LRS Milepost *
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	

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 08/05/2018	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 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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 272606T
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <u>NORTH MIAMI BEACH</u> <input type="checkbox"/> Near <u>MIAMI</u>		5. Street/Road Name & Block Number <u>NE 151ST STREET</u> (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR <u>BLF</u>		
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None <u>MAINLINE</u>	
12. RR Milepost <u>0355.49</u> (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * <u>N MIAMI BEACH</u>	
15. Parent RR (if applicable) <input type="checkbox"/> N/A <u>FEC</u>		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A <u>FEC</u>		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 checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day <u>932</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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excluded Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) <u>25.9150750</u>		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) <u>-80.1577410</u>	
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.E. Railroad Use *	
31.D. State Use *		32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *	
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) <u>30</u>	1.B. Total Night Thru Trains (6 PM to 6 AM) <u>15</u>	1.C. Total Switching Trains <u>20</u>	1.D. Total Transit Trains <u>0</u>	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) <u>2018</u>		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) <u>45 79</u> 3.B. Typical Speed Range Over Crossing (mph) From <u>30 79</u> to <u>40</u>		
4. Type and Count of Tracks Main <u>+ 2</u> Siding Yard Transit Industry				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 08/06/2014	PAGE 2	D. Crossing Inventory Number (7 char.) 2726081
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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) 8		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	<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 checked="" 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
2.J. Other MUTCD Signs Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		<input type="checkbox"/> Yes <input checked="" 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)		
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>4</u> Pedestrian <u>2</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) <input type="checkbox"/> 3 Quad <input type="checkbox"/> Resistance <input type="checkbox"/> 4 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>4</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>1</u> <input checked="" type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>6</u> <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included		3.E. Total Count of Flashing Light Pairs <u>17</u> <u>19</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 checked="" 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>6</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 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>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 * <u>24</u> Length * <u>73</u>						
<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>200</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 checked="" 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 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 System <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>040025</u> <u>13,008</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 <u>0</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 _____ 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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 09/20/2011	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 checked="" type="checkbox"/> Change In Data <input type="checkbox"/> New <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"/> Admin. Correction	<input checked="" type="checkbox"/> Quiet Zone Update	D. DOT Crossing Inventory Number 272607A
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near NORTH MIAMI		5. Street/Road Name & Block Number N.E. 146TH ST. (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes; Specify RR BLF		
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0355.82 (prefix) (nnnn.nnn) (suffix)		13. Line Segment			
14. Nearest RR Timetable Station MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A	
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 checked="" 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 checked="" type="checkbox"/> Number Per Day 32					
23. Type of Land Use <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					
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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees 25.910472 (WGS84 std: nn.nnnnnn) 25.9146000-		28. Longitude in decimal degrees -80.158424 (WGS84 std: -nnn.nnnnnn) -80.1628040-	
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 *			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) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 10 30	1.B. Total Night Thru Trains (6 PM to 6 AM) 10 15	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) 2018		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 60 79 3.B. Typical Speed Range Over Crossing (mph) From 60 79 to 60		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

PAGE 2

A. Revision Date (MM/DD/YYYY)
09/20/2011

D. Crossing Inventory Number (7 char.)
272607A

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) 2 4		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 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 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 checked="" type="checkbox"/> No	2.I. ENS Sign (I-13) Displayed <input checked="" type="checkbox"/> Yes 2 <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 2 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	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane 0 1 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input checked="" type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 12 <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included		3.E. Total Count of Flashing Light Pairs 0 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 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 2	
3.J. Non-Train Active Warning <input type="checkbox"/> Flagger/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 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 2 <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 checked="" type="checkbox"/> No
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * 24 Length * 32 <input type="checkbox"/> 1 Timber <input checked="" 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) 330		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 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 System? 30 MPH <input type="checkbox"/> Posted <input checked="" type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year -1988 AADT 002220 11,013 2010	8. Estimated Percent Trucks 00 %	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

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 09/20/2011		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 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"/> Admin. Correction <input type="checkbox"/> No Train Traffic <input checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Change in Primary Operating RR			D. DOT Crossing Inventory Number 272609N	
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE			
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near NORTH MIAMI		5. Street/Road Name & Block Number N.E. 141TH ST. (Street/Road Name) * (Block Number)			6. Highway Type & No.		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR BLF			
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN		12. RR Milepost 0358.12 (prefix) (nnnn.nnn) (suffix)	
13. Line Segment *		14. Nearest RR Timetable Station MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A	
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 checked="" type="checkbox"/> Number Per Day 0-32	
23. Type of Land Use <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							
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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established			
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees 25.906103 (WGS84 std: nn.nnnnnn) 25.9146000		28. Longitude in decimal degrees -80.159036 (WGS84 std: -nnn.nnnnnn) -80.1628040		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 *				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) 800-342-1131			34. Railroad Contact (Telephone No.) 800-342-1131			35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) + 30		1.B. Total Night Thru Trains (6 PM to 6 AM) + 15		1.C. Total Switching Trains 20
				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)		3. Speed of Train at Crossing		
		3.A. Maximum Timetable Speed (mph) 60-79		
		3.B. Typical Speed Range Over Crossing (mph) From 45-79 to 60		
4. Type and Count of Tracks				
Main + 2 Siding _____ Yard _____ Transit _____ Industry _____				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

D

U. S. DOT CROSSING INVENTORY FORM

POST

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272809N
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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) 2 7	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 type="checkbox"/> W10-1	<input type="checkbox"/> W10-3
				<input checked="" type="checkbox"/> W10-2 2	<input type="checkbox"/> W10-4
				<input type="checkbox"/> W10-11	<input type="checkbox"/> W10-12
2.E. Low Ground Clearance Sign (W10-5) <input checked="" type="checkbox"/> Yes (count 1) <input type="checkbox"/> No	2.F. Pavement Markings		2.G. Channelization Devices/Medians		2.H. EXEMPT Sign (R15-3)
	<input checked="" type="checkbox"/> Stop Lines	<input type="checkbox"/> Dynamic Envelope	<input type="checkbox"/> All Approaches <input type="checkbox"/> Median		<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> RR Xing Symbols	<input checked="" type="checkbox"/> None	<input type="checkbox"/> One Approach <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> No
					2.I. ENS Sign (I-13) Displayed
					<input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type <u>R8-8</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)
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Count <u>3</u>			
		Count <u>1</u>			
		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 _____	3.B. Gate Configuration		3.C. Cantilevered (or Bridged) Flashing Light Structures (count)		3.D. Mast Mounted Flashing Lights (count of masts) <u>2</u> <u>4</u>
	<input type="checkbox"/> 2 Quad	<input type="checkbox"/> Full (Barrier) Resistance	<input type="checkbox"/> Over Traffic Lane <u>0</u> <u>2</u> <input type="checkbox"/> Incandescent		<input type="checkbox"/> Incandescent
	<input type="checkbox"/> 3 Quad	<input type="checkbox"/> Median Gates	<input type="checkbox"/> Not Over Traffic Lane <u>0</u> <input checked="" type="checkbox"/> LED		<input checked="" type="checkbox"/> LED
	<input checked="" type="checkbox"/> 4 Quad				<input type="checkbox"/> Back Lights Included
					<input type="checkbox"/> Side Lights Included
					3.E. Total Count of Flashing Light Pairs <u>0</u> <u>13</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 checked="" 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> <u>4</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>2</u> Specify type (NLS) _____	
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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Crossing Surface (on Main Track, multiple types allowed) <input type="checkbox"/> 1 Timber <input checked="" 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

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 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>30</u> MPH <input type="checkbox"/> Posted <input checked="" type="checkbox"/> Statutory
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year <u>2015</u> AADT <u>001400</u> <u>9247</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>0</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 _____ 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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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>05/16/2018</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 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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 272610H
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near <u>NORTH MIAMI</u>		5. Street/Road Name & Block Number <u>N.E.135TH ST.</u> (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR <u>BLF</u>		
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None <u>MAIN</u>	
12. RR Milepost <u>0356.31</u> (prefix) (nnnn.nnn) (suffix)		13. Line Segment *			
14. Nearest RR Timetable Station <u>MIAMI</u>		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A	
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 checked="" 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 checked="" type="checkbox"/> Number Per Day <u>32</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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees <u>25.900365</u> (WGS84 std: nn.nnnnnnn) <u>25.9003660-</u>		28. Longitude in decimal degrees <u>-80.163153</u> (WGS84 std: -nnn.nnnnnnn) <u>-80.163153-</u>	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *			
30.B. Railroad Use *		30.C. Railroad Use *			
30.D. Railroad Use *		30.E. Railroad Use *			
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) <u>30</u>	1.B. Total Night Thru Trains (6 PM to 6 AM) <u>15</u>	1.C. Total Switching Trains <u>0</u>	1.D. Total Transit Trains <u>0</u>	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) <u>2018</u>		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) <u>45</u> <u>79</u> 3.B. Typical Speed Range Over Crossing (mph) From <u>30</u> <u>79</u> to <u>45</u>		
4. Type and Count of Tracks Main <u>2</u> Sidling Yard Transit Industry				
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 checked="" type="checkbox"/> None				
6. Is Track Signaled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.A. Event Recorder <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 05/15/2013	PAGE 2	D. Crossing Inventory Number (7 char.) 272810H
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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) 6	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 2	<input type="checkbox"/> W10-2	<input type="checkbox"/> W10-3	<input type="checkbox"/> W10-11
		<input type="checkbox"/> W10-4	<input checked="" type="checkbox"/> W10-4 1	<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 checked="" type="checkbox"/> All Approaches <input checked="" 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 type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type <u>RB-8</u> Count <u>3</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>4</u> Pedestrian <u>2</u>	3.B. Gate Configuration <input checked="" type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) <input type="checkbox"/> 3 Quad <input type="checkbox"/> Resistance <input type="checkbox"/> 4 Quad <input type="checkbox"/> Median Gates	3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>4</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input checked="" type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>8</u> <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs <u>16</u> <u>15</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) 2
3.J. Non-Train Active Warning <input type="checkbox"/> Flagg/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 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	

