

Instructions: If you need to report an accident, immediately contact a law enforcement officer, or if you are reporting suspected illegal activity, contact a law enforcement officer first. After you have contacted law enforcement, complete this form to report any incident, suspected illegal activity, or maintenance issue involving Wisconsin's State Trails, and trails within State Forests, State Parks, and State Recreation Areas. Please provide complete information about the trail incident. Space is provided on the back page for your contact information.

Notice: Personally identifiable information collected will be used for administrative and enforcement purposes and may also be provided to requesters as required under Wisconsin Open Records law [ss. 19.31 – 19.39, Wis. Stats.]. This form is primarily for information and will be used to help improve visitor experience on trails. Authorities may not be able to respond to each incident report. This form may be used for law enforcement purposes.

Time and Location of Incident (If time and date are unknown, indicate when you observed the incident/issue)				
Date of Incident / /	Day of Week	Time of Day <input type="checkbox"/> AM <input type="checkbox"/> PM	Name of Trail	County
Knowledge of Incident <input type="checkbox"/> Saw incident happen <input type="checkbox"/> Observed incident after it occurred		GIS Coordinates (if available)		City or Township
Type of Incident: <input type="checkbox"/> Maintenance Issue (Bottom of This Page) <input type="checkbox"/> Suspected Illegal Activity (Back Page) <input type="checkbox"/> Trail Use Conflict (Back Page)		Trail Location: <input type="checkbox"/> Is a State Trail <input type="checkbox"/> Within a State Park Name of Park: _____ <input type="checkbox"/> Within a State Forest Name of Forest: _____		
State WI				

Describe WHERE the incident occurred, or what part of the trail has a maintenance issue. Use an approximate distance from a trailhead, a recognizable marker (sign, rock, tree, field), by a trail intersection, etc. Use a map/diagram/photograph to show the location of the incident. Attach or draw in the space below.

SECTION A: Maintenance Issues			
Type of Issue: <input type="checkbox"/> Downed Tree <input type="checkbox"/> Trail Erosion <input type="checkbox"/> Overgrown Trail <input type="checkbox"/> Needed Sign <input type="checkbox"/> Damaged Sign <input type="checkbox"/> Misleading Sign	<input type="checkbox"/> Bridge in need of repair <input type="checkbox"/> Steps in need of repair <input type="checkbox"/> Fence/Gate in need of repair	<input type="checkbox"/> Undesignated Trail (Trail created by off-trail use, not a legal trail) <input type="checkbox"/> Trash/Waste <input type="checkbox"/> Other _____	Condition of Trail: <input type="checkbox"/> Trail not passable <input type="checkbox"/> Trail is passable
			How long has the trail been in this condition: <input type="checkbox"/> Noticed for the first time <input type="checkbox"/> At least two weeks <input type="checkbox"/> At least one month <input type="checkbox"/> Over a year <input type="checkbox"/> Other _____

Additional comments. Attach photographs if available.

Have you contacted anyone about this: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the person(s) and phone number(s) here:
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SECTION B: Suspected Illegal Activities

Type of Activity:

- Trespassing on Private Property
- Illegal Driving of Motorized Vehicles on Trails (ATVs, Cars, Trucks, Snowmobiles, etc.)
- Stolen Property/Signs or Property Damage
- Illegal Dumping/Hazard Waste Disposal
- Illegal Camping or Campfire
- Illegal Hunting/Poaching
- Drug or Alcohol Use
- Other _____

How did you find out about the activity:

- Observed the activity firsthand
- Saw evidence of the activity after it happened

Additional comments. Include any identifying characteristics (license plate number, approximate age, etc.). Attach photographs if available.

Law Enforcement should be your first contact regarding this incident. Have you contacted Law Enforcement: Yes No

If yes, list the Law Enforcement person(s) and phone number(s) here:

Have you contacted anyone else about this: Yes No

If yes, list the person(s) and phone number(s) here:

SECTION C: Trail Use Conflicts

Location of conflict:

- On the trail
- Off the trail
- At an intersection with another trail
- At an intersection with a road or highway
- Other _____

Conflict occurred between: I was a witness to a trail use conflict.

Party One Myself Not myself

Party Two

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Hiker <input type="checkbox"/> Bicycle <input type="checkbox"/> ATV <input type="checkbox"/> Car/Truck <input type="checkbox"/> Hunter <input type="checkbox"/> Snowmobile <input type="checkbox"/> Cross Country Skier <input type="checkbox"/> Equestrian <input type="checkbox"/> Animal _____ <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Hiker <input type="checkbox"/> Bicycle <input type="checkbox"/> ATV <input type="checkbox"/> Car/Truck <input type="checkbox"/> Hunter <input type="checkbox"/> Snowmobile <input type="checkbox"/> Cross Country Skier <input type="checkbox"/> Equestrian <input type="checkbox"/> Animal _____ <input type="checkbox"/> Other _____ |
|--|--|

Describe what happened. List the sequence of events leading up to the incident, the condition of the trail, weather and visibility, etc. Include any identifying characteristics (license plate number, approximate age, etc.). Attach photographs if available.

Have you contacted anyone about this: Yes No

If yes, list the person(s) and phone number(s) here:

Contact Information

Name		Telephone No.	Email
Address		Date of Birth	Date of Incident (If Known)
City	State	ZIP	Time of Incident (If Known)

Signature _____ Date _____

Please Submit this form to:
 State Trails Coordinator
 Department of Natural Resources
 Bureau of Parks and Recreation

P.O. Box 7921
 Madison, WI 53707-7921
 Office (608) 266-2181
 Fax (608) 267-7474

This box is for Department use only.