

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

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;">296124L</div>	B. Crossing Number (max. 7 char.) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">296124L</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;">08/05/2008</div>
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Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or name) IC		2. State (2 char.) IL	3. County (max. 20 char.) ST CLAIR
4. Railroad Division or Region (max. 14 char.) NORTHERN REG.	5. Railroad Subdivision or District (max. 14 char.) ST LOUIS	6. Branch or Line Name (max. 15 char.) MAINLINE	7. RR Milepost (max. 7 char.) (nnnnn.nn) 0037.40
8. RR I.D. No. (max. 10 char.) IC 37.4 G	9. Nearest RR Timetable Station (max. 15 char.) (optional) MARISSA	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 checked="" type="checkbox"/> In <input type="checkbox"/> Near MARISSA		13. Street or Road Name (max. 17 char.) SOUTH MAIN ST	
14. Highway Type & No. (max. 7 char.) CH 24		15. ENS Sign Installed (1-800) <input 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 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		20. Average Passenger Train Count Per Day 0	
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Number _____ (7 characters)		STATE SUPPLIED INFORMATION	
		21. HSR Corridor ID (2 char.)	
		23. Latitude (max. 10 char., nn.nnnnnn) 38.2455020	
		24. Longitude (max. 11 char., nnn.nnnnnnn) -089.7542570	
		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 Access <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 char.) _____ <input type="checkbox"/> Signals Specify (max. 15 char.) _____	

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.) (800)-995-7908	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 6	1.B. Total Switching Trains 0	1.C. Total Daylight Thru Trains (6 AM to 6 PM) 3	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 30 to 60			
3. Type and Number of Tracks Main 1 Other 0 If Other, Specify (max. 10 char.) _____			
4. Does Another RR Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DOCKETED

U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number (max. 7 char.) 296124L	PAGE 2	D. Effective Date (MM/DD/YYYY) 08/05/2008
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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.A. Crossbucks _____ 0	2.B. Highway Stop Signs (R1-1) _____	2.C. RR Advance Warning Signs (W10-1) <input type="checkbox"/> Yes <input checked="" 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 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 Lights: Over Traffic Lane (number) _____ Not Over Traffic Lane (number) _____	3.D. Mast Mounted Flashing Lights (number) _____ 2	3.E. Number of Flashing Light Pairs _____ 6
3.F. Other Flashing Lights: Number _____ Specify Type (max. 9 char.) _____		3.G. Highway Traffic Signals (number) _____	3.H. Wigwags (number) _____	3.J. Bells (number) _____ 1
3.K. Other Train Activated Warning Devices: (specify) (max. 9 char.) _____				
4. Specify Special Warning Device 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 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 checked="" 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 checked="" type="checkbox"/> 30 - 59 <input 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 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future

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 _____ 07	4. Posted Highway Speed _____ 0
5. Annual Average Daily Traffic (AADT) Year 2003 AADT 002300		6. Estimate Percent Trucks _____ 01	7. Average Number of School Buses 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.



Arne Skrodal
Signal Design Officer
Signals & Communications

Canadian National Railway
17641 South Ashland Avenue
Homewood, Illinois 60430-1339

708-332-3271
708-332-3514 Fax

August 5, 2008
G37/3

RECEIVED
AUG 8 2008

Illinois Commerce Commission
RAILROAD DIVISION

Mr. David Lazarides
Director of Processing and Information
Transportation Division
Illinois Commerce Commission
527 East Capitol Ave.
Springfield, IL 62701

Dear Mr. Lazarides:

The new automatic flashing light signals with gates controlled by constant warning time circuitry at Main St. (DOT-296 124L), Marissa, St. Clair County, Illinois were placed in service on August 5, 2008.

This is to certify that the warning devices operate as intended and were installed in accordance with Illinois Commerce Commission Order No. T07-0060 dated August 29, 2007 and was authorized by X-Resolution 12715 dated April 14, 2008.

Attached is the U.S. DOT Crossing Inventory Form, covering the above mentioned signal work.

