

# Network Trouble Report Form



Mandatory fields indicated by an asterisk (\*). Please fill out as much information as possible.

## Identification

Service:				
* Type of Concern:	Coverage Console	Radio	Logger	Network Service
Date Report Created:				
Report Created by:				
Contact Phone Number:				
Dept. or Office Location:				

## Incident Information

* Date / Time of Incident:					
Incident Experienced by:					
* GPS Coordinates:					
Radio Tower Site Involved:				# of Radios Affected:	
* Radio LIDs Involved:		Unit # 2:		Unit # 3:	
Talkgroup in Use:			Console IDs:		
* Occurred When Using:	Portable	Mobile	DVR	Console	Base Mobile
* Additional Information:			Where did it happen?	Was the speakermic used?	
			On the street	Yes	
			Inside a building	No	
			Outside a building		
			Inside a car		
Type of Issue:	"No service" displayed Pushing PTT button nothing happens Pushing PTT button no grant tone Choppy/garbled/robotic voice when transmitting Radio or Console doesn't receive some transmissions			Other (give details below)	

## Nature of Incident

* Frequency of issue?	Once	Intermittent	Often (easy to demonstrate)
* Has it happened before?	No	Yes (excluding Fleetnet-related incidents)	
* Was it working before?	No	Don't Know	Yes (excluding Fleetnet coverage)
* Over what time frame?			
* When did it start occurring?			
* Weather conditions?			
Have others experienced it?	No	Don't Know	Yes
* Can be heard on recordings?	No	Yes <sup>†</sup>	

<sup>†</sup> If Yes, please provide the Instant Recordings (IRR) and NICE recordings 2 minutes before and 2 minutes after the reported incident.

## Satellite Imagery

Attach satellite imagery below:

## Additional Imagery

Attach additional imagery below: