

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;">260556H</div>	B. Crossing (max. 7) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">260556H</div>	C. Reason for Update <input checked="" type="checkbox"/> Changes in Existing Data <input 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;">01/23/2006</div>
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Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or) EJE		2. State (2 char.) IL	3. County (max. 20 char.) DU PAGE
4. Railroad Division or Region (max. 14) JOLIET	5. Railroad Subdivision or District (max. 14) WESTERN SUB	6. Branch or Line Name (max. 15) MAINLINE	7. RR Milepost (max. 7 char.) (nnnnn.nn) 0022.80
8. RR I.D. No. (max. 10 char.)	9. Nearest RR Timetable Station (max. 15) (optional) EOLA	10. Parent RR (max. 4) (if applicable)	11. Crossing Owner (RR or Company name) (if applicable) EJE
12. City (max. 16 char.) (check <input checked="" type="checkbox"/> In one) <input type="checkbox"/> Near NAPERVILLE		13. Street or Road Name (max. 17 char.) DIEHL ROAD	STATE SUPPLIED INFORMATION 21. HSR Corridor ID (2 char.)
14. Highway Type & No. (max. 7) FAU1485	15. ENS Sign Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. Quiet Zone <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> 24 hr <input type="checkbox"/> Unknown	22. County Map Ref. No. (max. 10)
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 0
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide _____ (7 characters)		23. Latitude (max. 10 char.) 41.7994400	
		24. Longitude (max. 11 char.) -088.2302700	
		25. Lat/Long Source <input checked="" 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) **REMOTE MONITORING SYSTEM**

31. Emergency Contact (Telephone No.) (630)-682-7840	32. Railroad Contact (Telephone No.) (815)-740-6742	33. State Contact (Telephone No.) (847)-705-4110
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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 12	1.B. Total Switching Trains 0	1.C. Total Daylight Thru Trains (6 AM to 6 PM) 5	1.D. Check if Less Than One Movement Per <input type="checkbox"/>
2. Speed of Train at Crossing			
2 A. Maximum Time Table (mph) 45		2 B. Typical Speed Range Over (mph) from 5 to 45	
3. Type and Number of Tracks			
Main 1		Other 0 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No UP	

703-0101
X-12114

DOCKETED

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B. Crossing Number(max. 7) 260556H	PAGE 2	D. Effective Date (MM/DD/YYYY) 01/23/2006
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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 <u>2</u>	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 checked="" type="checkbox"/> No <input 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 <u>2</u>	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) <u>2</u> Not Over Traffic (number) _____		3.D. Mast Mounted Flashing Lights(number) <u>2</u>	3.E. Number of Light Pairs <u>4</u>
3.F. Other Flashing Lights: Number _____ Specify Type(max. 9) _____			3.G. Highway Traffic Signals (number)	3.H. Wigwags (number)	3.J. Bells (number) <u>2</u>
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 checked="" 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Open Space <input type="checkbox"/> Residential <input checked="" 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 <u>2</u>		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Is Highway Paved? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> 4. Concrete <input type="checkbox"/> 5. Concrete and Rubber <input checked="" 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 checked="" type="checkbox"/> 75 to 200 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> N/A Is it Signalized? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input 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 <u>16</u>	4. Posted Highway <u>0</u>
5. Annual Average Daily Traffic (AADT) Year <u>2001</u> AADT <u>014500</u>		6. Estimate Percent <u>05</u>		7. Average Number of School Over Crossing per School Day <u>0</u>	

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