

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Control No. 2130-0017

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	B. Crossing Number 966378L	C. Reason for Update <input type="checkbox"/> Changes in Existing Data <input checked="" type="checkbox"/> New Crossing <input type="checkbox"/> Closed Crossing or Abandoned	D. Effective Date 01/01/2013
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Part I: Location and Classification Information

1. Railroad Operating Company (max 4 char.) ALS		2. State (max 2 char.) IL		3. COUNTY (max 20 char.) ST. CLAIR	
4. Railroad Division or Region (max 14 char.)		5. Railroad Subdivision or District (max 14 char.) ALS GATEWAY		6. Branch or Line Name (max 15 char.)	
7. RR Milepost (nnnnn.nn) -0.45		8. RR I.D. No. (max 10 char.)		9. Nearest RR Timetable Station (max 15 char.) (optional)	
10. Parent RR (max 4 char.) (if applicable) UPRR		11. Crossing Owner (RR or Company Name) ALS			
12. City (max 16 char.) <input type="checkbox"/> IN <input checked="" type="checkbox"/> Near CAHOKIA, IL.		13. Street or Road Name (max 17 char.) CARGILL RD.		21. HSR Corridor ID (max 2 char.)	
14. Highway Type & No. (max 7 char.)		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Quiet Zone - FRA DETERMINED <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> 24 hr. <input checked="" type="checkbox"/> Unknown	
22. County Map Ref. No. (max 10 char.)		23. Latitude (nn.nnnnnnnn) 38.582461		24. Longitude (nnn.nnnnnnnn) -90.201107	
17. Crossing Type (choose one only) <input type="checkbox"/> Public <input checked="" 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 0		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					

27. PRIVATE CROSSING INFORMATION

27.A. Category (check one) <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Recreational <input checked="" 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 Specify <u>PRIVATE CROSSIN</u> <input type="checkbox"/> Signals Specify _____	
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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

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 2	1.B. Total Switching Trains 2	1.C. Total Daylight Thru Trains (6 AM to 6 PM) 0	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) 10 2.B. Typical Speed Range Over Crossing (mph) from 3 to 10			
3. Type and Number of Tracks Main _____ Other 0 If Other, Specify <u>INDUSTRY</u>			
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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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	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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
2.E. Pavement Markings <input type="checkbox"/> Stoplines <input type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None			2.F. Other Signs: (specify MUTCD type) Number _____ Specify Type _____ Number _____ Specify Type _____	
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 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.F. Other Flashing Lights: Number _____ Specify Type _____ (max 9 characters)		3.G. Highway Traffic Signals (number)	3.H. Wigwags (number)	3.J. Bells (number)
3.K. Other Train Activated Warning Devices: (specify) (max 9 characters)				
4. Specify Special Warning Device NOT Train Activated: DO NOT USE OR ENTER DATA			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		7. Signaling for Train Operation: Is Train Equipped with Train Signal? <input 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"/> Advanced 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		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 checked="" 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 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 checked="" 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	4. Posted Highway Speed
5. Annual Average Daily Traffic (AADT) Year _____ AADT _____		6. Estimate Percent Trucks 90.00	7. Average Number of School Buses 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 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB Control Number. The Valid CMB Control Number for this collection is 2130-0017.