

# 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	B. Crossing (max. 7) <h2 style="text-align: center;">261030L</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) 01/27/2009
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### Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or <b>EJE</b>		2. State (2 char.) <b>IL</b>	3. County (max. 20 char.) <b>GRUNDY</b>
4. Railroad Division or Region (max. 14) <b>JOLIET</b>	5. Railroad Subdivision or District (max. 14) <b>WESTERN SUB</b>	6. Branch or Line Name (max. 15) <b>ILLINOIS RIVER</b>	7. RR Milepost (max. 7 char.) (nnnnn.nn) <b>0000.00</b>
8. RR I.D. No. (max. 10 char.)	9. Nearest RR Timetable Station (max. 15) (optional) <b>DIVINE</b>	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 <b>MINOOKA</b>		13. Street or Road Name (max. 17 char.) <b>CEMETERY ROAD</b>	<b>STATE SUPPLIED INFORMATION</b>
14. Highway Type & No. (max. 7) <b>TR 25</b>		15. ENS Sign Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	21. HSR Corridor ID (2 char.)
16. Quiet Zone <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> 24 hr		20. Average Passenger Count Per Day <b>0</b>	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	23. Latitude (max. 10 char., <b>41.4013800</b> ) 24. Longitude (max. 11 char., <b>-088.3083300</b> ) 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 _____ (7 characters)			

<b>27. PRIVATE CROSSING INFORMATION</b>			
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.) <b>(815)-942-0336</b>	32. Railroad Contact (Telephone No.) <b>(815)-740-6742</b>	33. State Contact (Telephone No.) <b>(847)-705-4110</b>

### 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 <b>0</b>	1.B. Total Switching Trains <b>0</b>	1.C. Total Daylight Thru Trains (6 AM to 6 PM) <b>0</b>	1.D. Check if Less Than One Movement Per <input checked="" type="checkbox"/>
2. Speed of Train at Crossing 2 A. Maximum Time Table (mph) <b>10</b> 2 B. Typical Speed Range Over (mph) from <b>5</b> to <b>10</b>			
3. Type and Number of Tracks Main <b>0</b> Other <b>1</b> If Other, Specify (max. 10) <b>INDUSTRY T</b>			
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	

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B. Crossing Number(max. 7) <b>261030L</b>	<b>PAGE 2</b>	D. Effective Date (MM/DD/YYYY) <b>01/27/2009</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.A. Crossbucks <u>2</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
2.E. Pavement <input type="checkbox"/> Sloplines <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None		2.F. Other Signs: (specify MUTCD type) Number <u>2</u> Specify Type (max. 10 char.) <u>YIELD</u> Number _____    Specify Type (max. 10 char.) _____		
3. Type of Warning Device at Crossing Train Activated Devices(specify number of each)				
3.A. Gates	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) _____	3.E. Number of Light Pairs <u>0</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) _____
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 type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input checked="" 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 <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 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 checked="" 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 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 <u>19</u>	4. Posted Highway <u>30</u>
5. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>000450</u>		6. Estimate Percent <u>02</u>		7. Average Number of School Over Crossing per School Day <u>0</u>	

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.

# 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	B. Crossing (max. 7) <b>261032A</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>01/27/2009</b>
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### Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or) <b>EJE</b>		2. State (2 char.) <b>IL</b>	3. County (max. 20 char.) <b>GRUNDY</b>	
4. Railroad Division or Region (max. 14) <b>JOLIET</b>		5. Railroad Subdivision or District (max. 14) <b>WESTERN SUB</b>		6. Branch or Line Name (max. 15) <b>ILLINOIS RVR LN</b>
7. RR Milepost (max. 7 char.) (nnnnn.nn) <b>0027.64</b>		8. RR I.D. No. (max. 10 char.)		9. Nearest RR Timetable Station (max. 15) (optional) <b>MINOOKA</b>
10. Parent RR (max. 4) (if applicable)		11. Crossing Owner (RR or Company name) (if applicable) <b>EJE</b>		
12. City (max. 18 char.) (check <input type="checkbox"/> In one) <input checked="" type="checkbox"/> Near <b>MINOOKA</b>		13. Street or Road Name (max. 17 char.) <b>COLLINS RD</b>		STATE SUPPLIED INFORMATION
14. Highway Type & No. (max. 7) <b>TR 45</b>		15. ENS Sign Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. HSR Corridor ID (2 char.)
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		22. County Map Ref. No. (max. 10)
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 <b>0</b>		23. Latitude (max. 10 char., <b>41.3825000</b>
24. Longitude (max. 11 char., <b>-088.2777020</b>		25. Lat/Long Source <input type="checkbox"/> Actual <input checked="" 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 _____ (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 <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) _____
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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.) <b>(815)-942-0336</b>	32. Railroad Contact (Telephone No.) <b>(815)-740-6742</b>	33. State Contact (Telephone No.) <b>(847)-705-4110</b>
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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 <b>2</b>	1.B. Total Switching Trains <b>1</b>	1.C. Total Daylight Thru Trains (6 AM to 6 PM) <b>0</b>	1.D. Check If Less Than One Movement Per <input type="checkbox"/>
2. Speed of Train at Crossing			
2 A. Maximum Time Table (mph) <b>10</b>			
2 B. Typical Speed Range Over (mph) from <b>5</b> to <b>10</b>			
3. Type and Number of Tracks			
Main <b>1</b> Other <b>0</b> 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	

