

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

OMB No. 04-R-4028

Alleged **FALSE PROCEED SIGNAL REPORT**

REPORT FOR (month/year)

December 2001

DATE

January 7, 2002

REPORTING CARRIER (railroad & region or division)

I & M Rail Link
1910 E Kimberly Road
Davenport, IA 52807

REPORTING OFFICER (signature/title)

Chief Engineer

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
111 North Canal Street
Chicago, IL 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 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—Electromechanical
EP—Electropneumatic
FP—False proceed
MB—Manual block
M—Mechanical
P—Pneumatic
PL—Position light
SA—Semiautomatic
TC—Traffic control

TYPE OF SYSTEM	DATE	LOCOMOTIVE NUMBER	DEVICE THAT FAILED	LOCATION (city and state)
1 BLOCK SYSTEMS <input type="checkbox"/> AB <input checked="" type="checkbox"/> APB <input type="checkbox"/> TC	12/27/01	MRI 265	none	Savanna Red-Barn, IL
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

FP-01-04-16

FAXED

1/7/02

(If more space is required, continue on reverse)