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 * <u>24</u> Length * <u>90</u>				
<input type="checkbox"/> 1 Timber <input checked="" 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 checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) <u>70</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 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 checked="" type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit <u>40</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1988 <u>2017</u> AADT 04641 <u>19000</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 <u>0</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 _____ 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 DMB 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

POST

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) 07/24/2013	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 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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 272611P
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE		
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI NORTH MIAMI		5. Street/Road Name & Block Number N.E.16TH AVE (Street/Road Name) * (Block Number)		6. Highway Type & No.		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR BLF			
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN		
12. RR Milepost 0356.92 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *				
14. Nearest RR Timetable Station MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		
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 checked="" 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 checked="" type="checkbox"/> Number Per Day 32	
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established			
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees 25.896892 (WGS84 std: nn.nnnnnnn) -26.9450560		28. Longitude in decimal degrees -80.166601 (WGS84 std: -nnn.nnnnnnn) -80.4577490		
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *				
30.B. Railroad Use *		30.C. Railroad Use *				
30.D. Railroad Use *		30.E. Railroad Use *				
31.A. State Use *			31.B. State Use *			
31.C. State Use *			31.D. State Use *			
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *			
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)		

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 30	1.B. Total Night Thru Trains (6 PM to 6 AM) 15	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) 2018		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 45-79 3.B. Typical Speed Range Over Crossing (mph) From 30-79 to 45		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 07/24/2013 PAGE 2 D. Crossing Inventory Number (7 char.) 272611P

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) 8		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 2	<input type="checkbox"/> W10-3	<input type="checkbox"/> W10-11	<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 checked="" 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 2 <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 4 2 Pedestrian 2	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 2 <input type="checkbox"/> Incandescent Not Over Traffic Lane 2 <input checked="" type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 6 4 <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included		3.E. Total Count of Flashing Light Pairs 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 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"/> Flagger/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 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		

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes 4 2	<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 * 24 Length * 81							
<input type="checkbox"/> 1 Timber <input checked="" 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) 125			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 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 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 System? 30 MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
5. Linear Referencing System (LRS Route ID) *				6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 024822 17,700	8. Estimated Percent Trucks 00 %	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	

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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>07/23/2013</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 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"/> Admin. Correction <input checked="" type="checkbox"/> Quiet Zone Update	D. DOT Crossing Inventory Number 272612W
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA	3. County MIAMI-DADE
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near <u>MIAMI</u> <u>NORTH MIAMI</u>		5. Street/Road Name & Block Number <u>N.E. 125TH ST.</u> (Street/Road Name) * (Block Number)	
6. Highway Type & No.		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR <u>BLF</u>		9. Railroad Division or Region <input type="checkbox"/> None	
10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None <u>MAIN</u>	
12. RR Milepost <u>0357.42</u> (prefix) (nnnn.nnn) (suffix)		13. Line Segment *	
14. Nearest RR Timetable Station <u>MIAMI</u>		15. Parent RR (if applicable) <input type="checkbox"/> N/A	
16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		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 checked="" 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 checked="" type="checkbox"/> Number Per Day <u>32</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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established	
26. HSR Corridor ID <input type="checkbox"/> N/A	27. Latitude in decimal degrees <u>25.890781</u> (WGS84 std: nn.nnnnnnn) <u>25.8907890</u>	28. Longitude in decimal degrees <u>-80.170673</u> (WGS84 std: -nnn.nnnnnnn) <u>-80.1706840</u>	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 *		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) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131	
35. State Contact (Telephone No.)			

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) <u>30</u>	1.B. Total Night Thru Trains (6 PM to 6 AM) <u>15</u>	1.C. Total Switching Trains <u>0</u>	1.D. Total Transit Trains <u>0</u>	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) <u>2018</u>		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) <u>79</u> 3.B. Typical Speed Range Over Crossing (mph) From <u>25</u> to <u>79</u> to <u>45</u>		
4. Type and Count of Tracks Main <u>2</u> Siding _____ Yard _____ Transit _____ Industry _____				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

POST

A. Revision Date (MM/DD/YYYY) 07/23/2013	PAGE 2	D. Crossing Inventory Number (7 char.) 272612W
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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) 7		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 checked="" type="checkbox"/> W10-2 <u>7</u>	<input type="checkbox"/> W10-4 _____
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.J. Other MUTCD Signs Specify Type <u>R8-B</u> 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)	
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>4</u> Pedestrian <u>1</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 checked="" type="checkbox"/> 4 Quad		3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane <u>4</u> <u>2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input checked="" type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>5</u> <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.E. Total Count of Flashing Light Pairs <u>15</u> <u>17</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	

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 type="checkbox"/> Yes <input type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) <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 checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) <u>65</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 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 checked="" 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 checked="" type="checkbox"/> No	4. Highway Speed Limit System? <u>35</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>93386</u> <u>32,000</u>		8. Estimated Percent Trucks ____ %		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

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

Submitted by _____	Organization _____	Phone _____	Date _____
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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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 04 / 25 / 2018	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 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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 272613D
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In MIAMI SHORES <input type="checkbox"/> Near NORTH MIAMI		5. Street/Road Name & Block Number N.E.107TH ST. (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify RR BLF		
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0358.35 (prefix) { (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station MIAMI	
15. Parent RR (if applicable) <input type="checkbox"/> N/A FEC		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A FEC		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 checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 032		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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excluded Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees 25.873922 (WGS84 std: nn.nnnnnnn) 25.8739490		28. Longitude in decimal degrees -80.178461 (WGS84 std: -nnn.nnnnnnn) -80.1784950	
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.E. Railroad Use *	
31.D. State Use *		32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *	
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 30	1.B. Total Night Thru Trains (6 PM to 6 AM) 15	1.C. Total Switching Trains 20	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 60-79 3.B. Typical Speed Range Over Crossing (mph) From 60-79 to 60		
4. Type and Count of Tracks Main 2 Sliding Yard Transit Industry				
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 checked="" type="checkbox"/> No		7.A. Event Recorder <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 04/25/2013		PAGE 2		D. Crossing Inventory Number (7 char.) 272613D	
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) 4	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 2	<input type="checkbox"/> W10-3
				<input type="checkbox"/> W10-2	<input type="checkbox"/> W10-4
					<input type="checkbox"/> W10-11
					<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 2 <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 42 Pedestrian 2	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 (for 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 checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 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 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 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	
Part IV: Physical Characteristics					
1. Traffic Lanes Crossing Railroad Number of Lanes 2 <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 * 24 Length * 65 <input type="checkbox"/> 1 Timber <input checked="" 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) 430			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 checked="" 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 checked="" 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 System 25/30 MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
				5. Linear Referencing System (LRS Route ID) *	
				6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 912879 2018 AADT 10,383		8. Estimated Percent Trucks 00 %	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
Submission Information - This information is used for administrative purposes and is not available on the public website.					
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 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.					

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 08-28-2011	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 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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 272616Y
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI SHORES		5. Street/Road Name & Block Number PVT (Street/Road Name) * (Block Number)		6. Highway Type & No.	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR RLF		
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0359.01 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station MIAMI	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		17. Crossing Type <input type="checkbox"/> Public <input checked="" 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 checked="" 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		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 32		23. Type of Land Use <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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excluded Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees 25.869388 (WGS84 std: nn.nnnnnn)		28. Longitude in decimal degrees -80.180559 (WGS84 std: -nnn.nnnnnn)	
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 *	
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) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 30	1.B. Total Night Thru Trains (6 PM to 6 AM) 15	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) 2018		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 79 3.B. Typical Speed Range Over Crossing (mph) From 79 to 80		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
5. Train Detection (Main Track only) <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				
6. Is Track Signaled? <input type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

POST

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272616Y
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Part III: Highway or Pathway Traffic Control Device Information

1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Types of Passive Traffic Control Devices associated with the Crossing				
	2.A. Crossbuck Assemblies (count) 0 2	2.B. STOP Signs (R1-1) (count) 0 2	2.C. YIELD Signs (R1-2) (count) 0	2.D. Advance Warning Signs (Check all that apply; include count) <input checked="" type="checkbox"/> None	
				<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 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 type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify Type <u>R1-1</u> Count <u>2</u> Specify Type <u>W10-13</u> Count <u>2</u> 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)	
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 _____	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>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 of Flashing Light Pairs <u>0</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>0</u>
3.J. Non-Train Active Warning <input type="checkbox"/> Flagger/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 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 _____	<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 checked="" 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 checked="" type="checkbox"/> No
5. Crossing Surface (on Main Track, multiple types allowed) <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) _____		Installation Date * (MM/YYYY) ____/____/____ Width * <u>24</u> Length * <u>22</u>		
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