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# U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number(max. 7) <b>261032A</b>	<b>PAGE 2</b>	D. Effective Date (MM/DD/YYYY) <b>01/27/2009</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.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 <u>2</u> Specify Type (max. 10 char.) <u>YIELD</u> Number _____ Specify Type (max. 10 char.) _____			
3. Type of Warning Device at Crossing Train Activated Devices(specify number of each)					
3.A. Gates	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) _____	3.E. Number of Light Pairs <u>0</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) _____	
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 type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input checked="" 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 <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 type="checkbox"/> 6. Rubber <input type="checkbox"/> 7. Metal <input type="checkbox"/> 8. Unconsolidated <input checked="" type="checkbox"/> 9. Other (Specify) <u>TIMBER AND ASPHALT</u>					
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Nearby Intersecting Highway? Is it Signalized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Less than 75 feet <input type="checkbox"/> 75 to 200 feet <input checked="" type="checkbox"/> 200 to 500 feet <input type="checkbox"/> N/A			
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 <u>09</u>	4. Posted Highway <u>0</u>
5. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>000450</u>		6. Estimate Percent <u>00</u>		7. Average Number of School Over Crossing per School Day <u>0</u>	

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.

# U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

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

<b>A. Initiating Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	<b>B. Crossing</b> (max. 7) <div style="font-size: 24pt; font-weight: bold; text-align: center;">261038R</div>	<b>C. Reason for Update</b> <input checked="" type="checkbox"/> Changes in Existing Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed Crossing or Abandoned	<b>D. Effective Date</b> (MM/DD/YYYY) <div style="text-align: center;">01/27/2009</div>
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### Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or <b>EJE</b>		2. State (2 char.) <b>IL</b>	3. County (max. 20 char.) <b>GRUNDY</b>
4. Railroad Division or Region (max. 14) <b>JOLIET</b>	5. Railroad Subdivision or District (max. 14) <b>WESTERN SUB</b>	6. Branch or Line Name (max. 15) <b>DRESDEN TRK</b>	7. RR Milepost (max. 7 char.) (nnnnn.nn) <b>0000.00</b>
8. RR I.D. No. (max. 10 char.)	9. Nearest RR Timetable Station (max. 15) (optional) <b>DIVINE</b>	10. Parent RR (max. 4) (if applicable)	11. Crossing Owner (RR or Company name) (if applicable) <b>EJE</b>
12. City (max. 16 char.) (check one) <input type="checkbox"/> In one <input checked="" type="checkbox"/> Near <b>MORRIS</b>		13. Street or Road Name (max. 17 char.) <b>LOCK RD</b>	<b>STATE SUPPLIED INFORMATION</b> 21. HSR Corridor ID (2 char.)  22. County Map Ref. No. (max. 10)  23. Latitude (max. 10 char., 41.3888020 24. Longitude (max. 11 char., -088.2869030 25. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated
14. Highway Type & No. (max. 7) <b>TR 194A</b>	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	
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 <b>0</b>			
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If Yes, Provide _____ (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 <input type="checkbox"/> Industrial	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) _____
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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.) <b>(815)-942-0336</b>	32. Railroad Contact (Telephone No.) <b>(815)-740-6742</b>	33. State Contact (Telephone No.) <b>(847)-705-4110</b>
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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 <b>0</b>	1.B. Total Switching Trains <b>0</b>	1.C. Total Daylight Thru Trains (6 AM to 6 PM) <b>0</b>	1.D. Check if Less Than One Movement Per <input checked="" type="checkbox"/>
2. Speed of Train at Crossing			
2 A. Maximum Time Table (mph) <b>10</b>			
2 B. Typical Speed Range Over (mph) from <b>5</b> to <b>10</b>			
3. Type and Number of Tracks			
Main <b>0</b> Other <b>1</b> If Other, Specify (max. 10) <b>INDUSTRY L</b>			
4. Does Another RR Operate a Separate Track at If Yes, Specify RR (max. 16 char.)		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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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# U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number(max. 7) <b>261038R</b>	<b>PAGE 2</b>	D. Effective Date (MM/DD/YYYY) <b>01/27/2009</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.A. Crossbucks <u>2</u>	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 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 <u>2</u> Specify Type (max. 10 char.) <u>YIELD</u> Number _____ Specify Type (max. 10 char.) _____		
3. Type of Warning Device at Crossing Train Activated Devices(specify number of each)					
3.A. Gates	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 Light(number) _____	3.E. Number of Light Pairs <u>0</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) _____
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 type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input checked="" 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 <u>1</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 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 checked="" 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 type="checkbox"/> Yes <input checked="" 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 <u>09</u>	4. Posted Highway <u>0</u>
5. Annual Average Daily Traffic (AADT) Year <u>2005</u> AADT <u>000026</u>		6. Estimate Percent <u>00</u>		7. Average Number of School Over Crossing per School Day <u>0</u>	

