

FILE

Public Utilities  
Commission of Ohio

# Memo

**To:** Docketing Division  
**From:** George Martin, Grade Crossing Planner, Rail Division  
**Re:** In the matter of the authorization of the Indiana & Ohio Railway to install an active grade crossing warning device in Champaign County  
**Date:** February 25, 2008

The Ohio Rail Development Commission (ORDC) has authorized funding for the Indiana & Ohio Railway (IORY) to install an active grade crossing warning device at the following location:

Champaign County, near Rosewood, State Route 29, DOT# 258-706N

The project will be federally funded and is actual cost. Staff requests an Entry will the plan and estimate to be submitted within 90 days and completion within one year. Upon approval of the plan and estimate by ORDC construction may commence. A suggested case coding and heading would be:

PUCO Case No. 08- 171 RR-FED In the matter of the authorization of the Indiana & Ohio Railway to install an active grade crossing warning device in Champaign County

RECEIVED-DOCKETING DIV  
2008 FEB 25 AM 10:35  
PUCO

C: Legal Department

Please serve the following parties of record.

This is to certify that the images appearing are a reproduction of a case file accurate and complete the regular course of business. All documents delivered in the Data Processed 2/25/08  
Technician: [Signature] Date Processed: [Signature]

Ms Susan Kirkland  
Ohio Rail Development Commission  
50 W Broad St, 15<sup>th</sup> Floor  
Columbus, Oh 43215

Mr Biff Konrad  
Indiana & Ohio Railway  
497 Circle Freeway Drive, Ste. 230  
Cincinnati, Oh 45246

ODOT District 7  
1001 St Mary's Ave.  
PO Box 969  
Sidney, Oh 45365-0969

OHIO RAIL DEVELOPMENT COMMISSION  
INTER-OFFICE COMMUNICATION

TO: George Martin, Planner, Railroad Division, PUCO  
FROM: Susan Kirkland, Supervisor, Rail-Highway Safety Section  
BY: Tim Perkins, Grade Crossing Specialist *Tim Perkins*  
SUBJECT: Grade Crossing Warning Project  
DATE: February 18, 2008

---

You may authorize the railroad to proceed with the non-field work for this project. This construction authorization is made with the stipulation and understanding that any field work needs prior approval before work begins. This authorization is made with the stipulation and understanding that an approved estimate may contain entries for items or activities that may be cited and found to be ineligible for federal participation during the project audit. The construction portion and preliminary engineering will be financed with federal funds.

Please initiate a one (1) year order with the plan and estimate due in ninety (90) days for the following.

CHP - S.R. 29-3.63 - I&O AAR No. 258 706 N (Actual cost)

Thank you for your assistance with this matter.

TP:tp

*INDIANA & OHIO RAILWAY (IORY)  
NEAR ROSEWOOD  
LHA - STATE ODOT DISTRICT 7*



## Diagnostic Review Team Survey

Date: 6-18-07

| Location Data                                             |                                        |                                                   |  |
|-----------------------------------------------------------|----------------------------------------|---------------------------------------------------|--|
| Street or Road Name: <u>State Route 29-3.63</u>           |                                        |                                                   |  |
| Route/Road Number<br>(i.e. Twp., Co., SR or US) <u>SR</u> |                                        | (include SLM if State or US route) <u>29-3.63</u> |  |
| AAR-DOT No.: <u>258706N</u>                               |                                        |                                                   |  |
| County: <u>CHP</u>                                        | Township:                              | City:<br>(In or Near) <u>Rosewood</u>             |  |
| Railroad<br>Name: <u>I&amp;O</u>                          | Railroad<br>Division: <u>Flat Rock</u> | Branch/Line<br>Name:                              |  |
| Nearest RR<br>Timetable Station: <u>Quincy</u>            |                                        | RR Milepost: <u>169.87</u>                        |  |

