



# Railroad Annual Report

**General instructions:**

1. This annual report must be filed by all railroads, **other than Class I carriers**, operating in Oregon. All switching and terminal companies will be designated Class III railroads, as defined by the Surface Transportation Board.
2. All questions in this annual report must be fully answered (ORS 824.030).
3. Throughout the report "Year" means the calendar year covered by the report.
4. Complete the Annual Report and the verification form. Retain a copy for your records.

CALENDAR YEAR	
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NAME OF RAILROAD (AS CERTIFIED BY THE SURFACE TRANSPORTATION BOARD)
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NAME OF GENERAL MANAGER OR PERSON LOCATED IN OREGON RESPONSIBLE FOR DAILY OPERATION
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STREET ADDRESS OR PO BOX	CITY	STATE	ZIP	PHONE
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NAME OF OWNER (IF DIFFERENT FROM ABOVE)
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STREET ADDRESS OR PO BOX	CITY	STATE	ZIP	PHONE
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NAME OF INDIVIDUAL TO WHOM CORRESPONDENCE CONCERNING THIS REPORT AND THE RAIL FEE ASSESSMENT SHOULD BE ADDRESSED
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STREET ADDRESS OR PO BOX	CITY	STATE	ZIP	PHONE
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OPERATING INCOME	CURRENT YEAR	PREVIOUS YEAR
1. Freight	\$	\$
2. Passenger (regularly scheduled, commuter, excursion, and special events/holidays)	\$	\$
3. Other (switching, demurrage, etc.)	\$	\$
<b>4. Total railroad operating revenues (Line 1 + Line 2 + Line 3)</b>	\$	\$
5. Total carloads originated and interchanged (except intermodal)		
6. Total carloads received and terminated (except intermodal)		
7. Total intraline carloads (except intermodal)		
8. Total carloads bridged interchange to interchange (except intermodal)		
9. Total COFC <b>containers</b> originated, terminated or bridged		
9a. Total TOFC/COFC <b>carloads</b> originated, terminated or bridged		
<b>10. Total all carloads handled (Line 5 + Line 6 + Line 7 + Line 8 + Line 9a)</b>		

Principle commodities handled:

OREGON LINES IN USE (MILES)	OWNED	LEASED	OPERATED UNDER TRACKAGE RIGHTS	TOTAL
12. Main track operated				
13. Yard, sidings, other operated				
14. Locomotives				
15. Freight cars				
			CURRENT YEAR	PREVIOUS YEAR
16. Percent (%) of gross revenue spent on maintenance of way				

**Verification**  
 I declare under the penalties for false swearing that this report is a correct and complete statement of the business and affairs for the period covered.

NAME OF OFFICER (TYPE OR PRINT)	SIGNATURE OF OFFICER	TITLE	DATE
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