

ATV TRAIL PATROL FORM

TRAIL PATROL REPORT

Date ___/___/___

CLUB NAME: **SCATV**

TRAILS PATROLLED:

MILES TRAVELED: _____

HOURS PATROLLED: _____

TYPE OF TRAIL (CHECK ALL THAT APPLY):

ATV: TRAIL BIKE: SNOWMOBILE: MULTI USE:

TRAIL CONDITIONS (CHECK ALL THAT APPLY):

MUDDY: IN NEED OF REPAIR: OTHER:

OTHER (PLEASE SPECIFY):

TRAIL SIGN CONDITIONS (CHECK ALL THAT APPLY):

VERY VISIBLE: NEED ADDITIONAL SIGNS: MADE REPAIRS:

SIGNS MISSING:

LIST ANY OTHER ACTIONS THAT NEED TO BE TAKEN:

OTHER ACTIONS TAKEN BY TRAIL PATROL (REMOVED FALLEN TREES, ECT...):

NUBER OF OHRV'S OBSERVED: _____

VIOLATIONS OBSERVED: _____

OHRV STICKER #

TYPE OF VIOLATION

VEHICLE DESCRIPTION

_____	_____	_____
_____	_____	_____
_____	_____	_____