

UNSAFE GRADE CROSSING FORM

SMART TRANSPORTATION DIVISION

MISSOURI LEGISLATIVE BOARD

Employee: *Complete this form on any Unsafe Grade Crossing condition. Report the problem to your Supervisor on duty and give a copy of this form to your SMART Local Legislative Representative. Should Corrective Action not be taken by the Carrier, your Representative will then contact the Superintendent and SMART State Legislative Director.*

DATE: ____ - ____ - ____ TIME: ____ : ____ AM ____ PM ____

Supervisor Reporter to: (Title & Name) _____

Railroad: _____

Location of Unsafe Grade Crossing (Division/Subdivision, Milepost, Street Name, Etc.)

Description of Unsafe Crossing: _____

Recommended Actions: _____

IMPORTANT! We need your full Name, Address, Phone Number, and Local Number.

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ Local # _____

IF YOU HAVE ANY OTHER COMMENTS PLEASE USE THE BACK OF THIS FORM AND PROMPTLY RETURN TO YOUR LOCAL LEGISLATIVE REPRESENTATIVE. IF ADDITIONAL ASSISTANCE IS NEEDED WITH THIS FORM, YOU MAY ALSO CONTACT YOUR STATE DIRECTOR AT THE INFORMATION PROVIDED BELOW.

Directions: When filling out this form from your computer, please save a copy to your computer. Upon completion, forward the form in an e-mail (*as an attachment*) to your Local Legislative Representative.



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