

If you would like more details about the information in these tables, or wish to obtain the complete Insurance Collision Report, please contact HLDI directly, at:

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**1005 North Glebe Road**  
**Arlington, VA 22201**  
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[FR Doc. 04-6586 Filed 3-23-04; 8:45 am]  
 BILLING CODE 4910-59-C

## DEPARTMENT OF TRANSPORTATION

### Surface Transportation Board

[STB Ex Parte No. 290 (Sub No. 5) (2004-2)]

#### Quarterly Rail Cost Adjustment Factor

**AGENCY:** Surface Transportation Board.

**ACTION:** Approval of rail cost adjustment factor.

**SUMMARY:** The Board has approved the second quarter 2004 rail cost adjustment factor (RCAF) and cost index filed by the Association of American Railroads. The second quarter 2004 RCAF (Unadjusted) is 1.033. The second quarter 2004 RCAF (Adjusted) is 0.518. The second quarter 2004 RCAF-5 is 0.493.

**EFFECTIVE DATE:** April 1, 2004.

**FOR FURTHER INFORMATION CONTACT:** Mac Frampton, (202) 565-1541 Federal Information Relay Service (FIRS) for the hearing impaired: 1-800-877-8339.

#### SUPPLEMENTARY INFORMATION:

Additional information is contained in the Board's decision. To purchase a copy of the full decision, call ASAP Document Solutions at (301) 577-2600. [Assistance for the hearing impaired is available through FIRS: 1-800-877-8339.]

This action will not significantly affect either the quality of the human environment or energy conservation.

Pursuant to 5 U.S.C. 605(b), we conclude that our action will not have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act.

Decided: March 15, 2004.

By the Board, Chairman Nober.

**Vernon A. Williams,**  
 Secretary.

[FR Doc. 04-6441 Filed 3-23-04; 8:45 am]  
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## DEPARTMENT OF TREASURY

### Submission for OMB Review; Comment Request

March 16, 2004.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Pub. L. 104-13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 11000, 1750 Pennsylvania Avenue, NW., Washington, DC 20220.

**DATES:** Written comments should be received on or before April 23, 2004 to be assured of consideration.

#### Bureau of the Public Debt (PD)

*OMB Number:* 1535-0023.

*Form Number:* PD F 4000.

*Type of Review:* Extension.

*Title:* Request to Reissue United States Savings Bonds.

*Description:* Form is used by owners to identify the securities involved and to establish authority to reissue them.

*Respondents:* Individuals or households.

*Estimated Number of Respondents:* 600,000.

*Estimated Burden Hours Per*

*Respondent:* 30 minutes.

*Frequency of Response:* On occasion.

*Estimated Total Reporting Burden*

*Hours:* 300,000 hours.

*OMB Number:* 1535-0042.

*Form Number:* PD F 2216.

*Type of Review:* Extension.

*Title:* Application by Preferred Creditor for Disposition without Administration Where deceased Owner's Estate Includes Securities Not Exceeding \$500.

*Description:* Used by preferred creditor of decedent's estate to request payment of bonds/checks not exceeding \$500.

*Respondents:* Individuals or households, Business or other for-profit.

*Estimated Number of Respondents:* 5,000.

*Estimated Burden Hours Per*

*Respondent:* 10 minutes.

*Frequency of Response:* On occasion.

*Estimated Total Reporting Burden*

*Hours:* 835 hours.

*OMB Number:* 1535-0062.

*Form Number:* PD F 2966.

*Type of Review:* Extension.

*Title:* Special Bond of Indemnity by Purchaser of United States Savings Bonds/Notes Involved in a Chain Letter Scheme.

*Description:* Used by the purchaser of savings bonds in a chain letter scheme to request refund purchase price of the bonds.

*Respondents:* Individuals or households.

*Estimated Number of Respondents:* 5,000.

*Estimated Burden Hours Per*

*Respondent:* 8 minutes.

*Frequency of Response:* On occasion.

*Estimated Total Reporting Burden*

*Hours:* 665 hours.

*OMB Number:* 1535-0096.

*Form Number:* PD F 1993.

*Type of Review:* Extension.

*Title:* Reinvestment Application.

*Description:* Used to request proceeds of matured Series H Savings Bonds be reinvested in Series HH Savings Bonds.

*Respondents:* Individuals or households.

*Estimated Number of Respondents:* 20,000.

*Estimated Burden Hours Per*

*Respondent:* 15 minutes.

*Frequency of Response:* On occasion.

*Estimated Total Reporting Burden*

*Hours:* 5,000 hours.

*OMB Number:* 1535-0127.

*CFR Part:* CFR Part 343.

*Type of Review:* Extension.

*Title:* Offering of U.S. Mortgage Guaranty Insurance Company Tax and Loss Bonds.

*Description:* Regulations governing the issue, reissue, and redemption of U.S. Mortgage Guaranty Insurance Company Tax and Loss Bonds.

*Respondents:* Business or other for-profit.

*Estimated Number of Respondents:* 37.

*Estimated Burden Hours Per*

*Respondent:* 15 minutes.

*Frequency of Response:* On occasion.