

United States Department of the Interior Bureau of Land Management Wyoming State Office



Access Problem Identification Form

This form is to be used to report access problems. Submit the completed report to the applicable land management agency as soon as possible.

Name:	Incident Reported By:	В.
City:		
Date of Incident:	City:	State: Zin:
Did Incident Take Place on:	Oity.	
Private Land	Date of Incident: Type of	of Activity Engaged in:
Private Land	Did Incident Take Place on: ☐ Public (BLM) Land	☐ National Forest
Township North Range West Section(s): Road Name and/or Number: Public Road (County or State) BLM or USFS Road Private Road Distance and Direction from Known Landmark: Type of Problem Encountered: Description of Incident: Description of Incident: Documentation: (attach any maps, photos, affidavits, names, license number, witnesses, etc.) Individual Receiving Report: Name: Organization/Agency/or other Affiliation: Incident Forwarded to: (Name of Agency) For Agency Use Only:	☐ Private Land ☐	State Land
Road Name and/or Number: Public Road (County or State)		
Public Road (County or State) BLM or USFS Road Private Road Distance and Direction from Known Landmark: Type of Problem Encountered: Description of Incident: Documentation: (attach any maps, photos, affidavits, names, license number, witnesses, etc.) Individual Receiving Report: Name: Organization/Agency/or other Affiliation: Incident Forwarded to: (Name of Agency) For Agency Use Only:	Township North Range West	Section(s):
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Individual Receiving Report: Name:	Description of incident.	
Individual Receiving Report: Name:		
Name: Date: Organization/Agency/or other Affiliation: Incident Forwarded to: (Name of Agency) For Agency Use Only:	Documentation: (attach any maps, photos, affidavits, names, license number, witnesses, etc.)	
Organization/Agency/or other Affiliation: Incident Forwarded to: (Name of Agency) For Agency Use Only:	Individual Receiving Report:	
Organization/Agency/or other Affiliation: Incident Forwarded to: (Name of Agency) For Agency Use Only:	Name:	Date:
For Agency Use Only:	Organization/Agency/or other Affiliation:	
	Incident Forwarded to: (Name of Agency)	
	Eng America Hay Only	
Describe Action Taken:	Was follow-up Action Taken? ☐ Yes ☐ No	When (Date)?