

OMB No. 04-R-6028

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

FALSE PROCEED SIGNAL REPORT

REPORT FOR (month/year)
9/1/1999

DATE 1/20/00

REPORTING CARRIER (railroad & region or division)

CANADIAN NATIONAL/ILLINOIS CENTRAL
RAILROAD

REPORTING OFFICER (signature & title)

Senior Signal Officer

All railroads subject to Regulations of the Federal Railroad Administration shall submit a false proceed signal report, original only, to the Federal Railroad Administration within five days after a false proceed occurs. If no false proceed occurs during any calendar month, a report showing "No Failures" must be filed within ten days after the end of the month.

Copies of the form will be furnished upon request of the Department of Transportation, Federal Railroad Administration, Office of Safety, Washington, D.C. 20590

MAIL TO:

Director of Railroad Safety
Attention: T. Maske
Federal Railroad Administration
111 North Canal Street Suite 655
Chicago, Illinois 60606

A failure should not be counted more than one time in Items 1, 2, 3, and 4: the failure should be classified under the basic system or appliance of which it forms an essential part. E.g.: assume grounds cause a block signal in indicate a false proceed causing corresponding indication of a cab signal system on each train approaching this point, such failures should be included in Item 1, Block systems. A false proceed failure is a failure of a system, device or appliance to indicate or function as intended which results in less restriction than intended.

The following abbreviations may be used in the report.

- A=Automatic
- AB=Automatic block
- ACS=Automatic cab signal
- APB=Automatic permissive block
- ATC=Automatic train stop
- CL=Color light
- CPL=Color position light
- E=Electric
- EM=Electromechanical
- EP=Electropneumatic
- FP=False proceed
- MB=Manual block
- M=Mechanical
- P=Pneumatic
- PL=Position light
- TC=Traffic control

TYPE OF SYSTEM	DATE	LOCOMOTIVE NUMBER	DEVICE THAT FAILED	LOCATION (city & state)
1 BLOCK SYSTEM <input type="checkbox"/> AS <input type="checkbox"/> APB <input type="checkbox"/> TC				
2 INTERLOCKING <input checked="" type="checkbox"/> AUTO <input type="checkbox"/> REMOTE <input type="checkbox"/> MANUAL				
3 AUTOMATIC SYSTEMS <input type="checkbox"/> ATS <input type="checkbox"/> ATC <input type="checkbox"/> ACS	9/20/1999	N/A	Home Signal	Walterville, Illinois
4 OTHER (specify)				

NATURE AND CAUSE OF FAILURE, CORRECTIVE ACTION TAKEN.

Phantom signal created by sunlight on green aspect of CN/C Home Signal. Red lamp also burned out. Installation of Snow Shields Shields and improving site distance for correction.

Walterville092099

FORM FRA P 6180-14 (6-72) (Modified ICRR 6/99)

Post-it® Fax Note	7671	Date	1/19/2000
To	TOM MASKE	From	
Co./Dept.	FRA	Co.	CN/C
Phone #		Phone #	
Fax #		Fax #	708.266.3514