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 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 checked="" type="checkbox"/> No	4. Highway Speed Limit System? _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year _____ AADT <u>000000</u>		5. Linear Referencing System (LRS Route ID) * 6. LRS Milepost *	
8. Estimated Percent Trucks _____ %	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

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 09/20/2011	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 checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Re-Open <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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 272617F
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI SHORES		5. Street/Road Name & Block Number N.E. 96TH ST. <small>(Street/Road Name) * (Block Number)</small>		6. Highway Type & No.	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR BLF		
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0359.43 <small>(prefix) (nnnn.nnn) (suffix)</small>		13. Line Segment *			
14. Nearest RR Timetable Station MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A	
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 checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter	22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 32
23. Type of Land Use <input type="checkbox"/> Open Space <input type="checkbox"/> Farm <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excluded Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A	27. Latitude in decimal degrees 25.863851 <small>(WGS84 std: nn.nnnnnnn) 26.8750000</small>	28. Longitude in decimal degrees -80.183116 <small>(WGS84 std: -nnn.nnnnnnn) -80.1779710</small>	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 *		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) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 30	1.B. Total Night Thru Trains (6 PM to 6 AM) 15	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 79 3.B. Typical Speed Range Over Crossing (mph) From 50-79 to 80		
4. Type and Count of Tracks Main 2 Sliding Yard Transit Industry				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

POST

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272617F
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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) 2 8	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 2	<input type="checkbox"/> W10-3
				<input checked="" type="checkbox"/> W10-2 2	<input type="checkbox"/> W10-4
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 checked="" 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 2 <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 2 Pedestrian 2	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 2 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input checked="" type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 1-4 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included
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. 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 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 <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic Number of Lanes 4 <input checked="" 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 * 24 Length * 90 <input type="checkbox"/> 1 Timber <input checked="" 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 checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) 90		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 checked="" 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 30 MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 2018 AADT 043884 16,515	8. Estimated Percent Trucks 00 %	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				

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

Submitted by _____	Organization _____	Phone _____	Date _____
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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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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 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>09/26/2014</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 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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 272618M
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI SHORES		5. Street/Road Name & Block Number N.E.6TH AVE (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR BLF		
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0359.75 (prefix) (nnnn.nnn) (suffix)		13. Line Segment		14. Nearest RR Timetable Station MIAMI	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		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 checked="" type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 2632		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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees 25.859530 (WGS84 std: nn.nnnnnnn) 25:8597467		28. Longitude in decimal degrees -80.185113 (WGS84 std: -nnn.nnnnnnn) -80:1849000	
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.A. Narrative (Railroad Use) *	
30.B. Narrative (State Use) *		32.A. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131	
32.B. Emergency Notification Telephone No. (posted)		35. State Contact (Telephone No.)		33. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (5 AM to 6 PM) 42	1.B. Total Night Thru Trains (6 PM to 6 AM) 42	1.C. Total Switching Trains 20	1.D. Total Transit Trains 0	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/>
2. Year of Train Count Data (YYYY) 2018		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 45-79 3.B. Typical Speed Range Over Crossing (mph) From 30-79 to 45		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 09/20/2011		PAGE 2		D. Crossing Inventory Number (7 char.) 272618M	
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) 7	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 4	<input type="checkbox"/> W10-3
				<input type="checkbox"/> W10-2	<input checked="" type="checkbox"/> W10-4 1
					<input checked="" type="checkbox"/> W10-12 2
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 checked="" type="checkbox"/> No	2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2.J. Other MUTCD Signs Specify Type <u>R8-B</u> Count <u>4</u> 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)		
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>4-2</u> Pedestrian <u>2</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>9-2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input checked="" type="checkbox"/> LED	3.D. Mast Mounted Flashing Lights (count of masts) <u>9-4</u> <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs 15. <u>17</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) 2		
3.J. Non-Train Active Warning <input type="checkbox"/> Flagger/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>9</u> Specify type <u>GATELIGHT</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 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>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) <input type="checkbox"/> 1 Timber <input checked="" 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>24</u>	Length * <u>171</u>		
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 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>30</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory	5. Linear Referencing System (LRS Route ID) * 6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year <u>2008</u> AADT <u>040500</u> <u>8600</u> <u>2017</u>	8. Estimated Percent Trucks <u>2</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		
Submission Information - This information is used for administrative purposes and is not available on the public website.					
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 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.					

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 08/29/2014
B. Reporting Agency Railroad
C. Reason for Update (Select only one) Change in Data, Re-Open, New Crossing, Date, Closed, Change in Primary Operating RR, No Train Traffic, Admin. Correction, Quiet Zone Update
D. DOT Crossing Inventory Number 272619U

Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)
2. State FLORIDA
3. County MIAMI-DADE
4. City / Municipality EL PORTAL
5. Street/Road Name & Block Number N.E. 87TH ST.
6. Highway Type & No.
7. Do Other Railroads Operate a Separate Track at Crossing? No
8. Do Other Railroads Operate Over Your Track at Crossing? Yes BLF
9. Railroad Division or Region
10. Railroad Subdivision or District
11. Branch or Line Name MAIN
12. RR Milepost 0360.07
13. Line Segment
14. Nearest RR Timetable Station MIAMI
15. Parent RR (if applicable)
16. Crossing Owner (if applicable)
17. Crossing Type Public
18. Crossing Purpose Highway
19. Crossing Position At Grade
20. Public Access (if Private Crossing) Yes
21. Type of Train Freight
22. Average Passenger Train Count Per Day Number Per Day 32

23. Type of Land Use Residential
24. Is there an Adjacent Crossing with a Separate Number? No
25. Quiet Zone (FRA provided) No
26. HSR Corridor ID
27. Latitude in decimal degrees 25.855178
28. Longitude in decimal degrees -80.187114
29. Lat/Long Source Actual

30.A. Railroad Use *
30.B. Railroad Use *
30.C. Railroad Use *
30.D. Railroad Use *
31.A. State Use *
31.B. State Use *
31.C. State Use *
31.D. State Use *
32.A. Narrative (Railroad Use) *
32.B. Narrative (State Use) *

33. Emergency Notification Telephone No. (posted) 800-342-1131
34. Railroad Contact (Telephone No.) 800-342-1131
35. State Contact (Telephone No.)

Part II: Railroad Information

1. Estimated Number of Daily Train Movements
1.A. Total Day Thru Trains (6 AM to 6 PM) 30
1.B. Total Night Thru Trains (6 PM to 6 AM) 15
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)
3. Speed of Train at Crossing
3.A. Maximum Timetable Speed (mph) 79
3.B. Typical Speed Range Over Crossing (mph) From 50 to 80
4. Type and Count of Tracks Main 2, Siding, Yard, Transit, Industry
5. Train Detection (Main Track only) Constant Warning Time, Motion Detection, AFO, PTC, DC, Other, None
6. Is Track Signaled? Yes
7.A. Event Recorder Yes
7.B. Remote Health Monitoring No

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U. S. DOT CROSSING INVENTORY FORM

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272619U
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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) 2		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 2 <input type="checkbox"/> W10-2		<input type="checkbox"/> W10-3 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-11 <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 checked="" type="checkbox"/> No	
2.J. Other MUTCD Signs Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		<input type="checkbox"/> Yes <input checked="" 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)	
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 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 type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	
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.E. Total Count of Flashing Light Pairs 0 + 5	
3.J. Non-Train Active Warning <input type="checkbox"/> Flagger/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 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 2		<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	
5. Crossing Surface (on Main Track, multiple types allowed) <input type="checkbox"/> 1 Timber <input checked="" 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 * 24		Length * 41	
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) 65				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 30 MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory	
7. Annual Average Daily Traffic (AADT) Year 2008 AADT 5883		8. Estimated Percent Trucks 00 %		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	

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 09/20/2011	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 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 checked="" type="checkbox"/> Quiet Zone Update <input type="checkbox"/> Admin. Correction	D. DOT Crossing Inventory Number 272620N
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE		
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI		5. Street/Road Name & Block Number N.E. 82ND ST. (Street/Road Name) * (Block Number)		6. Highway Type & No.		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR BLF			
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN		
12. RR Milepost 0360.45 (prefix) (nnnn.nnn) (suffix)		13. Line Segment				
14. Nearest RR Timetable Station MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		
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	22. Average Passenger Train Count Per Day <input type="checkbox"/> Less Than One Per Day <input checked="" type="checkbox"/> Number Per Day 32	
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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established			
26. HSR Corridor ID <input type="checkbox"/> N/A	27. Latitude in decimal degrees 25.850006 (WGS84 std: nn.nnnnnn) 25-8633040	28. Longitude in decimal degrees -80.188918 (WGS84 std: -nnn.nnnnnn) -80-1884030	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 *			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) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)		

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 10-30	1.B. Total Night Thru Trains (6 PM to 6 AM) 10-15	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 79 3.B. Typical Speed Range Over Crossing (mph) From 79 to 79		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7.B. Remote Health Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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U. S. DOT CROSSING INVENTORY FORM

POST

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272620N
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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) 2		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>3</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 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.J. Other MUTCD Signs Specify Type <u>RB-8</u> Count <u>4</u> Specify Type _____ Count _____ Specify Type _____ Count _____		<input checked="" type="checkbox"/> Yes <input checked="" 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)	
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>2</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>0-2</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>0</u> <input checked="" type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2-4</u> <input type="checkbox"/> Incandescent <input checked="" type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	
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.E. Total Count of Flashing Light Pairs <u>0-12</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 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 checked="" 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 * <u>24</u> Length * <u>65</u> <input type="checkbox"/> 1 Timber <input checked="" 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 checked="" type="checkbox"/> No If Yes, Approximate Distance (feet) <u>285</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 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 checked="" 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 checked="" type="checkbox"/> No		4. Highway Speed Limit System? <u>40</u> MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory	
5. Linear Referencing System (LRS Route ID) *								
6. LRS Milepost *								
7. Annual Average Daily Traffic (AADT) Year <u>1998</u> AADT <u>047079-16000</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 <u>0</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 _____ 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 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.

