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.

Incident Reported By:
  Name:_____ Date:_____
  Address:_____
  City:_____ State:_____ Zip:_____

Date of Incident: _____ **Type of Activity Engaged in:** _____

Did Incident Take Place on: ❑ Public (BLM) Land ❑ National Forest _____
                              ❑ Private Land ❑ State Land ❑ Other _____

Specific Location of Incident:
  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: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Documentation: (attach any maps, photos, affidavits, names, license number, witnesses, etc.)

Individual Receiving Report:
  Name:_____ Date:_____
  Organization/Agency/or other Affiliation:_____

Incident Forwarded to: (Name of Agency) _____

For Agency Use Only:
Was follow-up Action Taken?   ❑ Yes   ❑ No   When (Date)?_____
Describe Action Taken: _____

WY 2100-1 (12/96)