



500 Water St
13th Floor
Jacksonville, FL 32202
EMAIL Hal_Gibson@csx.com
PHONE (904) 359-1048
FAX (904) 366-4042

Hal A. Gibson, Jr.
Principal Engineer, Public Projects

April 27, 2009

Michael Stead
Illinois Commerce Commission
527 E. Capital Ave
Springfield, IL 62701

Subject: Bismarck, in Vermillion County, IL
Closure of South Street
DOT 353 699P, MP 0ZA-114.32
CSXT OP# N/A CSXT AFE # A38149

Dear Mr. Stead:

As defined in Section 8 of the Agreement for the subject project, this is notification of the completion of the defined work. The work defined in the Agreement related to the closure of South Street was completed on April 24, 2009.

We have enclosed a copy of the Illinois Commerce Commission Project Status Report, which contains the completion information. We have also enclosed and a copy of the United States Department of Transportation Inventory Form (#6180.71), along with a copy of the email that was sent to the FRA and the Illinois Department of Transportation.

If I can be of further assistance, please feel free to call.

Sincerely,

Hal A. Gibson, Jr.

Enclosures

cc: S. Pugh (as information)
D. Knopsnider (as information)
M. Blaschke (as information)
D. Fette (as information)
E. Wagoner (as information)
A. Toliver (ICC) (as information)

**ILLINOIS COMMERCE COMMISSION
TRANSPORTATION DIVISION / RAIL SAFETY SECTION
PROJECT STATUS REPORT:**

TYPE: (CHECK ONE)

PROGRESS	<input type="checkbox"/>
COMPLETION	<input checked="" type="checkbox"/>

DATE	April 27, 2009
------	----------------

PROJECT INFORMATION:

Reporting Party:	CSX Transportation, Inc.
Docket/Order #; Date:	T09-0011
Status Reports Due:	
Ordered Completion Date:	April 26, 2009
Completion Report Due ¹ :	5 days of the completion
AAR/DOT#, Milepost:	353 699P, 114.32-OZA
Street, (in/near) City, County:	South Street in Bismarck, Vermillion County
Railroad Company:	CSX Transportation, Inc.

¹Completion reports involving changes to the railroad crossing must include an updated USDOT Inventory Form.

PROJECT MANAGER INFORMATION²:

Name:	Hal Gibson
Title:	Public Project Engineer
Representing:	CSX Transportation, Inc.
Street Address:	500 Water Street
City, State, Zip:	Jacksonville, FL. 32202
Office Phone:	904-359-1048
Office Fax:	904-366-4042
Cellular Phone:	
E-Mail Address:	Hal.Gibson@csx.com

²Project Manager Information to be submitted by Roadway Authority and Railroad Company

DESCRIPTION OF IMPROVEMENT(S) ORDERED:

- Close, abolish and install permanent barricades at the South Street highway-rail grade crossing in Bismarck, Vermillion County

STATUS OF WORK: Crossing is closed and permanent barricades are installed. United States Department of Transportation Inventory Form (#6180.71) submitted on April 27, 2009.

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Control No. 2130-0017
Expires: 7/31/2006

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	B. Crossing Number (max. 7 char.) 353699P	C. Reason for Update <input type="checkbox"/> Changes in Existing Data <input type="checkbox"/> New Crossing <input checked="" type="checkbox"/> Closed Crossing or Abandoned	D. Effective Date (MM/DD/YYYY) 04/24/2009
---	--	--	--

Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or name) CSX Transportation		2. State (2 char.) IL	3. County (max. 20 char.) VERMILION
4. Railroad Division or Region (max. 14 char.) NASHVILLE	5. Railroad Subdivision or District (max. 14 char.) WOODLAND	6. Branch or Line Name (max. 15 char.)	7. RR Milepost (max. 7 char.) (nnnnn.nn) 00114.32
8. RR I.D. No. (max. 10 char.) OZA	9. Nearest RR Timetable Station (max. 15 char.) (optional)	10. Parent RR (max. 4 char.) (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 Alvin		13. Street or Road Name (max. 17 char.)	STATE SUPPLIED INFORMATION
14. Highway Type & No. (max. 7 char.) MUN2300	15. ENS Sign Installed (1-800) <input checked="" 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	20. Average Passenger Train Count Per Day 0
22. County Map Ref. No. (max. 10 char.)			23. Latitude (max. 10 char., nn.nnnnnnn)
24. Longitude (max. 11 char., nnn.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 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"/> 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 Specify (max. 15 char.) _____ <input type="checkbox"/> Signs Specify (max. 15 char.) _____ <input type="checkbox"/> Signals	

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) CSX-HELP	32. Railroad Contact (Telephone No.) (904) 359-1048	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 18	1.B. Total Switching Trains 1	1.C. Total Daylight Thru Trains (6 AM to 6 PM) 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 55 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 If Yes, Specify RR (max. 16 char.) <input checked="" type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max. 16 char.) <input checked="" type="checkbox"/> No	

U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number (max. 7 char.) <div style="text-align: center; font-size: 1.2em;">353699P</div>	PAGE 2	D. Effective Date (MM/DD/YYYY) <div style="background-color: yellow; text-align: center; font-weight: bold;">04/24/2009</div>
---	---------------	--

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: <div style="text-align: center;">1</div>		2.B. Highway Stop Signs (R1-1) <div style="text-align: center;">0</div>	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 Xing Symbols <input checked="" type="checkbox"/> None			2.F. Other Signs: (specify MUTCD type) Number <div style="text-align: center;">0</div> Specify Type (max. 10 char.) _____ Number <div style="text-align: center;">0</div> Specify Type (max. 10 char.) _____		
3. Type of Warning Device at Crossing - Train Activated Devices (specify number of each)					
3.A. Gates <div style="text-align: center;">0</div>	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) <div style="text-align: center;">0</div> Not Over Traffic Lane (number) <div style="text-align: center;">0</div>		3.D. Mast Mounted Flashing Lights (number) <div style="text-align: center;">0</div>	3.E. Number of Flashing Light Pairs _____
3.F. Other Flashing Lights: Number <div style="text-align: center;">0</div> Specify Type (max. 9 char.) _____			3.G. Highway Traffic Signals (number) <div style="text-align: center;">0</div>	3.H. Wigwags (number) <div style="text-align: center;">0</div>	3.J. Bells (number) <div style="text-align: center;">0</div>
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 type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input checked="" type="checkbox"/> None		7. Signalling for Train Operation: Is Track Equipped with Train Signals? <input checked="" 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 type="checkbox"/> Commercial <input checked="" 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 <div style="text-align: center;">2</div>		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 type="checkbox"/> 2. Asphalt <input checked="" 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 checked="" 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 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 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 <div style="text-align: center;">09</div>	4. Posted Highway Speed <div style="text-align: center;">0</div>
5. Annual Average Daily Traffic (AADT) Year <div style="text-align: center;">1998</div> AADT <div style="text-align: center;">109</div>		6. Estimate Percent Trucks <div style="text-align: center;">0</div>	7. Average Number of School Buses Over Crossing per School Day _____	

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.