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.

# 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;">261039X</div>	B. Crossing (max. 7) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">261039X</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;">01/27/2009</div>
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### Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or <b>EJE</b>		2. State (2 char.) <b>IL</b>	3. County (max. 20 char.) <b>GRUNDY</b>
4. Railroad Division or Region (max. 14) <b>JOLIET</b>	5. Railroad Subdivision or District (max. 14) <b>WESTERN SUB</b>	6. Branch or Line Name (max. 15) <b>GENERAL ELECT.</b>	7. RR Milepost (max. 7 char.) (nnnnn.nn) <b>0000.00</b>
8. RR I.D. No. (max. 10 char.)	9. Nearest RR Timetable Station (max. 15) (optional) <b>DIVINE</b>	10. Parent RR (max. 4) (if applicable)	11. Crossing Owner (RR or Company name) (if applicable) <b>EJE</b>
12. City (max. 18 char.) (check <input type="checkbox"/> In one) <input checked="" type="checkbox"/> Near <b>MORRIS</b>		13. Street or Road Name (max. 17 char.) <b>COLLINS RD</b>	STATE SUPPLIED INFORMATION 21. HSR Corridor ID (2 char.)  22. County Map Ref. No. (max. 10)  23. Latitude (max. 10 char., <b>41.3857000</b> ) 24. Longitude (max. 11 char., <b>-088.2969970</b> ) 25. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated
14. Highway Type & No. (max. 7) <b>TR 45</b>	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	
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 <b>0</b>			
28. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If Yes, Provide _____ (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 <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) _____
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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.) <b>(815)-942-0336</b>	32. Railroad Contact (Telephone No.) <b>(815)-740-6742</b>	33. State Contact (Telephone No.) <b>(847)-705-4110</b>
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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 <b>0</b>	1.B. Total Switching Trains <b>0</b>	1.C. Total Daylight Thru Trains (6 AM to 6 PM) <b>0</b>	1.D. Check if Less Than One Movement Per <input checked="" type="checkbox"/>
2. Speed of Train at Crossing			
2 A. Maximum Time Table (mph) <b>10</b>			
2 B. Typical Speed Range Over (mph) from <b>5</b> to <b>10</b>			
3. Type and Number of Tracks			
Main <b>0</b> Other <b>1</b> If Other, Specify (max. 10) <b>INDUSTRY T</b>			
4. Does Another RR Operate a Separate Track at If Yes, Specify RR (max. 16 char.)		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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

T07-0072

# U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number(max. 7) <b>261039X</b>	<b>PAGE 2</b>	D. Effective Date (MM/DD/YYYY) <b>01/27/2009</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.A. Crossbucks _____ 2		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 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: _____ 2 Specify Type (max. 10 char.) <b>YIELD</b> Number _____ Specify Type (max. 10 char.) _____		
3. Type of Warning Device at Crossing Train Activated Devices(specify number of each)					
3.A. Gates _____	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 Light(number) _____	3.E. Number of Light Pairs _____ 0	
3.F. Other Flashing Lights: Number _____ Specify Type(max. 9) _____		3.G. Highway Traffic Signals (number) _____	3.H. W/gwags (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 checked="" type="checkbox"/> None		
6. Train Detection <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input checked="" 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 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 checked="" 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. 60 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 _____ 09	4. Posted Highway _____ 0
5. Annual Average Daily Traffic (AADT) Year _____ 2005 AADT _____ 000650		6. Estimate Percent _____ 00	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 1996, 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