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U. S. DOT CROSSING INVENTORY FORM

POST

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) 09/20/2011
B. Reporting Agency Railroad
C. Reason for Update (Select only one) Change in Data
D. DOT Crossing Inventory Number 272621V

Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)
2. State FLORIDA
3. County MIAMI-DADE
4. City / Municipality In MIAMI
5. Street/Road Name & Block Number N.E. 79ST ST.

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

9. Railroad Division or Region None
10. Railroad Subdivision or District None
11. Branch or Line Name MAIN
12. RR Milepost 0360.61

13. Line Segment
14. Nearest RR Timetable Station MIAMI
15. Parent RR (if applicable) N/A
16. Crossing Owner (if applicable) N/A

17. Crossing Type Public
18. Crossing Purpose Highway
19. Crossing Position At Grade
20. Public Access (if Private Crossing) No
21. Type of Train Intercity Passenger
22. Average Passenger Train Count Per Day Number Per Day 32

23. Type of Land Use Commercial
24. Is there an Adjacent Crossing with a Separate Number? No

25. Quiet Zone (FRA provided) No
26. HSR Corridor ID N/A
27. Latitude in decimal degrees 25.847713
28. Longitude in decimal degrees -80.188817

29. Lat/Long Source Actual
30.A. Railroad Use
30.B. Railroad Use
30.C. Railroad Use
30.D. Railroad Use

31.A. State Use
31.B. State Use
31.C. State Use
31.D. State Use
32.A. Narrative (Railroad Use)
32.B. Narrative (State Use)

33. Emergency Notification Telephone No. (posted) 800-342-1131
34. Railroad Contact (Telephone No.) 800-342-1131
35. State Contact (Telephone No.)

Part II: Railroad Information

1. Estimated Number of Daily Train Movements
1.A. Total Day Thru Trains (6 AM to 6 PM) 30
1.B. Total Night Thru Trains (6 PM to 6 AM) 15
1.C. Total Switching Trains 0
1.D. Total Transit Trains 0
1.E. Check if Less Than One Movement Per Day

2. Year of Train Count Data (YYYY) 2018
3. Speed of Train at Crossing
3.A. Maximum Timetable Speed (mph) 45-45
3.B. Typical Speed Range Over Crossing (mph) From 25-45 to 45-

4. Type and Count of Tracks
Main 2 Siding Yard Transit Industry

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

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

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U. S. DOT CROSSING INVENTORY FORM

POST

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272621V
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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) 2	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 2	<input type="checkbox"/> W10-3
				<input type="checkbox"/> W10-2	<input checked="" type="checkbox"/> W10-4 1
				<input type="checkbox"/> W10-11	<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 type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type <u>RB-8</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>2.4</u> Pedestrian <u>2</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 checked="" 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>0</u> <input checked="" type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>2.5</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>16</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 checked="" type="checkbox"/> Yes <input 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>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	

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 * <u>24</u> Length * <u>81</u>				
<input type="checkbox"/> 1 Timber <input checked="" 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>50</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 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 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"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>031465-25000</u>		5. Linear Referencing System (LRS Route ID) *	
8. Estimated Percent Trucks <u>00</u> %		6. LRS Milepost *	
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	

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011 PAGE 2 D. Crossing Inventory Number (7 char.) 272595H

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>		2.B. STOP Signs (R1-3) (count) <u>0</u>	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None		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 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>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>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 of Flashing Light Pairs <u>0</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 checked="" type="checkbox"/> Yes <input 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 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		

Part IV: Physical Characteristics

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 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 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 System? _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>019152</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 <u>0</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 _____ 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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 09 / 20 / 2011	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 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	D. DOT Crossing Inventory Number 272596P
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near MIAMI		5. Street/Road Name & Block Number N.E.203RD ST. (Street/Road Name) *(Block Number)		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0352.86 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station MIAMI *	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		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 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 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					
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 25.9405190		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -80.1500090	
29. Lat/Long Source <input 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.D. State Use *		32.A. Narrative (Railroad Use) *	
32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131	
35. State Contact (Telephone No.)					

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 11	1.B. Total Night Thru Trains (6 PM to 6 AM) 11	1.C. Total Switching Trains 12	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 50 3.B. Typical Speed Range Over Crossing (mph) From 50 to 50		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272596P
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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) 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"/> None	
				<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.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 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 2 <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.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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.J. Non-Train Active Warning <input type="checkbox"/> Flagger/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.I. Bells (count) 2	
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 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					

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes 8 <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 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 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				

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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit System? _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 049600		8. Estimated Percent Trucks 06 %		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					

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 09 / 20 / 2011	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 checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date <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	D. DOT Crossing Inventory Number 272598D
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near HALLANDALE		5. Street/Road Name & Block Number MIAMI GARDEN DR. <small>(Street/Road Name) * (Block Number)</small>		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0353.18 <small>(prefix) (nnnn.nnn) (suffix)</small>		13. Line Segment * <input type="checkbox"/> N/A			
14. Nearest RR Timetable Station * FT LAUDERDALE		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A	
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 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 checked="" type="checkbox"/> Number Per Day <u>26</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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnn) 25.9407010		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnn) -80.1933980	
29. Lat/Long Source <input 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.E. Railroad Use *	
30.F. Railroad Use *		31.D. State Use *		32.A. Narrative (Railroad Use) *	
32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131	
35. State Contact (Telephone No.)					

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 12	1.B. Total Night Thru Trains (6 PM to 6 AM) 12	1.C. Total Switching Trains 2	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 55 3.B. Typical Speed Range Over Crossing (mph) From 40 to 55		
4. Type and Count of Tracks Main <u>1</u> Siding <u>1</u> Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272598D
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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) 8	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 <input type="checkbox"/> W10-2	<input type="checkbox"/> W10-3 <input type="checkbox"/> W10-4
	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 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 type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____	<input type="checkbox"/> Yes <input checked="" 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)		
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 6 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 9 <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 of Flashing Light Pairs 16	
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) 2	
3.J. Non-Train Active Warning <input type="checkbox"/> Flagger/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 9 Specify type GATES		
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	

Part IV: Physical Characteristics

1. Traffic Lanes Crossing Railroad Number of Lanes 7 <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) <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) 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

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 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 40 MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 2006 AADT 048500		8. Estimated Percent Trucks 2 %	
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	

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 09 / 20 / 2011	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 checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed <input type="checkbox"/> Re-Open <input type="checkbox"/> Date <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	D. DOT Crossing Inventory Number 272602R
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near MIAMI		5. Street/Road Name & Block Number N.E. 179TH ST. (Street/Road Name) [* (Block Number)]		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0353.60 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *			
14. Nearest RR Timetable Station MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A	
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 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	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 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 type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 25.9339490		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -80.1519850	
29. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *			
30.B. Railroad Use *		30.C. Railroad Use *			
30.D. Railroad Use *		30.E. Railroad Use *			
31.A. Narrative (Railroad Use) *			31.B. Narrative (State Use) *		
32. Emergency Notification Telephone No. (posted) 800-342-1131		33. Railroad Contact (Telephone No.) 800-342-1131		34. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 10	1.B. Total Night Thru Trains (6 PM to 6 AM) 10	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? <input type="checkbox"/>
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 45 to 50		
4. Type and Count of Tracks Main 1 Sliding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011		PAGE 2		D. Crossing Inventory Number (7 char.) 272602R	
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) 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"/> None <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 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 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 <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) 1 <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 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 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	
Part IV: Physical Characteristics					
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 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 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 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 _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 007181		8. Estimated Percent Trucks 00 %	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
Submission Information - This information is used for administrative purposes and is not available on the public website.					
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 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.					

