

COPY

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 295 039T	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 3/18/2003
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Part I: Location and Classification Information

1. Railroad Operating Company IC		2. State IL		3. County PERRY	
4. Railroad Division or Region NORTHERN REG		5. Railroad Subdivision or District CENTRALIA		6. Branch or Line Name	
7. RR Milepost (nnnnn.nn)		8. RR I.D. No.		9. Nearest RR Timetable Station (optional)	
10. Parent RR (if applicable)		11. Crossing Owner (RR or Company Name)			
12. City <input type="checkbox"/> In <input checked="" type="checkbox"/> Near TAMAROA		13. Street or Road Name FARMERS MARKET RD		STATE SUPPLIED INFORMATION	
14. Highway Type & No. TR 35		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Quiet Zone <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> 24 hr. <input type="checkbox"/> Unknown	
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		21. HSR Corridor ID		22. County Map Ref. No. N/A	
23. Latitude (nn.nnnnnnnn)		24. Longitude (nnn.nnnnnnnn)		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 type="checkbox"/> No If Yes, Provide Number					

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify <input type="checkbox"/> Signals Specify	
28.A. Railroad Use		29.A. State Use		28.B. Railroad Use	
28.C. Railroad Use		29.C. State Use		28.D. Railroad Use	
29.D. State Use		30. Narrative			

31. Emergency Contact (Telephone No.)		32. Railroad Contact (Telephone No.)		33. State Contact (Telephone No.)	
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MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE

Part II: Railroad Information

1. Number of Daily Train Movements			
1.A. Total Trains	1.B. Total Switching Trains	1.C. Total Daylight Thru Trains (6 AM to 6 PM)	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) 2.B. Typical Speed Range Over Crossing (mph) from to			
3. Type and Number of Tracks Main Other If Other, Specify			
4. Does Another RR Operate a Separate Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR <input type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR <input type="checkbox"/> No	

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3. Crossing Number 295 039T	PAGE 2	D. Effective Date 3/18/2003
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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 (<i>specify number of each</i>)			
		2.A. Crossbucks	2.B. Highway Stop Signs (R1-1)	2.C. RR Advance Warning Signs (W10-1) <input 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"/> Stoppelines <input type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None			2.F. Other Signs: (<i>specify MUTCD type</i>) Number Specify Type Number Specify Type		
3. Type of Warning Device at Crossing – Train Activated Devices (<i>specify number of each</i>)					
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		3.G. Highway Traffic Signals (number)	3.H. Wigwags (number)	3.J. Bells (number) 1	
3.K. Other Train Activated Warning Devices: (<i>specify</i>)					
4. Specify Special Warning Device NOT Train Activated:			5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None		
5. 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. Signaling for Train Operation: Is Track Equipped with Train Signal? <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 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 type="checkbox"/> 60°-90°		
3. Number of Traffic Lanes Crossing Railroad		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Is Highway Paved? <input 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 type="checkbox"/> 9. Other (<i>Specify</i>)					
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input 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 type="checkbox"/> N/A			Is it Signalized? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is Crossing Illuminated? (<i>street lights within approx. 50 feet from nearest rail</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Is Commercial Power Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future Use	

Part V: Highway Information

1. Highway System <input type="checkbox"/> Interstate <input type="checkbox"/> Nat. Hwy System (NHS) <input type="checkbox"/> Federal Aid, Not 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	

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OMB Control No. 2130-0017
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7. RR Milepost (nnnnn.nn)	8. RR I.D. No.		9. Nearest RR Timetable Station (optional)	
10. Parent RR (if applicable)		11. Crossing Owner (RR or Company Name)		
12. City <input type="checkbox"/> In <input checked="" type="checkbox"/> Near TAMAROA		13. Street or Road Name CORGAN RD		STATE SUPPLIED INFORMATION
14. Highway Type & No. CH 17		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No		21. HSR Corridor ID
16. Quiet Zone <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> 24 hr. <input type="checkbox"/> Unknown		22. County Map Ref. No. N/A		23. Latitude (nn.nnnnnnnn)
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B. Crossing Number 295 040M	PAGE 2	D. Effective Date 3/18/2003
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4. Specify Special Warning Device NOT Train Activated:			5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None		
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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.