

# BUS DRIVER'S REPORT OF RAILROAD CROSSING CONCERN

Please return completed form to [MDOT-RailSafety@Michigan.gov](mailto:MDOT-RailSafety@Michigan.gov).

## ENTITY

SCHOOL/COMPANY			
ADDRESS	CITY	STATE	ZIP CODE

## RAILROAD CROSSING INFORMATION

NAME OF RAILROAD			
NAME OF STREET		NATIONAL INVENTORY/DOT NUMBER	
CITY	TOWNSHIP	COUNTY	
NEARBY ROADS			
and			

**TYPE OF WARNING DEVICES AT CROSSING:** *(Please check all boxes that apply.)*

<input type="checkbox"/> Crossbucks	<input type="checkbox"/> Yield Signs	<input type="checkbox"/> Stop Signs	<input type="checkbox"/> Pavement Markings	<input type="checkbox"/> No Passing Lines
<input type="checkbox"/> Stop Bars	<input type="checkbox"/> Flashing Lights	<input type="checkbox"/> Cantilevers w ith Flashing Lights	<input type="checkbox"/> Gates	
<input type="checkbox"/> Other _____				

**DESCRIBE CONCERN:** If site distance issue, check with quadrant and state the issue.

<input type="checkbox"/> Northeast	<input type="checkbox"/> Northwest	<input type="checkbox"/> Southeast	<input type="checkbox"/> Southwest
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PERSON REPORTING CONCERN	DATE REPORTED
TRANSPORTATION SUPERVISOR	TELEPHONE NUMBER
E-MAIL ADDRESS	

## FOR OFFICIAL USE ONLY

INSPECTOR ASSIGNED	DATE GIVEN TO INSPECTOR
ACTION TAKEN	
INSPECTOR SIGNATURE	DATE