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 09 / 20 / 2011	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 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	D. DOT Crossing Inventory Number 272603X
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near NORTH MIAMI BEACH		5. Street/Road Name & Block Number N.E. 172ND ST. (Street/Road Name) [* (Block Number)]		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0354.09 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *			
14. Nearest RR Timetable Station MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A	
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 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 <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 type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 25.9407200		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -80.1499560	
29. Lat/Long Source <input 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 *			
30.E. Railroad Use *		31.D. State Use *			
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 10	1.B. Total Night Thru Trains (6 PM to 6 AM) 10	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? <input type="checkbox"/>
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 45 to 50		
4. Type and Count of Tracks Main <u>1</u> Siding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011 PAGE 2 D. Crossing Inventory Number (7 char.)
272603X

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>		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 type="checkbox"/> None	
				<input checked="" type="checkbox"/> W10-1	<input type="checkbox"/> W10-3
				<input type="checkbox"/> W10-2	<input type="checkbox"/> W10-4
				<input type="checkbox"/> W10-11	<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 type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		<input type="checkbox"/> Yes <input checked="" 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)	
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>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>0</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 checked="" type="checkbox"/> Yes <input 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 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	

Part IV: Physical Characteristics

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 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 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 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 _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>019011</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 <u>0</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 _____ 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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 05 / 14 / 2014	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 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	D. DOT Crossing Inventory Number 272604E
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI		5. Street/Road Name & Block Number SR 826 NE 163RD <small>(Street/Road Name) * (Block Number)</small>		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0354.70 <small>(prefix) (nnnn.nnn) (suffix)</small>		13. Line Segment * <input type="checkbox"/> N/A FEC			
14. Nearest RR Timetable Station * N MIAMI BEACH		15. Parent RR (if applicable) <input type="checkbox"/> N/A FEC		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A FEC	
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 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excluded Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 25.9231620		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -80.1542330	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *			
30.B. Railroad Use *		30.C. Railroad Use *			
30.D. Railroad Use *		30.E. Railroad Use *			
31.A. Narrative (Railroad Use) *			31.B. Narrative (State Use) *		
32.A. Emergency Notification Telephone No. (posted) 800-342-1131		32.B. Railroad Contact (Telephone No.) 800-342-1131		32.C. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 8	1.B. Total Night Thru Trains (6 PM to 6 AM) 8	1.C. Total Switching Trains 2	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 45 3.B. Typical Speed Range Over Crossing (mph) From 30 to 40		
4. Type and Count of Tracks Main 1 Sliding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 05/14/2014	PAGE 2	D. Crossing Inventory Number (7 char.) 272604E
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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) 5	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		
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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Specify Type _____ Count <u>3</u> Specify Type _____ Count <u>1</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>6</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>6</u> <input type="checkbox"/> Incandescent Not Over Traffic Lane <u>3</u> <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) <u>8</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>17</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			3.I. Bells (count) <u>4</u>		
3.J. Non-Train Active Warning <input type="checkbox"/> Flagger/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>4</u> Specify type (NAS) _____		
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 type="checkbox"/> Simultaneous <input checked="" type="checkbox"/> Advance	
4.D. 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>9</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 checked="" type="checkbox"/> Yes <input 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 (an 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>200</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 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"/> (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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory	
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>044500</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		

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 08 / 06 / 2014	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 checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Re-Open <input 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	D. DOT Crossing Inventory Number 272606T
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI		5. Street/Road Name & Block Number NE 151ST STREET <small>(Street/Road Name) [* (Block Number)]</small>		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAINLINE	
12. RR Milepost 0355.49 <small>(prefix) (nnnn.nnn) (suffix)</small>					
13. Line Segment *		14. Nearest RR Timetable Station * N MIAMI BEACH		15. Parent RR (if applicable) <input type="checkbox"/> N/A FEC	
16. Crossing Owner (if applicable) <input type="checkbox"/> N/A FEC					
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 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 25.9150750		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -80.1577410	
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 *			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) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 8	1.B. Total Night Thru Trains (6 PM to 6 AM) 8	1.C. Total Switching Trains 2	1.D. Total Transit Trains	1.E. Check if Less Than One Movement Per Day <input type="checkbox"/>
2. Year of Train Count Data (YYYY)				
3. Speed of Train at Crossing		3.A. Maximum Timetable Speed (mph) 45		
		3.B. Typical Speed Range Over Crossing (mph) From 30 to 40		
4. Type and Count of Tracks Main 1 Siding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 08/06/2014	PAGE 2	D. Crossing Inventory Number (7 char.) 272606T
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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) 9	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 <input type="checkbox"/> W10-2	<input type="checkbox"/> W10-3 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-11 <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.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 6 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 4 <input type="checkbox"/> Incandescent Not Over Traffic Lane 1 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 6 <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 17
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. 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 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Crossing Surface (on Main Track, multiple types allowed) <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) _____		Installation Date * (MM/YYYY) ____/____/____	Width * _____ Length * _____
6. Intersecting Roadway within 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) 200		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 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 System? _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 010025		8. Estimated Percent Trucks 00 %	
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	

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) PAGE 2 D. Crossing Inventory Number (7 char.)
272607A

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) 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"/> None	
				<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 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. 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 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) 1 <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 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 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	

Part IV: Physical Characteristics

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 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 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 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 System? _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 002220		8. Estimated Percent Trucks 00 %	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			

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 09 / 20 / 2011	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 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	D. DOT Crossing Inventory Number 272609N
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near NORTH MIAMI		5. Street/Road Name & Block Number N.E. 141TH ST. (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0356.12 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station MIAMI	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		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 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 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	
24. Is there an Adjacent Crossing with a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnn) 25.9146000		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnn) -80.1628040	
29. Lat/Long Source <input 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 *		32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *	
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 11	1.B. Total Night Thru Trains (6 PM to 6 AM) 11	1.C. Total Switching Trains 2	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 45 to 60		
4. Type and Count of Tracks Main 1 Siding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272609N
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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) 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"/> None	
				<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 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.J. Other MUTCD Signs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify Type _____ Count <u>3</u> Specify Type _____ Count <u>3</u> Specify Type _____ Count _____		2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.I. 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>0</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"/> Flagger/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>2</u> Specify type (NIS) _____	
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 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 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) ____/____/_____ <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

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 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 System? _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>001400</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>0</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 _____ 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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 05 / 15 / 2013	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 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"/> Admn. Correction	D. DOT Crossing Inventory Number 272610H
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near NORTH MIAMI		5. Street/Road Name & Block Number N.E. 135TH ST. <small>(Street/Road Name) * (Block Number)</small>		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0356.31 <small>(prefix) (nnnn.ann) (suffix)</small>		13. Line Segment * <input type="checkbox"/> N/A			
14. Nearest RR Timetable Station MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A	
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 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	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 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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees <small>(WGS84 std: nn.nnnnnn)</small> 25.9003360		28. Longitude in decimal degrees <small>(WGS84 std: -nnn.nnnnnn)</small> -80.1630950	
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 *			
30.E. Railroad Use *		31.D. State Use *			
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains <small>(6 AM to 6 PM)</small> 8	1.B. Total Night Thru Trains <small>(6 PM to 6 AM)</small> 8	1.C. Total Switching Trains 2	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 45 3.B. Typical Speed Range Over Crossing (mph) From 30 to 45		
4. Type and Count of Tracks Main 1 Siding Yard Transit Industry				
5. Train Detection (Main Track only) <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				
6. Is Track Signaled? <input type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 05/15/2013	PAGE 2	D. Crossing Inventory Number (7 char.) 272610H
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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) 6	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	<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. Channellization 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.J. Other MUTCD Signs 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>4</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 (for Bridged) Flashing Light Structures (count) Over Traffic Lane <u>4</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>6</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included
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. 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		
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 * _____		

Part IV: Physical Characteristics

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 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 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
5. Linear Referencing System (LRS Route ID) *					
6. LRS Milepost *					
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>018414</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 <u>0</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 _____ 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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 07 / 24 / 2013	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 checked="" type="checkbox"/> Change in Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Re-Open <input type="checkbox"/> Date Change Only <input type="checkbox"/> Closed <input type="checkbox"/> Admin. Correction <input type="checkbox"/> Change In Primary Operating RR	D. DOT Crossing Inventory Number 272611P
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI		5. Street/Road Name & Block Number N.E.16TH AVE (Street/Road Name) } * (Block Number)		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0356.92 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station MIAMI	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		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 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 25.9150560		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -80.1577490	
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 *		32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *	
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 8	1.B. Total Night Thru Trains (6 PM to 6 AM) 8	1.C. Total Switching Trains 2	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 45 3.B. Typical Speed Range Over Crossing (mph) From 30 to 45		
4. Type and Count of Tracks Main 1 Siding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 07/24/2013	PAGE 2	D. Crossing Inventory Number (7 char.) 272611P
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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) 8	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 <input type="checkbox"/> W10-2	<input type="checkbox"/> W10-3 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-11 <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"/> Medlan <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. 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 4 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 2 <input type="checkbox"/> Incandescent Not Over Traffic Lane 2 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 6 <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 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) 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	

Part IV: Physical Characteristics

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 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 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

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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 024822		8. Estimated Percent Trucks 00 %	
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	

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 07 / 23 / 2013	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 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	D. DOT Crossing Inventory Number 272612W
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI		5. Street/Road Name & Block Number N.E. 125TH ST. (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0357.42 (prefix) (nnnn.nnn) (suffix)		13. Line Segment		14. Nearest RR Timetable Station * MIAMI	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		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 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnn) 25.8907890		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnn) -80.1706840	
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 *	
32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-342-1131	
34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)			

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 8	1.B. Total Night Thru Trains (6 PM to 6 AM) 8	1.C. Total Switching Trains 2	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 45 3.B. Typical Speed Range Over Crossing (mph) From 25 to 45		
4. Type and Count of Tracks Main 1 Sliding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 07/23/2013	PAGE 2	D. Crossing Inventory Number (7 char.) 272612W
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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) 7	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 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.J. Other MUTCD Signs 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>4</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 (for Bridged) Flashing Light Structures (count) Over Traffic Lane <u>4</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>6</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 15
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) 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 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	

Part IV: Physical Characteristics

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 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 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