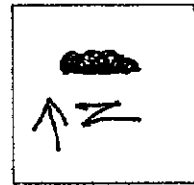
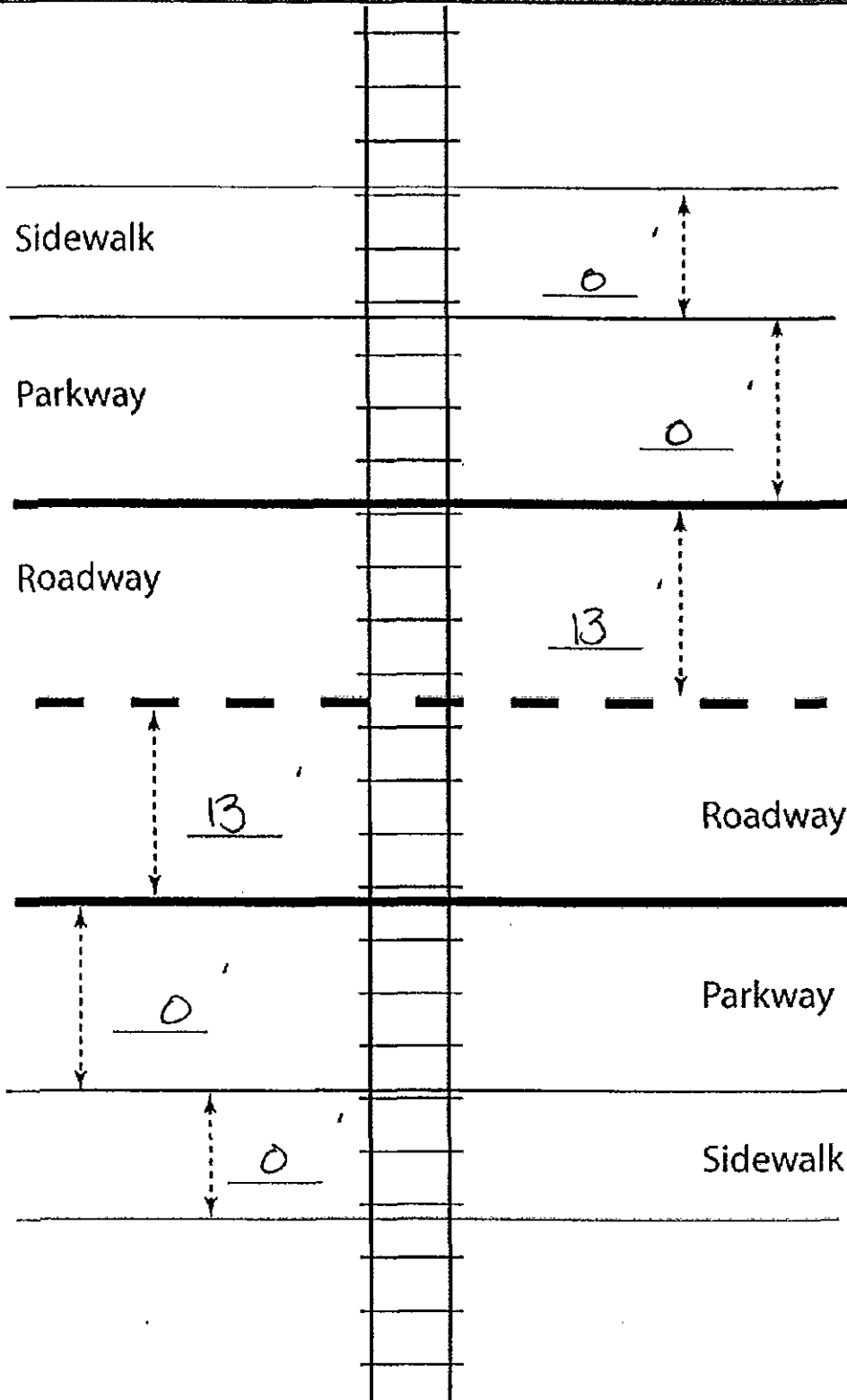
| On-Site Review Team                           |                            |                                 |
|-----------------------------------------------|----------------------------|---------------------------------|
| (Include: Name - Organization - Phone Number) |                            |                                 |
| 1.                                            | <u>Joseph N. Burkhardt</u> | <u>ORDC</u> <u>614-644-0291</u> |
| 2.                                            | <u>GEORGE MARTIN</u>       | <u>TUCO</u> <u>614-752-9107</u> |
| 3.                                            | <u>Michael S. McKnight</u> | <u>ODOT</u> <u>937-497-6729</u> |
| 4.                                            | <u>Robb Cummins</u>        | <u>ODOT</u> <u>937-497-6865</u> |
| 5.                                            |                            |                                 |
| 6.                                            |                            |                                 |
| 7.                                            |                            |                                 |
| 8.                                            |                            |                                 |
| 9.                                            |                            |                                 |