Sincerely,

cc: Mr. Charles J. Ingersoll, P.E.
Engineer of Local Roads and Streets
Illinois Department of Transportation
2300 South Dirksen Parkway
Springfield, IL 62764

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

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

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	B. Crossing Number (max. 7 char.) <h2 style="text-align: center;">309474U</h2>	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) <h3 style="text-align: center;">07/30/2008</h3>
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Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or name) IC		2. State (2 char.) IL		3. County (max. 20 char.) ST CLAIR	
4. Railroad Division or Region (max. 14 char.) NORTHERN REG.		5. Railroad Subdivision or District (max. 14 char.) ST LOUIS		6. Branch or Line Name (max. 15 char.) MAINLINE	
7. RR Milepost (max. 7 char.) (nnnnn.nn) 0037.81		8. RR I.D. No. (max. 10 char.)		9. Nearest RR Timetable Station (max. 15 char.) (optional) MARISSA	
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 MARISSA	
13. Street or Road Name (max. 17 char.) FINGER HILL RD		STATE SUPPLIED INFORMATION		21. HSR Corridor ID (2 char.)	
14. Highway Type & No. (max. 7 char.) MS1192A		15. ENS Sign Installed (1-800) <input 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 char.)		23. Latitude (max. 10 char., nn.nnnnnnn) 38.2974400		24. Longitude (max. 11 char., nnn.nnnnnnn) -089.8330920	
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 0		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 checked="" 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"/> Commercial		27.B. Public Access <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 char.) _____ <input type="checkbox"/> Signals Specify (max. 15 char.) _____	
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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 Train Contact (Telephone No.) (800)-995-7908	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 8	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 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 25 to 60			
3. Type and Number of Tracks			
Main 1 Other 0 If Other, Specify (max. 10 char.) _____			
4. Does Another RR Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number (max. 7 char.) 309474U	PAGE 2	D. Effective Date (MM/DD/YYYY) 07/30/2008
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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.A. Crossbucks _____ 0 _____	2.B. Highway Stop Signs (R1-1) _____	2.C. RR Advance Warning Signs (W10-1) <input type="checkbox"/> Yes <input checked="" 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"/> Stoppelines <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 Lights: Over Traffic Lane (number) _____ Not Over Traffic Lane (number) _____		3.D. Mast Mounted Flashing Lights (number) _____ 2 _____	3.E. Number of Flashing Light Pairs 4
3.F. Other Flashing Lights: Number _____ Specify Type (max. 9 char.) _____			3.G. Highway Traffic Signals (number) _____	3.H. Wigwags (number) _____	3.J. Bells (number) 1
3.K. Other Train Activated Warning Devices: (specify) (max. 9 char.) _____					
4. Specify Special Warning Device NOT Train Activated (max. 20 char.) Train Detection			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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input checked="" 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 _____ 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 checked="" 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 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future	

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 _____ 09 _____	4. Posted Highway Speed _____ 0 _____
5. Annual Average Daily Traffic (AADT) Year 2003 AADT 000850		6. Estimate Percent Trucks _____ 00 _____		7. Average Number of School Buses 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.



Arne Skrodal
Signal Design Officer
Signals & Communications

Canadian National Railway
17641 South Ashland Avenue
Homewood, Illinois 60430-1339

708-332-3271
708-332-3514 Fax

August 4, 2008
GE37/3

RECEIVED
AUG 8 2008

Illinois Commerce Commission
RAIL SAFETY SECTION

Mr. David Lazarides
Director of Processing and Information
Transportation Division
Illinois Commerce Commission
527 East Capitol Ave.
Springfield, IL 62701

Dear Mr. Lazarides:

The new automatic flashing light signals with gates controlled by constant warning time circuitry at Finger Hill Road (DOT-309 474U), Marissa, St. Clair County, Illinois were placed in service on July 30, 2008.

This is to certify that the warning devices operate as intended and were installed in accordance with Illinois Commerce Commission Order No. T07-0060 dated August 29, 2007 and was authorized by X-Resolution 12716 dated April 9, 2008.

Attached is the U.S. DOT Crossing Inventory Form, covering the above mentioned signal work.

Sincerely,

Arne Skrodal

cc: Mr. Charles J. Ingersoll, P.E.
Engineer of Local Roads and Streets
Illinois Department of Transportation
2300 South Dirksen Parkway
Springfield, IL 62764