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 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit System? _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>033350</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 <u>0</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 _____ 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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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 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) 04 / 25 / 2013	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 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	D. DOT Crossing Inventory Number 272613D
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near NORTH MIAMI		5. Street/Road Name & Block Number N.E. 107TH ST. (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0358.35 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *			
14. Nearest RR Timetable Station MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A FEC		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A FEC	
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 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 type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excluded Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 25.8739490		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -80.1784950	
29. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated		30.A. Railroad Use *			
30.B. Railroad Use *		30.C. Railroad Use *			
30.D. Railroad Use *		30.E. Railroad Use *			
31.A. State Use *			31.B. State Use *		
31.C. State Use *			31.D. State Use *		
32.A. Narrative (Railroad Use) *			32.B. Narrative (State Use) *		
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 8	1.B. Total Night Thru Trains (6 PM to 6 AM) 8	1.C. Total Switching Trains 2	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 50 to 60		
4. Type and Count of Tracks Main 2 Sidling Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 04/25/2013	PAGE 2	D. Crossing Inventory Number (7 char.) 272613D
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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) 4	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 <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.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 4 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 of Flashing Light Pairs 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 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	

Part IV: Physical Characteristics

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) _____ 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 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

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 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 System? _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 012879		8. Estimated Percent Trucks 00 %	
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	

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

Submitted by _____	Organization _____	Phone _____	Date _____
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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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 09 / 20 / 2011	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 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	D. DOT Crossing Inventory Number 272616Y
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input type="checkbox"/> In <input checked="" type="checkbox"/> Near MIAMI SHORES		5. Street/Road Name & Block Number PVT (Street/Road Name) * (Block Number)		6. Highway Type & No.	
7. Do Other Railroads Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR			8. Do Other Railroads Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR		
9. Railroad Division or Region <input type="checkbox"/> None		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0359.01 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station MIAMI	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		17. Crossing Type <input type="checkbox"/> Public <input checked="" 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 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 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 type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn)		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn)	
29. Lat/Long Source <input 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.A. Narrative (Railroad Use) *	
30.D. Narrative (Railroad Use) *		31.D. State Use *		32.B. Narrative (State Use) *	
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 0	1.B. Total Night Thru Trains (6 PM to 6 AM) 0	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? <input type="checkbox"/>
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 0 to 0		
4. Type and Count of Tracks Main 0 Siding Yard Transit Industry				
5. Train Detection (Main Track only) <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				
6. Is Track Signaled? <input 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011 PAGE 2 D. Crossing Inventory Number (7 char.)
272616Y

Part III: Highway or Pathway Traffic Control Device Information

1. Are there Signs or Signals? <input type="checkbox"/> Yes <input checked="" 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"/> None		
				<input type="checkbox"/> W10-1 <input type="checkbox"/> W10-2	<input type="checkbox"/> W10-3 <input type="checkbox"/> W10-4	<input type="checkbox"/> W10-11 <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 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 Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2.K. Private Crossing Signs (if private) <input checked="" 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 _____		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>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 of Flashing Light Pairs <u>0</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>0</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 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	

Part IV: Physical Characteristics

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) ____/____/_____ <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

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 type="checkbox"/> (1) Urban <input type="checkbox"/> (2) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (3) Other Freeways and Expressways <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (6) Minor Collector <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"/> Statutory	
				5. Linear Referencing System (LRS Route ID) *		6. LRS Milepost *	
7. Annual Average Daily Traffic (AADT) Year _____ AADT <u>000000</u>		8. Estimated Percent Trucks _____ %		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	

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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 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) 09 / 20 / 2011	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 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	D. DOT Crossing Inventory Number 272617F
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI SHORES		5. Street/Road Name & Block Number N.E. 96TH ST. (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0359.43 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station MIAMI	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		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 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 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 type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 25.8750000		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -80.1779710	
29. Lat/Long Source <input 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.A. Narrative (Railroad Use) *	
32.B. Narrative (State Use) *		33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131	
35. State Contact (Telephone No.)		30.D. Railroad Use *		31.D. State Use *	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 10	1.B. Total Night Thru Trains (6 PM to 6 AM) 10	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? <input type="checkbox"/>
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 50 to 60		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272617F
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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) 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"/> None	
				<input checked="" type="checkbox"/> W10-1 <input type="checkbox"/> W10-2	<input type="checkbox"/> W10-3 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-11 <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.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 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 <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) 1 <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 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 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	

Part IV: Physical Characteristics

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 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 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 _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 013884		5. Linear Referencing System (LRS Route ID) * 6. LRS Milepost *	
8. Estimated Percent Trucks 00 %	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

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272618M
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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) 7	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 <input type="checkbox"/> W10-2	<input type="checkbox"/> W10-3 <input type="checkbox"/> W10-4 <input type="checkbox"/> W10-11 <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 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 checked="" type="checkbox"/> No
2.I. 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 4 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 9 <input type="checkbox"/> Incandescent Not Over Traffic Lane 0 <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) 9 <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 15
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"/> Flagger/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 9 Specify type GATELIGHT			3.L. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____		
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 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	
				4.D. 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 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 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) 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

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 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 30 MPH <input checked="" type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 2006 AADT 010500		8. Estimated Percent Trucks 2 %		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					

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

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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 09 / 20 / 2011	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 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	D. DOT Crossing Inventory Number 272619U
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company (FEC)		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near EL PORTAL		5. Street/Road Name & Block Number N.E. 87TH ST. <i>(Street/Road Name)</i> <i>*(Block Number)</i>		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0360.07 <i>(prefix) (nnnn.nnn) (suffix)</i>		13. Line Segment * <input type="checkbox"/> N/A			
14. Nearest RR Timetable Station * MIAMI		15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A	
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 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 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 type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 26.8676400		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -80.1813960	
29. Lat/Long Source <input 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 *		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) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 10	1.B. Total Night Thru Trains (6 PM to 6 AM) 10	1.C. Total Switching Trains 0	1.D. Total Transit Trains	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)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 50 to 60		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272619U
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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) 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"/> None	
				<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 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 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 <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) 1 <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	
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 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	

Part IV: Physical Characteristics

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 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	

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 System? _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory	
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 009810		8. Estimated Percent Trucks 00 %		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	

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

Submitted by _____	Organization _____	Phone _____	Date _____
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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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 09 / 20 / 2011	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 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	D. DOT Crossing Inventory Number 272620N
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In MIAMI <input type="checkbox"/> Near		5. Street/Road Name & Block Number N.E. 82ND ST. (Street/Road Name) * (Block Number)		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0360.45 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station * MIAMI	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		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 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 type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnnn) 25.8633040		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnnn) -80.1834030	
29. Lat/Long Source <input 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 *		32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *	
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 10	1.B. Total Night Thru Trains (6 PM to 6 AM) 10	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? <input type="checkbox"/>
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 60 3.B. Typical Speed Range Over Crossing (mph) From 50 to 60		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011 PAGE 2 D. Crossing Inventory Number (7 char.)
272620N

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) 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"/> None		
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 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 of Flashing Light Pairs 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	

Part IV: Physical Characteristics

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 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 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year <u>1988</u> AADT <u>017079</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 <u>0</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 _____ 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 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.

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U. S. DOT CROSSING INVENTORY FORM

PRE

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) 09 / 20 / 2011	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 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	D. DOT Crossing Inventory Number 272621V
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Part I: Location and Classification Information

1. Primary Operating Railroad Florida East Coast Railway Company [FEC]		2. State FLORIDA		3. County MIAMI-DADE	
4. City / Municipality <input checked="" type="checkbox"/> In <input type="checkbox"/> Near MIAMI		5. Street/Road Name & Block Number N.E.79ST ST. (Street/Road Name) (* (Block Number))		6. Highway Type & No.	
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		10. Railroad Subdivision or District <input type="checkbox"/> None		11. Branch or Line Name <input type="checkbox"/> None MAIN	
12. RR Milepost 0360.61 (prefix) (nnnn.nnn) (suffix)		13. Line Segment *		14. Nearest RR Timetable Station MIAMI	
15. Parent RR (if applicable) <input type="checkbox"/> N/A		16. Crossing Owner (if applicable) <input type="checkbox"/> N/A		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 type="checkbox"/> Freight <input type="checkbox"/> Intercity Passenger <input type="checkbox"/> Commuter		22. Average Passenger Train Count Per Day <input type="checkbox"/> Shared Use Transit <input type="checkbox"/> Tourist/Other		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 type="checkbox"/> No If Yes, Provide Crossing Number			25. Quiet Zone (FRA provided) <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 Hr <input type="checkbox"/> Partial <input type="checkbox"/> Chicago Excused Date Established		
26. HSR Corridor ID <input type="checkbox"/> N/A		27. Latitude in decimal degrees (WGS84 std: nn.nnnnnn) 25.8615550		28. Longitude in decimal degrees (WGS84 std: -nnn.nnnnnn) -80.1841960	
29. Lat/Long Source <input 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.E. Railroad Use *	
31.D. State Use *		32.A. Narrative (Railroad Use) *		32.B. Narrative (State Use) *	
33. Emergency Notification Telephone No. (posted) 800-342-1131		34. Railroad Contact (Telephone No.) 800-342-1131		35. State Contact (Telephone No.)	