| Existing Traffic Control Devices      |                                                                     |                   |
|---------------------------------------|---------------------------------------------------------------------|-------------------|
| Type of Warning Devices               | Installed?                                                          | Quantity/Comments |
| Advance Warning Signs                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>2</u>          |
| 'Stop' Signs                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| 'Stop Ahead' Signs                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Pavement Markings                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>2</u>          |
| Crossbucks                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>2</u>          |
| Number of Tracks Signs                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Inventory Tags                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Interconnected Highway Traffic Signal | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>2</u>          |
| Mast-Mounted Flashing Lights          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| Canilever Flashing Lights             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number: Length:   |
| Side Lights                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Automatic Gates                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number: Length:   |
| Bells                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>ONE</u>        |
| Sidewalk Gate Arms                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| 'No Turn' Signs                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Illumination                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>ONE</u>        |
| Is crossing flagged by train crew?    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Other                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |

| Safety Data (Obtain crash reports, if possible, prior to review)                                                                                                     |                                                                     |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
|                                                                                                                                                                      | Initial Information (from database)                                 | Revised                                                  |
| Number & dates of crashes in previous 5 years                                                                                                                        | 4-23-2005 1 INJURY                                                  |                                                          |
| Hazard Ranking                                                                                                                                                       | 170 Date Run:                                                       |                                                          |
| Railroad Data                                                                                                                                                        |                                                                     |                                                          |
| Railroad Characteristics                                                                                                                                             | Initial Information (from database)                                 | Revised                                                  |
| Total trains per day                                                                                                                                                 | 6                                                                   |                                                          |
| < 1 per day                                                                                                                                                          |                                                                     |                                                          |
| Day thru trains                                                                                                                                                      | 3                                                                   |                                                          |
| Night thru trains                                                                                                                                                    | 3                                                                   |                                                          |
| Daytime switching movements                                                                                                                                          | 0                                                                   |                                                          |
| Nighttime switching movements                                                                                                                                        | 0                                                                   |                                                          |
| Total number of tracks                                                                                                                                               | ONE                                                                 |                                                          |
| Number of main tracks                                                                                                                                                | ONE                                                                 |                                                          |
| Number of other tracks                                                                                                                                               |                                                                     |                                                          |
| Maximum train speed                                                                                                                                                  |                                                                     |                                                          |
| Typical train speed                                                                                                                                                  |                                                                     |                                                          |
| Amtrak                                                                                                                                                               | NONE                                                                |                                                          |
| If non-gated crossing, is clearing sight distance adequate in all quadrants? (See Table 1) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                                                     |                                                          |
| If multiple tracks, can two trains occupy crossing at the same time? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |                                                                     |                                                          |
| Can one train block the motorists' view of another train at crossing? <input type="checkbox"/> Yes (Explain below) <input checked="" type="checkbox"/> No            |                                                                     |                                                          |
| Are there other track(s) crossing this same roadway within 100 ft of this crossing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No              |                                                                     |                                                          |
| If yes, Crossing DOT # (if different) _____                                                                                                                          |                                                                     |                                                          |
