



### PREEMPTION SYSTEM PROBLEM REPORT

**Contact Information:**

Individual Reporting Problem: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Intersection Information:**

Name: \_\_\_\_\_ and  
\_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_

If equipped, did the Preemption Confirmation Lights turn on: ( \_\_\_ ) Yes ( \_\_\_ ) No

**Vehicle Information:**

Agency: \_\_\_\_\_

Vehicle ID Number: \_\_\_\_\_ Station Number: \_\_\_\_\_

Direction of Travel: ( \_\_\_ ) NB ( \_\_\_ ) SB ( \_\_\_ ) EB ( \_\_\_ ) WB

Were Vehicle Turn Signal(s) on: ( \_\_\_ ) Yes ( \_\_\_ ) No

Were other MT Fire & EMS Vehicles Operating in RLS Mode in the Area: ( \_\_\_ ) Yes ( \_\_\_ ) No

If so, what was their Direction of Travel: ( \_\_\_ ) NB ( \_\_\_ ) SB ( \_\_\_ ) EB ( \_\_\_ ) WB

Other Vehicle ID(s) Involved: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

**Additional Information:**

Please provide a description of the problem you experienced. Include information such as what the intersection did or did not accomplish, what you expected signals to do, etc. (use back if more space is needed):

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