



Alum Rock Park Trail Report

Form 1872-01 (R 04/15)

Instructions: Complete ALL APPLICABLE SECTIONS of this report involving Alum Rock Park trails. Please provide complete information in the space is provided and attach additional notes, maps, and photographs if available and/or use map on reverse.

Notice: This form is primarily for information and will be used to help improve visitor experience on trails. Park Rangers may not be able to respond to each report. This form may be used for law enforcement purposes.

SECTION A: Contact Information

Name	Telephone/Cell No.	Email	
Address	City	State	Zip

Signature _____ Date _____

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: Location information

Date / /	Day of Week	Time	Name of Trail
<input type="checkbox"/> Witness of issue (personal experience) <input type="checkbox"/> Knowledge of issue (second party)			GIS Coordinates (if available)

SECTION C: Trail Use Conflicts & Incidents

Type of incident:

Location of conflict: <input type="checkbox"/> On the trail <input type="checkbox"/> Off the trail At an intersection with <input type="checkbox"/> another trail <input type="checkbox"/> a road or highway Other _____	Conflict occurred between: Party One <input type="checkbox"/> Myself <input type="checkbox"/> Hiker <input type="checkbox"/> Poacher (hunting prohibited) <input type="checkbox"/> Bicycle <input type="checkbox"/> Equestrian <input type="checkbox"/> Motorbike <input type="checkbox"/> Pets _____ <input type="checkbox"/> Car/Truck <input type="checkbox"/> Wildlife _____ <input type="checkbox"/> Other _____	Party Two (use back for additional) <input type="checkbox"/> Hiker <input type="checkbox"/> Poacher (hunting prohibited) <input type="checkbox"/> Bicycle <input type="checkbox"/> Equestrian <input type="checkbox"/> Motorbike <input type="checkbox"/> Pets _____ <input type="checkbox"/> Car/Truck <input type="checkbox"/> Wildlife _____ <input type="checkbox"/> Other _____
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List the sequence of events leading up to the conflict/incident; Include any identifying characteristics (type of animal, license plate number, approximate ages, etc.). Use an approximate distance from a trailhead, a recognizable marker (sign, rock, tree trail intersection, etc.):

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 D: 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 being cut <input type="checkbox"/> Trash/Waste <input type="checkbox"/> Graffiti / Tag <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 to your knowledge: <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 _____
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Additional comments (Use the map and extra space provided on the back of this report if needed):

THANK YOU FOR HELPING US IMPROVE EVERYONE'S HIKING EXPERIENCE

Please Submit or Fax to: CITY OF SAN JOSE, Alum Rock Park Rangers, 1300 Senter Rd
San Jose, CA 95113 Ranger Office (408) 259-5477 **Fax (408) 729-8742**

Additional comments and location description: (CIRCLE LOCATION ON MAP)

