

Trail Patrol Incident Report

(Please Print or Type)

Date _____ Time of Incident _____ AM/PM
Location of Incident _____
County Where Occurred _____
GPS Coordinates if Available LATITUDE _____
LONGITUDE _____

Vehicle Information

License Number Of Vehicle _____ State _____
Color of Vehicle _____
Type of Vehicle _____
Model of Vehicle _____
Make of Vehicle _____
Additional Vehicle Information

Driver Description

Name of Driver if known: _____
Sex of Driver: Male/Female _____
Approximate Age of Driver _____
Hair Color of Driver _____
Length of Hair _____
Color & Type of Clothing Worn: _____
Other Passengers in Vehicle: Yes or No _____ Number of Passengers: _____

Type of Incident

- | | |
|---|---|
| <input type="checkbox"/> Littering | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Drinking and Driving | <input type="checkbox"/> Riding without a helmet |
| <input type="checkbox"/> Going off Trail | <input type="checkbox"/> More than 1 Rider per ATV or cycle |
| <input type="checkbox"/> Trespassing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vandalism | |

Please Describe Incident Below: