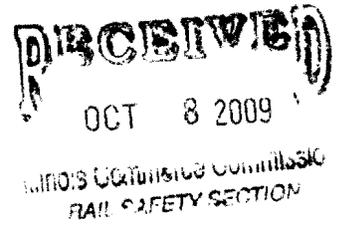


SHAWNEE TERMINAL RAILWAY COMPANY

1318 S. JOHANSON ROAD • PEORIA, ILLINOIS 61607 • (309) 697-1400

October 6, 2009



Mr. Tom Woll
Crossing Inventory Program Manager
Federal Railroad Administration
Office of Safety, MS - 25
1120 Vermont Avenue, NW
Washington, DC 20590
(202) 493-6290

Re: Updated U.S. DOT Crossing Inventory Form (F6180.71)

Dear Mr. Woll:

Regarding the U.S. DOT Crossing Inventory Form, referencing eight crossings located at/near the City of Cairo (Alexander County), IL, please find enclosed an updated U.S. DOT Crossing Inventory Form.

Please note a copy of this letter and the inventory form were sent to Mr. Rob Robinson, Chief, Data Management, with the Illinois Department of Transportation (IDOT); the Shawnee Terminal Railway Co. has completed all applicable railroad portions, IDOT must complete the State portions of the inventory form.

The Shawnee Terminal Railway Co. appreciates the opportunity to work with the Federal Railroad Administration and the Illinois Department of Transportation. If you have any questions, please contact me directly, (309) 697-1400, Ext. 238.

Sincerely,

A handwritten signature in cursive script that reads "Shane Cullen".

Shane Cullen
Superintendent of Transportation

Cc: Rob Robinson, IDOT
Steve Laffey, ICC

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.) 431212T	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) 10-6-2009
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Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or name) Shawnee Terminal Railway Co		2. State (2 char.) IL	3. County (max. 20 char.) Alexander
4. Railroad Division or Region (max. 14 char.) —	5. Railroad Subdivision or District (max. 14 char.) —	6. Branch or Line Name (max. 15 char.) Yard	7. RR Milepost (max. 7 char.) (nnnnn.nn) 258.10
8. RR I.D. No. (max. 10 char.) —	9. Nearest RR Timetable Station (max. 15 char.) (optional) Cairo	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 Cairo		13. Street or Road Name (max. 17 char.) 28th ST	STATE SUPPLIED INFORMATION
14. Highway Type & No. (max. 7 char.) —		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	21. HSR Corridor ID (2 char.)
16. Quiet Zone <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 hr		<input type="checkbox"/> Partial <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 checked="" type="checkbox"/> None	23. Latitude (max. 10 char., nnnnnnnn)
20. Average Passenger Train Count Per Day 0		24. Longitude (max. 11 char., nnn.nnnnnn)	
		25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	

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 checked="" type="checkbox"/> Residential	<input type="checkbox"/> Recreational <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial	27.B. Public Access <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	27.C. Signs/Signals <input type="checkbox"/> None <input checked="" type="checkbox"/> Signs <input type="checkbox"/> Signals	Specify (max. 15 char.) Crossbucks
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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.) 800-94-7852	32. Railroad Contact (Telephone No.) 309-697-1400	33. State Contact (Telephone No.)
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MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE

Part II: Railroad Information

I. Number of Daily Train Movements			
I.A. Total Trains 2	I.B. Total Switching Trains 2	I.C. Total Daylight Thru Trains (6 AM to 6 PM) 2	I.D. Check if Less Than One Movement Per Day <input checked="" type="checkbox"/>
2. Speed of Train at Crossing			
2.A. Maximum Time Table Speed (mph) 5		2.B. Typical Speed Range Over Crossing (mph) from 3 to 5	
3. Type and Number of Tracks Main _____ Other _____ 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	

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U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number (max. 7 char.) <u>4312127</u>	PAGE 2	D. Effective Date (MM/DD/YYYY) <u>10-6-2009</u>
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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) <u>0</u>	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 checked="" 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 <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 <u>0</u>	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) <u>0</u> Not Over Traffic Lane (number) <u>0</u>		3.D. Mast Mounted Flashing Lights (number) <u>0</u>	3.E. Number of Flashing Light Pairs <u>0</u>
3.F. Other Flashing Lights: Number <u>0</u> Specify Type (max. 9 char.) <u>0</u>			3.G. Highway Traffic Signals (number)	3.H. Wigwags (number)	3.I. Bells (number)
3.K. Other Train Activated Warning Devices: (specify) (max. 9 char.) _____					
4. Specify Special Warning Device NOT Train Activated (max. 20 char.) <u>NONE</u>			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 Train 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 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 checked="" type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input 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 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 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>dirt/gravel</u>					
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 checked="" type="checkbox"/> No		10. Is Commercial Power Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. Space Reserved For Future Use <u>NO</u>	

