

# U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

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

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State <div style="text-align: center; font-size: 1.2em; font-weight: bold;">294035M</div>	B. Crossing Number (max. 7 char.)	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) <div style="text-align: center; font-weight: bold;">08/23/2013</div>
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## Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or name) <b>KCS</b>		2. State (2 char.) <b>IL</b>		3. County (max. 20 char.) <b>MORGAN</b>	
4. Railroad Division or Region (max. 14 char.) <b>MIDWEST</b>		5. Railroad Subdivision or District (max. 14 char.) <b>SPRINGFIELD</b>		6. Branch or Line Name (max. 15 char.) <b>MAIN</b>	
7. RR Milepost (max. 7 char.) (nnnnn.nn) <b>0227.01</b>		8. RR I.D. No. (max. 10 char.)		9. Nearest RR Timetable Station (max. 15 char.) (optional) <b>MURRAYVILLE</b>	
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 <b>MURRAYVILLE</b>	
13. Street or Road Name (max. 17 char.) <b>PURCELL</b>		14. Highway Type & No. (max. 7 char.) <b>MUN1060</b>		15. ENS Sign Installed (1-800) <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 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 <b>0</b>		21. HSR Corridor ID (2 char.)	
22. County Map Ref. No. (max. 10 char.)		23. Latitude (max. 10 char., nn.nnnnnn) <b>39.5843100</b>		24. Longitude (max. 11 char., nnn.nnnnnn) <b>-090.2507200</b>	
25. Lat/Long Source <input checked="" 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"/> Recreational <input type="checkbox"/> Farm <input type="checkbox"/> Residential		27.B. Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify (max. 15 char.) _____ <input type="checkbox"/> Signals Specify (max. 15 char.) _____	
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28.A. Railroad Use (max. 20 char.)	29.A. State Use (max. 20 char.)
28.B. Railroad Use (max. 20 char.)	29.B. State Use (max. 20 char.)
28.C. Railroad Use (max. 20 char.)	29.C. State Use (max. 20 char.)
28.D. Railroad Use (max. 20 char.)	29.D. State Use (max. 20 char.)

30. Narrative (max. 100 char.)		
31. Emergency Contact (Telephone No.) <b>(877)-527-9464</b>	32. Railroad Contact (Telephone No.) <b>(662)-617-0727</b>	33. State Contact (Telephone No.) <b>(217)-785-2353</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>1</b>	1.B. Total Switching Trains <b>0</b>	1.C. Total Daylight Thru Trains (6 AM to 6 PM) <b>1</b>	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) <b>40</b>			
2 B. Typical Speed Range Over Crossing (mph) from <b>10</b> to <b>40</b>			
3. Type and Number of Tracks			
Main <b>1</b> Other <b>0</b> If Other, Specify (max. 10 char.) _____			
4. Does Another RR Operate a Separate Track at Crossing? 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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B. Crossing Number (max. 7 char.) <b>294035M</b>	<b>PAGE 2</b>	D. Effective Date (MM/DD/YYYY) <b>08/23/2013</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 - <b>Signs</b> (specify number of each)				
2.A. Crossbucks _____ <b>2</b> _____		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 Markings <input type="checkbox"/> Stoplines <input type="checkbox"/> RR Xing Symbols <input checked="" type="checkbox"/> None				2.F. Other Signs: (specify MUTCD type) Number _____ Specify Type (max. 10 char.) <b>R1-2</b> Number _____ Specify Type (max. 10 char.) _____					
3. Type of Warning Device at Crossing - <b>Train Activated Devices</b> (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 Lights: Over Traffic Lane (number) _____ Not Over Traffic Lane (number) _____		3.D. Mast Mounted Flashing Lights (number) _____		3.E. Number of Flashing Light Pairs _____ <b>0</b> _____	
3.F. Other Flashing Lights: Number _____ Specify Type (max. 9 char.) _____				3.G. Highway Traffic Signals (number) _____		3.H. Wigwags (number) _____		3.J. Bells (number) _____ <b>1</b> _____	
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 checked="" type="checkbox"/> None					
6. Train Detection <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input checked="" type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input 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 type="checkbox"/> Open Space <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional				2. Smallest Crossing Angle <input type="checkbox"/> 0 - 29 <input checked="" type="checkbox"/> 30 - 59 <input type="checkbox"/> 60 - 90			
3. Number of Traffic Lanes Crossing Railroad _____ <b>2</b> _____		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 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 checked="" 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future			

### Part V: Highway Information

1. Highway System <input type="checkbox"/> Interstate <input type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input checked="" type="checkbox"/> Non Federal Aid		2. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Functional Classification of Road at Crossing _____ <b>09</b> _____		4. Posted Highway Speed _____ <b>0</b> _____	
5. Annual Average Daily Traffic (AADT) Year <b>2001</b> AADT <b>000125</b>			6. Estimate Percent Trucks _____ <b>00</b> _____		7. Average Number of School Buses Over Crossing per School Day _____ <b>0</b> _____		

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