

UCTA-31

MONTHLY STATEMENT OF NON-TRAIN ACCIDENTS
INVOLVING DAMAGE TO CROSSING GATES AND FLASHING LIGHT SIGNALS
(no contact with train)

NAME OF COMPANY _____

TO: RAIL SAFETY DIVISION
BUREAU OF TRANSPORTATION & SAFETY
PENNSYLVANIA PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG PA 17105-3265

For the Month of _____, 19____

CROSSING GATES

DATE	AAR/USDOT	LOCATION	RAILROAD PROPERTY DAMAGE	NO. KILLED OR INJURED IF ANY

FLASHING LIGHT SIGNALS

DATE	AAR/USDOT	LOCATION	RAILROAD PROPERTY DAMAGE	NO. KILLED OR INJURED IF ANY