

## State of New Hampshire Forest Protection Bureau WILDLAND FIRE REPORT

Fire Information										
Town:		Date: / /	County:							
Location		·	Latitude:	N ° ', ''						
/ Address			Longitude:	w · , , , ,						
Size:		Size Category:								
Vegetation Bu	rned:	Laws Violated:	Laws Violated:							
Cause:		Reported By:								
Wildfire:		Unpermitted Fire:								
Mutual Aid										
Towns:										
Number of Str	ructures Threatened:	<u>Undamaged</u> :	Damaged:	<u>Destroyed</u> :						
		Firefighter Injury								
Name:				DOB: / /						
Department:		Home Phone #: (	) -							
Cell Phone #:	( ) -	Work Phone #: (	) -	Ext.						
Email:			,							
Address:										
Injury:										
3 3										
Hospital:	1 211 1									
	ork filled out (MUST OCCUR WIT									
Ranger Notifie	ed (MUST OCCUR WITHIN 24 H	OURS)								
	Iı	ndividuals Involved								
<b>Landowner:</b>				DOB: / /						
License #:		Home Phone #: (	) -							
Cell Phone #:	( ) -	Work Phone #: (	) -	Ext.						
Address:										
Physical Addr	ess									
(if different):										
Suspect /				DOB: / /						
Violator:										
License #:		Home Phone #: (	) -							
Cell Phone #:	( ) -	Work Phone #: (	) -	Ext.						
Address:			,							
Physical Addr	ess									
(if different):										
Witness:				DOB: / /						
License #:		Home Phone #: (	) -	БОВ. 7 7						
Cell Phone #:	( ) -	Work Phone #: (	) -	Ext.						
Email:		WOLK I HOLE II.		LAt.						
Address:										
Physical Addr	ess									
(if different):										
(ii difficient).										
List of Additional Individuals Involved is Attached										
List of Additional maryiduals myorycu is Attached										

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Actions Taken											
Violation	RSA/Rule	Photos	Written	Investigation	Violation Summo	ns issued	Fi	re Extinguished			
#		Taken	Warning								
1											
2	1 1 NT	<u> </u>									
Landowner has been Notified											
Forest Ranger has been Notified  DES Air Pageurese has been Notified											
	DES Air Resources has been Notified  Police Department was called										
Suspect has prior violations  Narrative											
Narrauve											
Forest Fire	Warden (print	)				Town					
	. 4	,					, ,				
Signature:						Date	/ /				

Mail, Fax or Email to your District Forest Ranger