

	COLLISIONS AND INCIDENTS AT RAIL CROSSINGS		<i>Issued: JAN 2015</i>
			<i>Revised:</i>
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RECOMMENDED PRACTICES	PART	AT-GRADE RAIL CROSSINGS	
	SECTION		
	SUB-SECTION		

Collisions and Incidents at Rail Crossings

Typically when collisions occur at railway grade crossings the injuries sustained by the motor vehicle operator/occupants, pedestrian or cyclist are fatal. In such instances, the same department protocol as for fatal highway collisions should be followed. This protocol consists of visiting the site and completing the Fatal Collision Site Visit form (TRANS0067 (2006/12)) provided by the Collision Information Fatals Clerk of Safety, Policy and Engineering Division (SPED) via email to the Operations Manager of the affected district. See sample form attached.

The District Operations Manager prints the form and assigns the site visit to a qualified staff member. The designated staff member visits the site, completes the report and returns it for signature to the Operations Manager. Once signed, the report is mailed back to TSS for processing and filing.

This information is collected and disclosed in accord with the Traffic Safety Act (TSA), Section 73, for the purpose of investigating a motor vehicle accident and increasing road safety. The Act further states that the information collected cannot be used as evidence in any subsequent legal proceeding.

No copies of the completed site visit form are to be made or kept in the Region or District office. SPED is the custodian of all collision data collected and responsible for the release of collision data and statistics. The form collects general location information, and allows the department representative on site to verify whether or not there were deficiencies at the crossing at the time of the

collision that need to be corrected (missing signs, obstructed sightlines, etc.).

References to Standards

Canada Railway Safety Act	Grade Crossings Regulations
Canada Transportation Act	Canadian Transportation Agency
Alberta Traffic Safety Act	



Fatal Collision Site Visit Report

This information is collected by Transportation Safety Services under the authority of the Traffic Safety Act (TSA), Section 73. The collected information will **ONLY** be used to compile comparative statistics on the causes of collisions and to make recommendations for increased road safety. Information gathered on this form must not be used for any other purposes. Once completed, copying of this form or disclosure of any information on this form is strictly prohibited.

Collision Case Number	Fatal File Number	Collision Date (yyyy/mm/dd)	Time (24 hour clock)	Site Visit Date (yyyy/mm/dd)	Time (24 hour clock)
Region			District		
Collision Description			Location Description		

Is the location description consistent with the physical roadway site? Yes No. If YES, go directly to the GPS Coordinates area.

If No, it is In Near _____
Name of City, Town, Village, Hamlet, National Park, Indian Reservation

On Provincial Hwy. No. _____ At intersection with Provincial Hwy. No. _____ Street / Avenue _____
OR _____

If NOT at intersection: _____ Metres Km N S E W _____
of Street, Highway, Town

Special Reference - If location can be described more precisely, enter here:

Provide the following information:

GPS Coordinates	* Latitude	* Longitude	Highway	Control Section	Elevation Foot
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MAINTENANCE INFORMATION

Are there any items observed during the site visit that require department attention? Yes No

If Yes, check **all** applicable categories:

- | | |
|---|---|
| 1. <input type="checkbox"/> Signs | 8. <input type="checkbox"/> Right of Way |
| 2. <input type="checkbox"/> Drainage | 9. <input type="checkbox"/> Obstructions in ditch affecting sight distances |
| 3. <input type="checkbox"/> Guardrail | 10. <input type="checkbox"/> Structures (bridges, interchanges) |
| 4. <input type="checkbox"/> Road Surface | 11. <input type="checkbox"/> Traffic Signals |
| 5. <input type="checkbox"/> Pavement Markings | 12. <input type="checkbox"/> Railway Crossings |
| 6. <input type="checkbox"/> Shoulders | 13. <input type="checkbox"/> Illumination |
| 7. <input type="checkbox"/> Sideways | |

14. Other (specify):

Work Order Number(s) for above maintenance:

TSM00081 (2004 2)

ADDITIONAL OBSERVATIONS

Report Completed By: _____ Name _____ Signature _____ Date (yyyy/mm/dd)	Reviewed By: _____ Signature of Operations Manager _____ Date (yyyy/mm/dd)
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Forward completed form to:

Alberta Infrastructure and Transportation
 Transportation Safety Services Division
 Driver Safety and Research
 Main Floor Twin Air Building
 4800 98th Avenue Edmonton Alberta T6B 2P2