Part II: Railroad Information

1. Estimated Number of Daily Train Movements				
1.A. Total Day Thru Trains (6 AM to 6 PM) 10	1.B. Total Night Thru Trains (6 PM to 6 AM) 10	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? <input type="checkbox"/>
2. Year of Train Count Data (YYYY)		3. Speed of Train at Crossing 3.A. Maximum Timetable Speed (mph) 45 3.B. Typical Speed Range Over Crossing (mph) From 25 to 45		
4. Type and Count of Tracks Main 2 Siding Yard Transit Industry				
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 type="checkbox"/> Yes <input checked="" 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

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U. S. DOT CROSSING INVENTORY FORM

PRE

A. Revision Date (MM/DD/YYYY) 09/20/2011	PAGE 2	D. Crossing Inventory Number (7 char.) 272621V
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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) 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"/> None	
				<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.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 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 2 <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 of Flashing Light Pairs 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 checked="" type="checkbox"/> Yes <input 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 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 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 type="checkbox"/> None	

Part IV: Physical Characteristics

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) ____/____/_____ <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

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 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Highway Speed Limit System? _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory
7. Annual Average Daily Traffic (AADT) Year 1988 AADT 031155		8. Estimated Percent Trucks 00 %	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			

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

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 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.

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Attachment B

Result from the FRA's "Quiet Zone Calculator"

Print This Page

Home | Help | Contact | logoff ocm@miamidade.gov

Change Scenario:

[Create New Zone](#)
[Manage Existing Zones](#)
[Log Off](#)

Step by Step Instructions:

Step 1: To specify New Warning Device (For Pre-Rule Quiet Zone Only) and/or SSM, click the [MODIFY](#) Button

Step 2: Select proposed warning device or SSM. Then click the [UPDATE](#) button. To generate a spreadsheet of the values on this page, click on [ASM](#) button—This spreadsheet can then be used for ASM calculations.

Step 3: Repeat Step (2) until the [SELECT](#) button is shown at the bottom right side of this page. Note that the [SELECT](#) button is shown **ONLY** when the Quiet Zone Risk Index falls below the NSRT or the Risk Index with Horn.

Step 4: To save the scenario and continue, click the [SELECT](#) button

Crossing	Street	Traffic	Warning Device	Pre-SSM	SSM	Risk	
272595H	N.E. 215TH ST.	17322	Gates	0	0	84,617.49	MODIFY
272596P	N.E.203RD ST.	57406	Gates	14	0	228,485.16	MODIFY
272598D	MIAMI GARDEN DR.	37000	Gates	13	0	251,117.21	MODIFY
272602R	N.E. 179TH ST.	4586	Gates	0	4	11,076.97	MODIFY
272603X	N.E.172ND ST.	22864	Gates	0	0	430,734.32	MODIFY
272604E	SR 826 NE 163RD	58000	Gates	0	0	279,315.79	MODIFY
272606T	NE 151ST STREET	13808	Gates	0	0	88,018.33	MODIFY
272607A	N.E. 146TH ST.	11013	Gates	0	0	72,397.62	MODIFY
272609N	N.E. 141TH ST.	9247	Gates	0	4	62,503.85	MODIFY
272610H	N.E.135TH ST.	19000	Gates	0	0	312,330.12	MODIFY
272611P	N.E.16TH AVE	12993	Gates	0	13	14,904.23	MODIFY
272612W	N.E..125TH ST.	32000	Gates	0	4	17,853.34	MODIFY
272613D	N.E.107TH ST.	10383	Gates	0	0	71,645.91	MODIFY
272617F	N.E. 96TH ST.	18515	Gates	0	0	91,924.30	MODIFY
272618M	N.E.6TH AVE	8600	Gates	0	0	183,346.97	MODIFY
272619U	N.E. 87TH ST.	5883	Gates	0	0	64,549.44	MODIFY
272620N	N.E. 82ND ST.	16000	Gates	14	0	77,220.72	MODIFY
272621V	N.E.79ST ST.	25500	Gates	0	4	13,967.05	MODIFY

* Only Public At Grade Crossings are listed.

ALERT: Quiet Zone qualifies because QZRI is less than Risk Index with Horns.

Click for [Supplementary Safety Measures \[SSM\]](#)

Click for ASM spreadsheet: * Note:The use of ASMs requires an application to and approval from the FRA.

Summary	
Proposed Quiet Zone:	Pre SSM Including NE 186 St 4-9-19
Type:	New 24-hour QZ
Scenario:	PRE SSM IN_54742
Estimated Total Cost:	\$415,000.00
Nationwide Significant Risk Threshold:	14723 .00
Risk Index with Horns:	154033.98
Quiet Zone Risk Index:	130889.38
<input type="button" value="Select"/>	



Quiet Zone Designation Information

Name Leandro J. Oña, P.E.	Job Title Chief, Roadway Engineering & Right-of-Way Division	Organization Miami-Dade County, Department of Transportation PW	
Address 111 NW 1 Street, Suite 1515	City Miami	State FL	Zip Code 33128
Phone 305-375-1909	Fax	Email Leandro.Ona@miamidade.gov	

272595H N.E. 215TH ST.	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 84,617.49
Crossing Type Public	SSM None		Pre-Existing SSM None	

272596P N.E.203RD ST.	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 228,485.16
Crossing Type Public	SSM None		Pre-Existing SSM One-Way Streets with Gates	

272598D MIAMI GARDEN DR.	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 251,117.21
Crossing Type Public	SSM None		Pre-Existing SSM Non-Traversable Curb Medians with or without Channelization Devices	

272602R N.E. 179TH ST.	Proposed Warning Device Gates	Estimated Cost 100,000.00	Wayside Horn No	Risk Index 11,076.97
Crossing Type Public	SSM Four-Quadrant Gates Upgrade from Two-Quadrant gates, No Vehicle Presence Detection		Pre-Existing SSM None	

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272603X N.E.172ND ST.	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 430,734.32
Crossing Type Public	SSM None		Pre-Existing SSM None	
272604E SR 826 NE 163RD	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 279,315.79
Crossing Type Public	SSM None		Pre-Existing SSM None	
272606T NE 151ST STREET	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 88,018.33
Crossing Type Public	SSM None		Pre-Existing SSM None	
272607A N.E. 146TH ST.	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 72,397.62
Crossing Type Public	SSM None		Pre-Existing SSM None	
272609N N.E. 141TH ST.	Proposed Warning Device Gates	Estimated Cost 100,000.00	Wayside Horn No	Risk Index 62,503.85
Crossing Type Public	SSM Four-Quadrant Gates Upgrade from Two-Quadrant gates, No Vehicle Presence Detection		Pre-Existing SSM None	
272610H N.E.135TH ST.	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 312,330.12
Crossing Type Public	SSM None		Pre-Existing SSM None	

272611P N.E.16TH AVE	Proposed Warning Device Gates	Estimated Cost 15,000.00	Wayside Horn No	Risk Index 14,904.23
Crossing Type Public	SSM Non-Traversable Curb Medians with or without Channelization Devices		Pre-Existing SSM None	
272612W N.E..125TH ST.	Proposed Warning Device Gates	Estimated Cost 100,000.00	Wayside Horn No	Risk Index 17,853.34
Crossing Type Public	SSM Four-Quadrant Gates Upgrade from Two-Quadrant gates, No Vehicle Presence Detection		Pre-Existing SSM None	
272613D N.E.107TH ST.	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 71,645.91
Crossing Type Public	SSM None		Pre-Existing SSM None	
272616Y PVT	Proposed Warning Device No signs or Signals	Estimated Cost 0.00	Wayside Horn No	Risk Index 0.00
Crossing Type Private	SSM None		Pre-Existing SSM None	
272617F N.E. 96TH ST.	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 91,924.30
Crossing Type Public	SSM None		Pre-Existing SSM None	
272618M N.E.6TH AVE	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 183,346.97
Crossing Type Public	SSM None		Pre-Existing SSM None	

272619U N.E. 87TH ST.	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 64,549.44
Crossing Type Public	SSM None		Pre-Existing SSM None	
272620N N.E. 82ND ST.	Proposed Warning Device Gates	Estimated Cost 0.00	Wayside Horn No	Risk Index 77,220.72
Crossing Type Public	SSM None		Pre-Existing SSM One-Way Streets with Gates	
272621V N.E. 79ST ST.	Proposed Warning Device Gates	Estimated Cost 100,000.00	Wayside Horn No	Risk Index 13,967.05
Crossing Type Public	SSM Four-Quadrant Gates Upgrade from Two-Quadrant gates, No Vehicle Presence Detection		Pre-Existing SSM None	

Note: If zone is a partial new quiet zone, gates are not required if the crossing is to be closed during partial quiet zone period, permanently closed, or grade separated.

