

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No. 04-R-0028

FALSE PROCEED SIGNAL REPORT

REPORT FOR (month/year)

November 2001

DATE

November 12, 2001

REPORTING CARRIER (railroad & region or division)

Montana Rail Link
P.O. Box 16390
Missoula, MT 59808-6390

REPORTING OFFICER (signature/title)

Director
Signals & Communications

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

MAIL TO

Federal Railroad Administration
650 Murdock Bldg.
703 Broadway
Vancouver, WA 98660

A failure should not be counted more than one time in items 1, 2, 3, and 4; the failure should be classified under the main system or appliance of which it forms an essential part. E.g.: excessive grounds cause a block signal to indicate a false proceed causing corresponding indications 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-Absolute permissive block
- ATC-Automatic train control
- ATS-Automatic train stop
- CL-Color light
- CPL-Color position light
- E-Electric
- EM-Electro-mechanical
- EP-Electro-pneumatic
- FP-False proceed
- MB-Manual block
- M-Mechanical
- P-Pneumatic
- PL-Position light
- SA-Semi-automatic
- TC-Traffic control

TYPE OF SYSTEM	DATE	LOCOMOTIVE NUMBER	DEVICE THAT FAILED	LOCATION (city and state)
1 BLOCK SYSTEMS <input type="checkbox"/> AB <input type="checkbox"/> APB <input checked="" type="checkbox"/> TC	11/1/01		phantom aspect	Helena, MT
2 INTERLOCKING <input type="checkbox"/> REMOTE <input type="checkbox"/> MANUAL				
3 AUTOMATIC SYSTEMS <input type="checkbox"/> ATS <input type="checkbox"/> ATC <input type="checkbox"/> ACS				
4 OTHER (specify)				

NATURE AND CAUSE OF FAILURE; CORRECTIVE ACTION TAKEN

See Attached

(If more space is required, continue on reverse)

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