OMB Control No. 2130-0017

Expires: 3/31/2003

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State <div style="font-size: 1.5em; font-weight: bold; text-align: center;">261050X</div>	B. Crossing (max. 7) <div style="font-size: 1.5em; font-weight: bold; text-align: center;">261050X</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="font-weight: bold;">01/27/2009</div>
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## Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or <b>EJE</b>		2. State (2 char.) <b>IL</b>	3. County (max. 20 char.) <b>WILL</b>
4. Railroad Division or Region (max. 14) <b>JOLIET</b>	5. Railroad Subdivision or District (max. 14) <b>WESTERN SUB</b>	6. Branch or Line Name (max. 15) <b>ROMEDEVILLE LINE</b>	7. RR Milepost (max. 7 char.) (nnnnn.nn) <b>0001.78</b>
8. RR T.D. No. (max. 10 char.)	9. Nearest RR Timetable Station (max. 15) (optional) <b>JOLIET</b>	10. Parent RR (max. 4) (if applicable)	11. Crossing Owner (RR or Company name) (if applicable) <b>EJE</b>
12. City (max. 18 char.) (check one) <input type="checkbox"/> In <input checked="" type="checkbox"/> Near <b>LOCKPORT</b>		13. Street or Road Name (max. 17 char.) <b>DIVISION/167TH ST</b>	STATE SUPPLIED INFORMATION 21. HSR Corridor ID (2 char.)  22. County Map Ref. No. (max. 10)  23. Latitude (max. 10 char., <b>41.5798990</b> 24. Longitude (max. 11 char., <b>-088.1501010</b> 25. Lat/Long Source <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated
14. Highway Type & No. (max. 7) <b>FAU 291</b>	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	
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 <b>0</b>			
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If Yes, Provide _____ (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 <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) _____
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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.) <b>(815)-727-6191</b>	32. Railroad Contact (Telephone No.) <b>(815)-740-6742</b>	33. State Contact (Telephone No.) <b>(847)-705-4110</b>
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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 <b>4</b>	1.B. Total Switching Trains <b>0</b>	1.C. Total Daylight Thru Trains (6 AM to 6 PM) <b>2</b>	1.D. Check if Less Than One Movement Per <input type="checkbox"/>
2. Speed of Train at Crossing			
2 A. Maximum Time Table (mph) <b>10</b>			
2 B. Typical Speed Range Over (mph) from <b>1</b> to <b>10</b>			
3. Type and Number of Tracks			
Main <b>0</b> Other <b>1</b> If Other, Specify (max. 10) <b>BRANCH</b>			
4. Does Another RR Operate a Separate Track at If Yes, Specify RR (max. 16 char.)		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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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T07-0072

# U.S. DOT CROSSING INVENTORY FORM

<b>B. Crossing Number(max. 7)</b> 261050X	<b>PAGE 2</b>	<b>D. Effective Date (MM/DD/YYYY)</b> 01/27/2009
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## Part III: Traffic Control Device Information

<b>1. No Signs or Signals</b> <input type="checkbox"/> Check If Correct		<b>2. Type of Warning Device at Crossing Signs (specify number of each)</b>			
2.A. Crossbucks _____ 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>2.E. Pavement</b> <input type="checkbox"/> Stoplines <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None			<b>2.F. Other Signs: (specify MUTCD type)</b> Number <u>2</u> Specify Type (max. 10 char.) <u>YIELD</u> Number _____ Specify Type (max. 10 char.) _____		
<b>3. Type of Warning Device at Crossing Train Activated Devices(specify number of each)</b>					
3.A. Gates _____		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 Light(number) _____		3.E. Number of Light Pairs _____ 0		3.F. Other Flashing Lights: Number _____ Specify Type(max. 9) _____	
3.G. Highway Traffic Signs (number) _____		3.H. Wigwags (number) _____		3.I. Bells (number) _____	
<b>3.K. Other Train Activated Warning Devices: (specify)</b> (max. 9 char.) _____					
<b>4. Specify Special Warning Device NOT Train (max. 20 char.)</b> FLAGGING			<b>5. Channelization Devices With Gates</b> <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input checked="" type="checkbox"/> None		
<b>6. Train Detection</b> <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input checked="" type="checkbox"/> None		<b>7. Signalling for Train Operation:</b> Is Track Equipped With Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>8. Traffic Light Interconnection/Preemption</b> <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

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

## Part V: Highway Information

<b>1. Highway System</b> <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		<b>2. Is Crossing on State Highway System?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>3. Functional Classification of Road at Crossing</b> _____ 17	
<b>4. Posted Highway</b> _____ 25		<b>5. Annual Average Daily Traffic (AADT)</b> Year <u>2004</u> AADT <u>008100</u>		<b>6. Estimate Percent</b> _____ 04	
<b>7. Average Number of School Over Crossing per School Day</b> _____ 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.