Zone ID : 44822		Scenario ID : 54742		
Date : 4/9/2019 2:47:15 PM				
Railroad FEC	Pre Rule? NO	Partial? NO	Time of Partial Quiet Zone	Total Traffic 380,120
Estimated Total Cost \$415,000.00	Nationwide Significant Risk Threshold 14723		Risk Index with Horns 154,033.98	Quiet Zone Risk Index 130,889.38

Basis for Establishment or Continuation of Quiet Zone

This quiet zone is being established in compliance with the following (check one)

- § 222.39(a)(1), implementation of SSMs at every public crossing in the New Quiet Zone or New Partial Quiet Zone;
- § 222.39(a)(2)(i), the QZRI is at or below the NSRT without installation of any SSMs at the New Quiet Zone or New Partial Quiet Zone;
- § 222.39(a)(2)(ii), SSMs were implemented at some crossings in the New Quiet Zone or New Partial Quiet Zone to bring the QZRI to a level at or below the NSRT;
- § 222.39(a)(3), SSMs were implemented at some crossings in the New Quiet Zone or New Partial Quiet Zone to bring the QZRI to a level at or below the RIWH; or
- § 222.39(b), public authority application to the FRA for a New Quiet Zone or New Partial Quiet Zone.
- § 222.41(a)(1)(i) Pre-Rule Quiet Zones that qualify for automatic approval because every crossing is equipped with an SSM,
- § 222.41(a)(1)(ii) Pre-Rule Quiet Zones that qualify for automatic approval because $QZRI \leq NSRT$,
- § 222.41(a)(1)(iii) Pre-Rule Quiet Zones that qualify for automatic approval because $NSRT < QZRI < 2 * NSRT$, and there have been no relevant collisions within the 5 years preceding April 27, 2005
- § 222.41(a)(1)(iv) Pre-Rule Quiet Zones that qualify for automatic approval because $NSRT < RIWH$.
- § 222.41(b)(1)(i) Pre-Rule Partial Quiet Zones that qualify for automatic approval because every crossing is equipped with an SSM,
- § 222.41(b)(1)(ii) Pre-Rule Partial Quiet Zones that qualify for automatic approval because $QZRI \leq NSRT$,
- § 222.41(b)(1)(iii) Pre-Rule Partial Quiet Zones that qualify for automatic approval because $NSRT < QZRI < 2 * NSRT$, and there have been no relevant collisions within the 5 years preceding April 27, 2005.
- § 222.41(b)(1)(iv) Pre-Rule Partial Quiet Zones that qualify for automatic approval because $NSRT < RIWH$.
- § 222.41(c) Pre-Rule Quiet Zones and Pre-Rule Partial Quiet Zones that do not qualify for automatic approval

§ 222.41(d) Pre-Rule Partial Quiet Zones that will be converted to 24-hour New Quiet Zones

§ 222.42(a) Intermediate Quiet Zones or Intermediate Partial Quiet Zones

§ 222.42(b) Intermediate Partial Quiet Zones that will be converted to 24-hour New Quiet Zones.

Applicant Signature _____

Date _____

Frank Guyamier, P.E.
Deputy Director/County Engineer

Chief Executive Officer Statement.

I hereby certify that the information submitted in this notification is accurate and complete to the best of my knowledge and belief.

Signature _____

Date _____

Frank Guyamier, P.E.
Deputy Director/County Engineer

Note: A copy of this report along with other required contents (see § 222.43(e)(2)) must be sent to all of the parties required in § 222.43(a)(4). FRA's notification should be mailed to:

Associate Administrator for Safety
Federal Railroad Administration
1200 New Jersey Avenue, SE, MS-25
Washington, DC 20590



Federal Railroad Administration

Quiet Zone Designation Information

Public At-grade Open Crossing Information

Crossing:	272595H	Urban(U)/Rural(R):	U.Local
Warning Device:	Gates	Highway Paved:	yes
aadt:	17322	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	3
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	0
Other Tracks:	0	Total Switching Trains:	0

Crossing:	272596P	Urban(U)/Rural(R):	U.Collector
Warning Device:	Gates	Highway Paved:	yes
aadt:	57406	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	4
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	1
Other Tracks:	0	Total Switching Trains:	0

Crossing:	272598D	Urban(U)/Rural(R):	U.Minor Arterial
Warning Device:	Gates	Highway Paved:	yes
aadt:	37000	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	7
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	1
Other Tracks:	0	Total Switching Trains:	0

Crossing:	272602R	Urban(U)/Rural(R):	U.Local
Warning Device:	Gates	Highway Paved:	yes
aadt:	4586	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	2
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	0
Other Tracks:	0	Total Switching Trains:	0
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Crossing:	272603X	Urban(U)/Rural(R):	U.Collector
Warning Device:	Gates	Highway Paved:	yes
aadt:	22864	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	4
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	3
Other Tracks:	0	Total Switching Trains:	0
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Crossing:	272604E	Urban(U)/Rural(R):	U.Prin. Arterial
Warning Device:	Gates	Highway Paved:	yes
aadt:	58000	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	9
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	1
Other Tracks:	0	Total Switching Trains:	0
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Crossing:	272606T	Urban(U)/Rural(R):	U.Collector
Warning Device:	Gates	Highway Paved:	yes
aadt:	13808	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	4
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	0
Other Tracks:	0	Total Switching Trains:	0

Crossing:	272607A	Urban(U)/Rural(R):	U.Local
Warning Device:	Gates	Highway Paved:	yes
aadt:	11013	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	2
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	0
Other Tracks:	0	Total Switching Trains:	0
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Crossing:	272609N	Urban(U)/Rural(R):	U.Local
Warning Device:	Gates	Highway Paved:	yes
aadt:	9247	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	2
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	3
Other Tracks:	0	Total Switching Trains:	0
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Crossing:	272610H	Urban(U)/Rural(R):	U.Minor Arterial
Warning Device:	Gates	Highway Paved:	yes
aadt:	19000	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	4
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	2
Other Tracks:	0	Total Switching Trains:	0
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Crossing:	272611P	Urban(U)/Rural(R):	U.Collector
Warning Device:	Gates	Highway Paved:	yes
aadt:	12993	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	2
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	0
Other Tracks:	0	Total Switching Trains:	0

Crossing:	272612W	Urban(U)/Rural(R):	U.Minor Arterial
Warning Device:	Gates	Highway Paved:	yes
aadt:	32000	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	4
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	0
Other Tracks:	0	Total Switching Trains:	0
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Crossing:	272613D	Urban(U)/Rural(R):	U.Collector
Warning Device:	Gates	Highway Paved:	yes
aadt:	10383	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	2
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	0
Other Tracks:	0	Total Switching Trains:	0
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Crossing:	272617F	Urban(U)/Rural(R):	U.Collector
Warning Device:	Gates	Highway Paved:	yes
aadt:	18515	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	4
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	0
Other Tracks:	0	Total Switching Trains:	0
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Crossing:	272618M	Urban(U)/Rural(R):	U.Minor Arterial
Warning Device:	Gates	Highway Paved:	yes
aadt:	8600	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	4
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	1
Other Tracks:	0	Total Switching Trains:	0

Crossing:	272619U	Urban(U)/Rural(R):	U.Collector
Warning Device:	Gates	Highway Paved:	yes
aadt:	5883	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	2
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	0
Other Tracks:	0	Total Switching Trains:	0
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Crossing:	272620N	Urban(U)/Rural(R):	U.Prin. Arterial
Warning Device:	Gates	Highway Paved:	yes
aadt:	16000	Maximum Timetable Speed :	79
Total Trains:	45	Highway Lanes:	2
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	0
Other Tracks:	0	Total Switching Trains:	0
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Crossing:	272621V	Urban(U)/Rural(R):	U.Prin. Arterial
Warning Device:	Gates	Highway Paved:	yes
aadt:	25500	Maximum Timetable Speed :	45
Total Trains:	45	Highway Lanes:	4
Day Through Trains:	30	No. of Accident Data Years:	5
Main Tracks:	2	No. of Accidents:	0
Other Tracks:	0	Total Switching Trains:	0

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MEMORANDUM
(Revised)

TO: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

DATE: June 4, 2019

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 8(N)(1)

Please note any items checked.

- "3-Day Rule" for committees applicable if raised
- 6 weeks required between first reading and public hearing
- 4 weeks notification to municipal officials required prior to public hearing
- Decreases revenues or increases expenditures without balancing budget
- Budget required
- Statement of fiscal impact required
- Statement of social equity required
- Ordinance creating a new board requires detailed County Mayor's report for public hearing
- No committee review
- Applicable legislation requires more than a majority vote (i.e., 2/3's present ____, 2/3 membership ____, 3/5's ____, unanimous ____, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) ____, CDMP 2/3 vote requirement per 2-116.1(3)(h) or (4)(c) ____, or CDMP 9 vote requirement per 2-116.1(4)(c)(2) ____) to approve
- Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 8(N)(1)
6-4-19

RESOLUTION NO. _____

RESOLUTION AUTHORIZING THE MAYOR OR THE MAYOR'S DESIGNEE TO FILE A NOTICE OF QUIET ZONE ESTABLISHMENT WITH THE FEDERAL RAILROAD ADMINISTRATION ALONG THE FLORIDA EAST COAST RAILWAY FROM NE 79 STREET TO NE 215 STREET/COUNTY LINE

WHEREAS, this Board desires to accomplish the purpose set forth in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes the Mayor or the Mayor's designee to file the Notice of Quiet Zone Establishment with the Federal Railroad Administration along the Florida East Coast Railway from NE 79 Street to NE 215 Street/County Line attached as Exhibit 2 to the accompanying Mayor's Memorandum and to execute the same for and on behalf of Miami-Dade County.

The foregoing resolution was offered by Commissioner who moved its adoption. The motion was seconded by Commissioner and upon being put to a vote, the vote was as follows:

Audrey M. Edmonson, Chairwoman	
Rebeca Sosa, Vice Chairwoman	
Esteban L. Bovo, Jr.	Daniella Levine Cava
Jose "Pepe" Diaz	Sally A. Heyman
Eileen Higgins	Barbara J. Jordan
Joe A. Martinez	Jean Monestime
Dennis C. Moss	Sen. Javier D. Souto
Xavier L. Suarez	

The Chairperson thereupon declared this resolution duly passed and adopted this 4th day of June, 2019. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

EWB for

Hugo Benitez