



**OREGON DEPARTMENT OF TRANSPORTATION
RAIL DIVISION
CROSSING BLOCKAGE REPORT FORM
555 13TH ST NE, STE 3, SALEM OR 97301-4179
P: 866-628-8867 F: 503-986-3183**

BLOCKAGE NUMBER _____ Name or initials of person taking complaint _____

DATE OF BLOCKAGE ___/___/___ DATE OF REPORT ___/___/___

Name of City or Town: _____

Crossing Name: _____ Crossing Number: _____

Engine Number: _____ Freight Car No(s): _____

How many trains were involved? _____ Did the train stop? YES ___ NO ___

What direction did the train leave? _____

Start of Blockage: _____ End of Blockage: _____

What device did you use to time the blockage? _____

Were there any unusual circumstances, noises or problems with the train? _____

Additional
Comments: _____

Complainant(s) Name(s): _____

Address: _____

_____ Telephone No.: _____

Were YOU ___ or SOMEONE ELSE ___ at the crossing during the entire blockage period?

Are you willing to testify in court regarding your complaint? YES ___ NO ___