

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB Control No. 2130-0017

Expires: 3/31/2003

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State <div style="text-align: center; font-size: 1.2em; font-weight: bold;">919989R</div>	B. Crossing (max. 7) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">919989R</div>	C. Reason for Update <input type="checkbox"/> Changes in Existing Data <input checked="" type="checkbox"/> New Crossing <input type="checkbox"/> Closed Crossing or Abandoned	D. Effective Date (MM/DD/YYYY) <div style="text-align: center; font-weight: bold;">06/18/2004</div>
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Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or ICE		2. State (2 char.) IL	3. County (max. 20 char.) WINNEBAGO
4. Railroad Division or Region (max. 14) ROCKFORD	5. Railroad Subdivision or District (max. 14) ROCKTON	6. Branch or Line Name (max. 15)	7. RR Milepost (max. 7 char.) (nnnnn.nn) 0026.70
8. RR I.D. No. (max. 10 char.)	9. Nearest RR Timetable Station (max. 15) (optional) ROCKTON	10. Parent RR (max. 4) (if applicable)	11. Crossing Owner (RR or Company name) (if applicable)
12. City (max. 16 char.) (check <input type="checkbox"/> In one) <input checked="" type="checkbox"/> Near ROCKTON		13. Street or Road Name (max. 17 char.) OLD RIVER ROAD	
14. Highway Type & No. (max. 7)		15. ENS Sign Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. Quiet Zone <input type="checkbox"/> No <input type="checkbox"/> 24 hr <input type="checkbox"/> Partial <input type="checkbox"/> Unknown
17. Crossing Type (choose one) <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Pedestrian	18. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	19. Type of Passenger Service <input type="checkbox"/> AMTRAK <input type="checkbox"/> AMTRAK & Other <input type="checkbox"/> Other <input checked="" type="checkbox"/> None	20. Average Passenger Count Per Day
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide _____ (7 characters)		STATE SUPPLIED INFORMATION	
		21. HSR Corridor ID (2 char.)	
		22. County Map Ref. No. (max. 10)	
		23. Latitude (max. 10 char., .0)	
		24. Longitude (max. 11 char., -0 .)	
		25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	

27. PRIVATE CROSSING INFORMATION			
27.A. Category (check one) <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Recreational <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial	27.B. Public <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify (max. 15) _____ <input type="checkbox"/> Signals Specify (max. 15) _____	

28.A. Railroad Use (max. 20)	29.A. State Use (max. 20)
28.B. Railroad Use (max. 20)	29.B. State Use (max. 20)
28.C. Railroad Use (max. 20)	29.C. State Use (max. 20)
28.D. Railroad Use (max. 20)	29.D. State Use (max. 20)

30. Narrative (max. 100)		
31. Emergency Contact (Telephone No.)	32. Railroad Contact (Telephone No.)	33. State Contact (Telephone No.)

MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE

Part II: Railroad Information

1. Number of Daily Train Movements			
1.A. Total Trains <u>2</u>	1.B. Total Switching Trains <u>2</u>	1.C. Total Daylight Thru Trains (6 AM to 6 PM) <u>2</u>	1.D. Check if Less Than One Movement Per <input type="checkbox"/>
2. Speed of Train at Crossing			
2 A. Maximum Time Table (mph) <u>25</u>			
2 B. Typical Speed Range Over (mph) from <u>1</u> to <u>25</u>			
3. Type and Number of Tracks			
Main <u>1</u> Other _____ If Other, Specify (max. 10) _____			
4. Does Another RR Operate a Separate Track at If Yes, Specify RR (max. 16 char.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? If Yes, Specify RR (max. 16 char.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

T02-0105

U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number(max. 7) 919989R	PAGE 2	D. Effective Date (MM/DD/YYYY) 06/18/2004
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Part III: Traffic Control Device Information

