

# HIGHWAY-RAIL GRADE CROSSING TRAFFIC SIGNAL PREEMPTION REQUEST FORM

The purpose of this form is to document the preemption operation and timing parameters being requested by the public agency responsible for the traffic signal and convey the information to Union Pacific Railroad. CTC provided a report dated August 17, 2016 to the public agency. This report included recommendations to the public agency for consideration to enhance the preemption operation system. Union Pacific Railroad and CTC recognize that the public agency is the final authority regarding the design and operation of the preemption system in accordance with the 2009 (MUTCD) Chapter 8C, Section 8C.09.

**Please provide the following information in order to process your request:**

Date of Request: August 17, 2016

Public Agency: City of Broken Arrow

Requested by (Name/Title): Thomas D. Hendrix, PE

Phone: 918-259-2400

E-mail: thendrix@brokenarrowok.gov

**Grade Crossing Information:**

State: Oklahoma

DOT #: 413393C

District: ODOT Division 8

RR Subdivision: Tulsa Industrial Lead

City: Broken Arrow

Mile Post: 291.30

County: Tulsa

Crossing Street Name: Elm Place

Parallel Street Name: West Broadway Avenue

1) Is this request for Simultaneous Preemption Operation?  Yes  No  
If "Yes" what is your requested Additional Warning Time? (if needed)                      Seconds

2) Is this request for Advance Preemption Operation?  Yes  No  
If "Yes" what is your requested Advance Preemption Time (APT)? **22** Seconds

3) Indicate below which circuits are being requested:

- |                                  |   |
|----------------------------------|---|
| a. Supervised Circuit            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Gate Down Circuit             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Crossing Active Circuit (XR)  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| d. Traffic Signal Health Circuit | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**Comments / Additional Info:**

If you have additional or enhanced preemption operation/interconnect requirements, please submit a detailed description below. A circuit drawing or additional information should be provided to assist designers in accommodating your needs.

**Please sign, scan this page, and submit electronically along with support documentation to appropriate Manager of Industry and Public Projects.**

\_\_\_\_\_  
Signature of public agency representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type name of public agency representative