

NEW YORK STATE Office of Parks, Rec, and Historic Pres
Black Bear Program
Regional Complaints, Mortalities and Observations



Date of Report: (mm dd yy) <input style="width:30px; height:30px;" type="text"/> <input style="width:30px; height:30px;" type="text"/> <input style="width:30px; height:30px;" type="text"/>	Time of Report: (Hr : Min) <input style="width:30px; height:30px;" type="text"/> : <input style="width:30px; height:30px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	Compiled by: <input style="width:100%; height:30px;" type="text"/>	Region and Park: <input style="width:100%; height:30px;" type="text"/>																		
Reported by: First Name: <input style="width:350px; height:30px;" type="text"/> Last Name: <input style="width:350px; height:30px;" type="text"/> Address: <input style="width:850px; height:30px;" type="text"/> City: <input style="width:550px; height:30px;" type="text"/> State: <input style="width:50px; height:30px;" type="text"/> Zip Code: <input style="width:100px; height:30px;" type="text"/> Phone Number: (<input style="width:30px; height:30px;" type="text"/> <input style="width:30px; height:30px;" type="text"/> <input style="width:30px; height:30px;" type="text"/>) <input style="width:50px; height:30px;" type="text"/> - <input style="width:50px; height:30px;" type="text"/> <input style="width:50px; height:30px;" type="text"/> <input style="width:50px; height:30px;" type="text"/> <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell																					
County: <input style="width:100px; height:30px;" type="text"/> Town: <input style="width:350px; height:30px;" type="text"/>																					
Location Details (facility name/ location in facility): <input style="width:850px; height:30px;" type="text"/>																					
Number of Bears Involved: (Write # in box. Do not use 'X') <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Adults</td> <td style="text-align: center;">Cubs</td> </tr> <tr> <td style="text-align: center;"> <input style="width:30px; height:30px;" type="text"/> M <input style="width:30px; height:30px;" type="text"/> F <input style="width:30px; height:30px;" type="text"/> Unk </td> <td style="text-align: center;"> <input style="width:30px; height:30px;" type="text"/> M <input style="width:30px; height:30px;" type="text"/> F <input style="width:30px; height:30px;" type="text"/> Unk </td> </tr> </table>		Adults	Cubs	<input style="width:30px; height:30px;" type="text"/> M <input style="width:30px; height:30px;" type="text"/> F <input style="width:30px; height:30px;" type="text"/> Unk	<input style="width:30px; height:30px;" type="text"/> M <input style="width:30px; height:30px;" type="text"/> F <input style="width:30px; height:30px;" type="text"/> Unk	Tagged or Collared: <input type="radio"/> Yes <input type="radio"/> No Right: <input style="width:100px; height:30px;" type="text"/> <input style="width:100px; height:30px;" type="text"/> Left: <input style="width:100px; height:30px;" type="text"/> <input style="width:100px; height:30px;" type="text"/>															
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Situation Details: <input style="width:650px; height:30px;" type="text"/>			Date of Initial Activity: (mm dd yy) <input style="width:30px; height:30px;" type="text"/> <input style="width:30px; height:30px;" type="text"/> <input style="width:30px; height:30px;" type="text"/>																		
Nature of Form: (Choose from ONLY ONE column) <input type="radio"/> Observation/Sighting <input type="radio"/> Non-Hunting Mortality (Choose one) <ul style="list-style-type: none"> <input type="radio"/> Vehicle Collision <input type="radio"/> Kill Permit <input type="radio"/> Illegal Kill <input type="radio"/> Apiary Kill <input type="radio"/> Other: _____ <input type="radio"/> Complaint (Fill in all that apply) <table style="width:100%; border: none;"> <tr> <td><input type="radio"/> Aggressive Behavior</td> <td><input type="radio"/> Garbage (Residential)</td> </tr> <tr> <td><input type="radio"/> Agricultural</td> <td><input type="radio"/> Garbage (Commercial)</td> </tr> <tr> <td><input type="radio"/> Back Country Camping</td> <td><input type="radio"/> Human Contact</td> </tr> <tr> <td><input type="radio"/> Beehive</td> <td><input type="radio"/> Illegal Feeding</td> </tr> <tr> <td><input type="radio"/> Bird Feeder</td> <td><input type="radio"/> Livestock</td> </tr> <tr> <td><input type="radio"/> Break-in (home entry)</td> <td><input type="radio"/> Pets</td> </tr> <tr> <td><input type="radio"/> Break-in (not dwelling)</td> <td><input type="radio"/> Structural Damage</td> </tr> <tr> <td><input type="radio"/> Break-in (vehicle)</td> <td><input type="radio"/> Urban Occurrence</td> </tr> <tr> <td><input type="radio"/> Campground</td> <td><input type="radio"/> Other: _____</td> </tr> </table>				<input type="radio"/> Aggressive Behavior	<input type="radio"/> Garbage (Residential)	<input type="radio"/> Agricultural	<input type="radio"/> Garbage (Commercial)	<input type="radio"/> Back Country Camping	<input type="radio"/> Human Contact	<input type="radio"/> Beehive	<input type="radio"/> Illegal Feeding	<input type="radio"/> Bird Feeder	<input type="radio"/> Livestock	<input type="radio"/> Break-in (home entry)	<input type="radio"/> Pets	<input type="radio"/> Break-in (not dwelling)	<input type="radio"/> Structural Damage	<input type="radio"/> Break-in (vehicle)	<input type="radio"/> Urban Occurrence	<input type="radio"/> Campground	<input type="radio"/> Other: _____
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Response Action: (Fill in all that apply) <input type="radio"/> Technical Advice <input type="radio"/> Field Investigation <input type="radio"/> Forward to Law Enforcement <input type="radio"/> DEC Handling <input type="radio"/> Forward to USDA <input type="radio"/> Forward to NR Staff <input type="radio"/> Forward to Ranger Staff <input type="radio"/> Trap Set																					
Regional Action: (For NR Use Staff Only) <input type="radio"/> Relocated <input type="radio"/> Released on Site <input type="radio"/> C-1 Action <input type="radio"/> Aversively Conditioned <input type="radio"/> Rehab Cub(s)																					
Response Details: <input style="width:850px; height:30px;" type="text"/>																					