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 type="checkbox"/> No		3. Functional Classification of Road at Crossing _____		4. Posted Highway Speed _____	
5. Annual Average Daily Traffic (AADT) Year _____ AADT _____		6. Estimate Percent Trucks _____		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.

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.) <u>542869D</u>	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) <u>10-6-2009</u>
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Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or name) <u>Shawnee Terminal Railway</u>		2. State (2 char.) <u>IL</u>	3. County (max. 20 char.) <u>Alexander</u>
4. Railroad Division or Region (max. 14 char.) —	5. Railroad Subdivision or District (max. 14 char.) —	6. Branch or Line Name (max. 15 char.) <u>yard</u>	7. RR Milepost (max. 7 char.) (nnnnn.nn) <u>259.10</u>
8. RR I.D. No. (max. 10 char.) —	9. Nearest RR Timetable Station (max. 15 char.) (optional) <u>Cairo</u>	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 <u>Cairo</u> <input type="checkbox"/> Near		13. Street or Road Name (max. 17 char.) <u>17th ST</u>	STATE SUPPLIED INFORMATION
14. Highway Type & No. (max. 7 char.)		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Quiet Zone <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Unknown <input type="checkbox"/> 24 hr
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 checked="" type="checkbox"/> None
20. Average Passenger Train Count Per Day <u>0</u>		21. HSR Corridor ID (2 char.)	
22. County Map Ref. No. (max. 10 char.)		23. Latitude (max. 10 char., nn.nnnmmn)	
24. Longitude (max. 11 char., nnn.nnnmmnn)		25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
26. Is There an Adjacent Crossing With a Separate Number? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Number _____ (7 characters)			

27. PRIVATE CROSSING INFORMATION			
27.A. Category (check one) <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Recreational <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial	27.B. Public Access <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	27.C. Signs/Signals <input checked="" 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.) <u>800-914-7852</u>	32. Railroad Contact (Telephone No.) <u>309-697-1400</u>	33. State Contact (Telephone No.) —
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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 <u>2</u>	1.B. Total Switching Trains <u>2</u>	1.C. Total Daylight Thru Trains (6 AM to 6 PM) <u>2</u>	1.D. Check if Less Than One Movement Per Day <input checked="" type="checkbox"/>
2. Speed of Train at Crossing			
2.A. Maximum Time Table Speed (mph) <u>5</u>		2.B. Typical Speed Range Over Crossing (mph) from <u>3</u> to <u>5</u>	
3. Type and Number of Tracks Main _____ Other <u>yard</u> 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	

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U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number (max. 7 char.) 542869D	PAGE 2	D. Effective Date (MM/DD/YYYY) 10-6-2009
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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) <u>NO</u>	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 Markings <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 <u>0</u>	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) <u>0</u> Not Over Traffic Lane (number) <u>0</u>		3.D. Mast Mounted Flashing Lights (number) <u>0</u>	3.E. Number of Flashing Light Pairs <u>0</u>
3.F. Other Flashing Lights: Number <u>0</u> Specify Type (max. 9 char.) <u>0</u>			3.G. Highway Traffic Signals (number) <u>0</u>	3.H. Wigwags (number) <u>0</u>	3.J. Bells (number) <u>0</u>
3.K. Other Train Activated Warning Devices: (specify) (max. 9 char.) <u>0</u>					
4. Specify Special Warning Device NOT Train Activated (max. 20 char.) <u>NONE</u>			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 Train 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	

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 checked="" type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input 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 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 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>dirt/gravel</u>					
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 checked="" type="checkbox"/> No		10. Is Commercial Power Available? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No		3. Functional Classification of Road at Crossing _____		4. Posted Highway Speed _____	
5. Annual Average Daily Traffic (AADT) Year _____ AADT _____		6. Estimate Percent Trucks _____		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.