

Public reporting burden 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, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is **2130-0006**. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave., N.W., Washington D.C. 20590.

Department Of Transportation Federal Railroad Administration  <b>FALSE PROCEED SIGNAL REPORT</b>	DATE (month/day/year)
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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 fifteen days after a false proceed occurs.  Copies of this form can be obtained from the Department of Transportation, Federal Railroad Administration, Office of Safety, Washington, D.C. 20590, or available at <a href="http://safetydata.fra.dot.gov/OfficeofSafety/Forms/Default.asp">http://safetydata.fra.dot.gov/OfficeofSafety/Forms/Default.asp</a>	REPORTING RAILROAD (railroad & region or division)
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EMAIL TO: fra.af/fp.reporting@dot.gov	REPORTING OFFICER (signature & title)
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<p>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 System.</p> <p>A false proceed failure is a failure of an appliance, device, method, or system to function or indicate as required by Title 49 CFR Part 236, that results in a more favorable aspect than intended or other condition hazardous to the movement of a train.</p>	<p>The following abbreviations may be used in the report .</p> <table style="width:100%;"> <tr> <td>A – Automatic</td> <td>EM – Electro-mechanical</td> </tr> <tr> <td>AB – Automatic block</td> <td>EP – Electro-pneumatic</td> </tr> <tr> <td>ACS – Automatic cab signal</td> <td>FP – False proceed</td> </tr> <tr> <td>APB – Absolute permissive block</td> <td>MB – Manual block</td> </tr> <tr> <td>ATC – Automatic train control</td> <td>M – Mechanical</td> </tr> <tr> <td>ATS – Automatic train stop</td> <td>P – Pneumatic</td> </tr> <tr> <td>CL – Color Light</td> <td>PL – Position light</td> </tr> <tr> <td>CPL – Color position light</td> <td>PTC – Positive train control</td> </tr> <tr> <td>E – Electric</td> <td>SA – Semi automatic</td> </tr> <tr> <td></td> <td>TC – Traffic Control</td> </tr> </table>	A – Automatic	EM – Electro-mechanical	AB – Automatic block	EP – Electro-pneumatic	ACS – Automatic cab signal	FP – False proceed	APB – Absolute permissive block	MB – Manual block	ATC – Automatic train control	M – Mechanical	ATS – Automatic train stop	P – Pneumatic	CL – Color Light	PL – Position light	CPL – Color position light	PTC – Positive train control	E – Electric	SA – Semi automatic		TC – Traffic Control
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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 type="checkbox"/> TC				
2 - INTERLOCKING <input type="checkbox"/> Automatic <input type="checkbox"/> Remote <input type="checkbox"/> Manual				
3 - AUTOMATIC SYSTEMS <input type="checkbox"/> ATS <input type="checkbox"/> ATC <input type="checkbox"/> ACS <input type="checkbox"/> PTC				
4 - OTHER (specify)				

NATURE AND CAUSE OF FAILURE AND CORRECTIVE ACTION TAKEN:

(If more space is required, continue on reverse)