1. No Signs or Signals <input type="checkbox"/> Check if Correct		2. Type of Warning Device at Crossing Signs (specify number of each)			
		2.A. Crossbucks _____ 2 _____	2.B. Highway Stop Signs (R1-1) _____	2.C. RR Advance Warning Signs (W10-1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.D. Hump Crossing Sign (W10-5) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
2.E. Pavement <input type="checkbox"/> Stoplines <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None			2.F. Other Signs: (specify MUTCD type) Number _____ Specify Type (max. 10 char.) _____ Number _____ Specify Type (max. 10 char.) _____		
3. Type of Warning Device at Crossing Train Activated Devices (specify number of each)					
3.A. Gates _____ 2 _____	3.B. Four-quadrant (or full barrier) Gates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.C. Cantilevered (or Bridged) Flashing Over Traffic (number) _____ Not Over Traffic (number) _____		3.D. Mast Mounted Flashing Lights(number) _____ 4 _____	3.E. Number of Light Pairs _____ 2 _____
3.F. Other Flashing Lights: Number _____ Specify Type(max. 9) _____			3.G. Highway Traffic Signals (number) _____	3.H. Wigwags (number) _____	3.J. Bells (number) _____
3.K. Other Train Activated Warning Devices: (specify) (max. 9 char.) _____					
4. Specify Special Warning Device NOT Train (max. 20 char.) _____			5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None		
6. Train Detection <input checked="" type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input type="checkbox"/> None		7. Signalling for Train Operation: Is Track Equipped With Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input type="checkbox"/> Not Interconnected <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Simultaneous Preemption <input type="checkbox"/> Advance Preemption	
9. Reserved For Future Use	10. Reserved For Future Use	11. Reserved For Future Use	12. Reserved For Future Use		

Part IV: Physical Characteristics

1. Type of Development <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional				2. Smallest Crossing Angle <input type="checkbox"/> 0 - 29 <input type="checkbox"/> 30 - 59 <input checked="" type="checkbox"/> 60 - 90	
3. Number of Traffic Lanes Crossing Railroad _____ 2 _____		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Is Highway Paved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Crossing Surface (on main line) <input type="checkbox"/> 1. Timber <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Asphalt and Flange <input checked="" type="checkbox"/> 4. Concrete <input type="checkbox"/> 5. Concrete and Rubber <input type="checkbox"/> 6. Rubber <input type="checkbox"/> 7. Metal <input type="checkbox"/> 8. Unconsolidated <input type="checkbox"/> 9. Other (Specify) _____					
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Nearby Intersecting Highway? <input type="checkbox"/> Less than 75 feet <input type="checkbox"/> 75 to 200 feet <input type="checkbox"/> 200 to 500 feet <input checked="" type="checkbox"/> N/A Is it Signalized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Is Crossing Illuminated? (street lights within approx. 50 feet from nearest) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Is Commercial Power Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For _____	

Part V: Highway Information

1. Highway System <input type="checkbox"/> Interstate <input type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input checked="" type="checkbox"/> Non Federal Aid		2. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Functional Classification of Road at Crossing _____ 19 _____	4. Posted Highway _____ 25 _____
5. Annual Average Daily Traffic (AADT) Year 250 AADT 250		6. Estimate Percent _____ 0 _____	7. Average Number of School Over Crossing per School Day _____ 0 _____	

Paperwork Reduction Act: Public reporting for this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB Control Number. The valid OMB Control Number for this collection is 2130-0017.

STATE OF ILLINOIS
ILLINOIS COMMERCE COMMISSION

NOTICE

RECEIVED
JUN 23 2005

Illinois Commerce Commission
RAIL SAFETY SECTION

TO: Beth Lynn
Iowa, Chicago & Eastern Railroad
140 North Phillips
Sioux Falls, SD 57104

DATE MAILED: February 16, 2005

DOCKET NO.: T01-0017 and T02-0105

DATE ORDER ENTERED: See attached orders

RAILROAD: IMRL and IC&E

TYPE OF REPORT DUE: **U.S. DOT AAR Crossing Inventory Forms**

REPORT DUE BY: See attached orders

CROSSING NO.:

LOCATION: See attached orders

WORK REQUIRED TO BE COMPLETED: See attached orders

Please submit required report to:
Director of Processing and Information
Transportation Division
Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, IL 62701