| If yes, distance _____ (take measurement between track centerlines at closest point along roadway)                                                                   |                                                                     |                                                          |
| Roadway Data                                                                                                                                                         |                                                                     |                                                          |
| Local Highway Authority: <u>State of Ohio</u>                                                                                                                        |                                                                     |                                                          |
| Roadway Characteristics                                                                                                                                              | Initial Information (from database)                                 | Revised                                                  |
| Average daily traffic                                                                                                                                                | 6260                                                                |                                                          |
| Highway paved <u>YES</u>                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Roadway Surface: <input checked="" type="checkbox"/> Blacktop <input type="checkbox"/> Gravel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ |                                                                     |                                                          |
| Roadway width: <u>26</u> ft.                                                                                                                                         |                                                                     |                                                          |
| Number of highway lanes                                                                                                                                              | Two                                                                 |                                                          |
| Urban or Rural                                                                                                                                                       | RURAL                                                               |                                                          |
| Vehicle Speed: <u>40</u> MPH                                                                                                                                         |                                                                     |                                                          |
| School Bus Operation: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes _____ Amount                                                               |                                                                     |                                                          |
| Hazardous Materials Trucks: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes _____ Amount                                                         |                                                                     |                                                          |
| Shoulders: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                       |                                                                     |                                                          |
| Is the shoulder surfaced? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                                                        |                                                                     |                                                          |
| Is there existing guardrail along roadway in crossing vicinity? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                  |                                                                     |                                                          |
| Is stopping site distance adequate? (See Table 2) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, deficient approach(es) _____            |                                                                     |                                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quadrant <u>NE</u> Curb and Gutter:<br><input type="checkbox"/> Functional (Curb height = 4" or more)<br><input type="checkbox"/> Non-functional (Curb height = Less than 4")<br><input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                              | Quadrant <u>SW</u> Curb and Gutter:<br><input type="checkbox"/> Functional (Curb height = 4" or more)<br><input type="checkbox"/> Non-functional (Curb height = Less than 4")<br><input checked="" type="checkbox"/> None |
| Pedestrians: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
| Is sidewalk present? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |
| Is there a nearby intersection that could cause queuing over the crossing? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes,<br>Distance _____                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |
| Is this intersection signalized? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                           |
| Are the signals currently interconnected with the existing crossing warning devices? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |
| Is it the consensus of the Diagnostic Review Team that this is a potential closure project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>Explain reasons:                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| Type of Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Institutional<br><input type="checkbox"/> Industrial <input type="checkbox"/> Commercial<br><input type="checkbox"/> Residential                                                                                                                                                                                                                                                                                                               | Location of nearby schools:<br><div style="font-size: 1.2em; margin-top: 10px;">Rosewood</div>                                                                                                                            |
| Utility Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| Is commercial power available? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| Utility Provider (Company Name) <u>Danby Power &amp; Light</u> Phone Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                           |
| Nearest Available Power Source _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                           |
| What other utilities are present? <u>Telephone &amp; Petroleum Pipe Line</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |
| Is there potential utility conflict(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |
| Diagnostic Team Recommendations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> Install/upgrade active devices<br><input type="checkbox"/> Automatic Flashing Lights (AFLS)<br><input type="checkbox"/> AFLS / Cants<br><input checked="" type="checkbox"/> AFLS / Gates<br><input type="checkbox"/> AFLS / Gates / Cants<br><input checked="" type="checkbox"/> Upgrade circuitry<br><input type="checkbox"/> Sidelights<br><input type="checkbox"/> Guardrail Needed<br><input type="checkbox"/> Install/Replace curb<br><input type="checkbox"/> Other (define) | Quadrants Needed<br><br><div style="font-size: 1.2em; margin-top: 20px;">Both Quadrants</div>                                                                                                                             |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                           |
| <input type="checkbox"/> Install/upgrade traffic signal preemption<br><input type="checkbox"/> No improvements needed<br><input type="checkbox"/> Other (define)                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |

# Field Dimensions



Show North Direction

Crossing Angle ☐ 0-29° ☐ 30-59° ☒ 60-90° Measured in NE Quadrant?

Measurements by: GR