

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Control No. 2130-0017
Expires: 3/31/2003

A. Initializing Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	B. Crossing Number (max 7 char) 724728Y	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) 1/16/2008
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Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char) or name) NS		2. State (2 char) IL		3. County (max 20 char) WAYNE	
4. Railroad Division or Region (max 14 char) ILLINOIS		5. Railroad Subdivision or District (max 14 char) WEST		6. Branch or Line Name (max 25 char)	
8. RR I.D. No. (max 10 char)		9. Nearest RR Timetable Station (max 15 char) (if applicable)		10. Parent RR (max 4 char) (if applicable)	
11. Crossing Owner (RR or Company name) (if applicable)		12. City (max 16 char) (check one) <input type="checkbox"/> In <input checked="" type="checkbox"/> Near SIMS		13. Street or Road Name (max 17 char) 1400 EAST RD.	
14. Highway Type & No. (max 7 char) FAS2822		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Quiet Zone <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> 24 hr <input type="checkbox"/> Unknown	
17. Crossing Type (choose one only) <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 type="checkbox"/> None	
20. Average Passenger Train Count Per Day		21. HSR Corridor ID (2 char)		22. County Map Ref.No. (max 10 char)	
23. Latitude (max 10 char, nn.nnnnnnn)		24. Longitude (max 10 char, nn.nnnnnnn)		25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
26. Is there an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Number _____ (7 characters)					

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 Access <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No		27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs <input type="checkbox"/> Signals Specify (max 15 chars) _____ Specify (max 15 chars) _____	
28.A. Railroad Use (max 20 char)		28.B. Railroad Use (max 20 char)		28.C. Railroad Use (max 20 char)	
29.A. State Use (max 20 char)		29.B. State Use (max 20 char)		29.C. State Use (max 20 char)	
29.D. State Use (max 20 char)		29.E. State Use (max 20 char)		29.F. State Use (max 20 char)	
30. Narrative (max 100 char)					
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: Location and Classification Information

1. Number of Daily Train Movements			
1.A. Total Trains	1.B. Total Switching Trains	1.C. Total Daylight Thru Trains (6AM to 6PM) 8	1.D. Check if Less Than One Movement Per Day <input type="checkbox"/>
2. Speed of Train at Crossing 2.A. Maximum Time Table Speed (mph) 50 2.B. Typical Speed Range Over Crossing (mph) From 15 to 50			
3. Type and Number of Tracks Main 1 Other 1 If Other, Specify (max 10 char) SIDING			
4. Does Another RR Operate a Separate Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max 16 chars) <input type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max 16 chars) <input type="checkbox"/> No	

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B. Crossing Number (max 7 char) 724728Y	CROSSING INVENTORY FORM PAGE 2	D. Effective Date (MM/DD/YYYY) 1/16/2008
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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.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 type="checkbox"/> Unknown	
2.E. Pavement Markings <input type="checkbox"/> Stoppines <input type="checkbox"/> RR Crossing Symbols <input checked="" type="checkbox"/> None		2.A. Crossbucks 2		2.B. Highway Stop Signs (R1-1) 0		2.F. Other Signs: (specify MUTCD type) Number 2 Specify Type (max 10 char) YIELD Number 0 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 type="checkbox"/> No		3.C. Cantilevered (or Bridged) Flashing Lights Over Traffic Lane (number) 0 Not Over Traffic Lane (number) 0		3.D. Mast Mounted Flashing Lights (number) 2	
3.F. Other Flashing Lights Number 0 Specify Type (max 9 char)				3.G. Highway Traffic Signals (number) 0		3.H. Wigwags (number) 0	
3.K. Other Train Activated Warning Devices: (specify) (max 9 char)							
4. Specify Special Warning Devices NOT Train Activated (max 20 char) CREW FLAG				5. Channelization Devices with Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None			
6. Train Detection <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection		<input type="checkbox"/> DC/AFO <input type="checkbox"/> Other <input type="checkbox"/> None		7. Signalling for Train Operation Is Track Equipped with Train Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input type="checkbox"/> Not Interconnected <input 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 checked="" 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 1		4. Are Truck Pullout Lanes Present? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Asphalt and Flange <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is Crossing Illuminated? (street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Is Commercial Power Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future Use			

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 type="checkbox"/> Non Federal Aid		2. Is Crossing on State Highway System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3. Functional Classification of Road at Crossing		4. Posted Highway Speed	
5. Annual Average Daily Traffic (AADT) Year _____ AADT 175		6. Estimate Percent Trucks 5		7. Average Number of School Buses Over Crossing per Day			

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