

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) <b>479360Y</b>	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) <b>1/16/2008</b>
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Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char) or name) <b>NS</b>	2. State (2 char) <b>IL</b>	3. County (max 20 char) <b>SANGAMON</b>	
4. Railroad Division or Region (max 14 char) <b>ILLINOIS</b>	5. Railroad Subdivision or District (max 14 char) <b>NW</b>	6. Branch or Line Name (max 25 char) <b>SPRINGFIELD</b>	7. RR Milepost (max 7 char) (nnnn.nn) <b>DH 427.4</b>
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 <input checked="" type="checkbox"/> In one) <input type="checkbox"/> Near <b>BATES</b>	13. Street or Road Name (max 17 char) <b>BATES RD.</b>	STATE SUPPLIED INFORMATION	
14. Highway Type & No. (max 7 char) <b>TR-88</b>	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	21. HSR Corridor ID (2 char)
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	22. County Map Ref.No. (max 10 char)
20. Average Passenger Train Count Per Day		23. Latitude (max 10 char, nn.nnnnnnn)	
26. Is there an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Number _____ (7 characters)		24. Longitude (max 10 char, nn.nnnnnnn)	
27. PRIVATE CROSSING INFORMATION		25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	

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)	29.A. State Use (max 20 char)	
28.B. Railroad Use (max 20 char)	29.B. State Use (max 20 char)	
28.C. Railroad Use (max 20 char)	29.C. State Use (max 20 char)	
28.D. Railroad Use (max 20 char)	29.D. 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) <b>9</b>	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) <b>60</b>			
2.B. Typical Speed Range Over Crossing (mph) From <b>50</b> to <b>50</b>			
3. Type and Number of Tracks			
Main <b>1</b> Other <b>1</b> If Other, Specify (max 10 char) <b>SIDING</b>			
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	

06-0083  
X-12508

W ADAMS

**U.S. DOT  
CROSSING INVENTORY  
FORM**

B. Crossing Number (max 7 char) <b>479360Y</b>	<b>CROSSING PAGE 2 INVENTORY FORM</b>	D. Effective Date (MM/DD/YYYY) <b>1/16/2008</b>
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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"/> Stoplines <input type="checkbox"/> RR Crossing Symbols <input checked="" type="checkbox"/> None		2.A. Crossbucks <b>2</b>		2.B. Highway Stop Signs (R1-1) <b>0</b>		2.F. Other Signs: (specify MUTCD type) Number <b>2</b> Specify Type (max 10 char) <b>1 TRACK</b> Number <b>0</b> Specify Type (max 10 char)	
3. Type of Warning Device at Crossing - Train Activated Devices (specify number of each)							
3.A. Gates <b>2</b>		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) <b>0</b> Not Over Traffic Lane (number) <b>0</b>		3.D. Mast Mounted Flashing Lights (number) <b>2</b>	
3.E. Number of Flashing Light Pairs		3.F. Other Flashing Lights Number <b>0</b> Specify Type (max 9 char)		3.G. Highway Traffic Signals (number) <b>0</b>		3.H. Wigwags (number) <b>0</b>	
3.I. Bells (number) <b>1</b>		3.K. Other Train Activated Warning Devices: (specify) (max 9 char)					
4. Specify Special Warning Devices NOT Train Activated (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 type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detection <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 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 <b>2</b>		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 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 checked="" type="checkbox"/> Less than 75 feet <input 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Functional Classification of Road at Crossing	
5. Annual Average Daily Traffic (AADT) Year _____ AADT <b>29</b>		6. Estimate Percent Trucks <b>21</b>		7. Average Number of School Buses Over Crossing per Day	

Paperwork Reduction Act: Public reporting for this information collection is estimated to average 15 minutes per response, including this 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.

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) 479362M	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) 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) SANGAMON
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4. Railroad Division or Region (max 14 char) ILLINOIS	5. Railroad Subdivision or District (max 14 char) NW	6. Branch or Line Name (max 25 char) SPRINGFIELD	7. RR Milepost (max 7 char) (nnnn.nn) DH 428.7
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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)
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12. City (max 16 char) (check one) <input type="checkbox"/> In <input checked="" type="checkbox"/> Near BATES	13. Street or Road Name (max 17 char) PATTON SCHOOL RD.	STATE SUPPLIED INFORMATION
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14. Highway Type & No. (max 7 char) TR-68A	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	22. County Map Ref.No. (max 10 char)
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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	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
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26. Is there an Adjacent Crossing With a Separate Number?  
 Yes  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) _____
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28.A. Railroad Use (max 20 char)	29.A. State Use (max 20 char)
28.B. Railroad Use (max 20 char)	29.B. State Use (max 20 char)
28.C. Railroad Use (max 20 char)	29.C. State Use (max 20 char)
28.D. Railroad Use (max 20 char)	29.D. 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.)
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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) 9	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) 60  
 2.B. Typical Speed Range Over Crossing (mph) From 50 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 <input type="checkbox"/> No If Yes, Specify RR (max 16 chars)	5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR (max 16 chars)
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T060031

T06-0083

X-12509

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U.S. DOT

**CROSSING PAGE 2  
INVENTORY**

D. Effective Date  
(MM/DD/YYYY)  
1/16/2008

B. Crossing Number (max 7 char)  
479362M

**FORM 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.A. Crossbucks 2	2.B. Highway Stop Signs (R1-1) 0				
2.E. Pavement Markings <input type="checkbox"/> Stoppelines <input type="checkbox"/> RR Crossing Symbols <input checked="" type="checkbox"/> None				2.F. Other Signs: (specify MUTCD type) Number 2 Specify Type (max 10 char) TWO TRACK 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) 0	3.E. Number of Flashing Light Pairs	
3.F. Other Flashing Lights Number 2 Specify Type (max 9 char) OTHER LIG			3.G. Highway Traffic Signals (number) 0	3.H. Wigwags (number) 0	3.J. Bells (number) 1		3.K. Other Train Activated Warning Devices: (specify) (max 9 char)
4. Specify Special Warning Devices NOT Train Activated (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 type="checkbox"/> Constant Warning Time <input type="checkbox"/> Motion Detection		DC/AFO <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>	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 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 1		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 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 checked="" type="checkbox"/> Less than 75 feet <input 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Functional Classification of Road at Crossing		4. Posted Highway Speed	
5. Annual Average Daily Traffic (AADT) Year _____ AADT 50		6. Estimate Percent Trucks 8		7. Average Number of School Buses Over Crossing per Day			

Paperwork Reduction Act: Public reporting for this information collection is estimated to average 15 minutes per response, including this 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.