

Central Pine Barrens Commission CC#: 200__ - ____ 50 Days Reminder Date: _____ 60 Day Date: _____ Case Closed (Date): _____ FOR CENTRAL PINE BARRENS STAFF USE ONLY

Central Pine Barrens Incident Report

Please fax a copy of the initial Incident Report to the Central Pine Barrens Commission at (631) 224-7653
THIS FORM MUST BE COMPLETED IN BLACK INK

INSTRUCTIONS FOR CENTRAL PINE BARRENS COMMISSION STAFF - FILL IN SHADED AREAS ONLY THEN FORWARD TO CAE FOR COMPLETION

C O M P L A I N A N T	ORIGINATING AGENCY:		EMPLOYEE NAME & TELEPHONE (INTAKE OF INCIDENT):		
	DATE RECEIVED:	TIME RECEIVED:			
I N C I D E N T	NAME (Last, First, MI) <small>(PERSON CALLING IN INCIDENT IS COMPLAINANT)</small>		COMPLAINANT'S ADDRESS:		
	COMPLAINANT'S TELEPHONE:				
I N C I D E N T	TOWN (INCIDENT LOCATION)		ADDRESS (INCIDENT LOCATION): Street Address or Cross Street and Location on Property		
	PROPERTY OWNER'S NAME:				
	DATE OCCURRED:	TIME OCCURRED:			
	SUFFOLK COUNTY TAX MAP NUMBER <small>(If caller doesn't have, leave for CAE to fill in)</small>				
	NATURE OF INCIDENT: <input type="checkbox"/> EMERGENCY (REFERRED CALLER TO CALL 911) <input type="checkbox"/> NON-EMERGENCY				
I N C I D E N T	PROPERTY OWNER'S STREET ADDRESS (IF NOT SAME AS INCIDENT LOCATION) _ SAME	PROPERTY OWNER'S MAILING ADDRESS _ SAME AS STREET ADDRESS	PROPERTY OWNER'S TELEPHONE NUMBER:	<input type="checkbox"/> CORE PRESERVATION AREA <input type="checkbox"/> COMPATIBLE GROWTH AREA <input type="checkbox"/> OTHER AREA	
			COMPLETED & REVIEWED BY CAE		
			printed name _____	signature _____	date _____
I N C I D E N T	<input type="checkbox"/> TO BE HANDLED BY ORIGINATING AGENCY DATE _____	<input type="checkbox"/> REFERRED TO TOWN/VILLAGE DATE _____ 60 DAY CLOCK BEGINS	<input type="checkbox"/> REFERRED TO COMMISSION FOR HANDLING DATE _____	<input type="checkbox"/> REFERRED TO NYSDEC LAW ENFORCEMENT FOR INVESTIGATION DATE _____	<input type="checkbox"/> REFERRED TO THE NEW YORK STATE ATTORNEY GENERAL DATE _____
	INVESTIGATIVE FINDINGS <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> FOUNDED <input type="checkbox"/> OUTSIDE OF CENTRAL PINE BARRENS AREA SUMMARY:				
A COPY OF THIS REPORT WITH FINDINGS MUST BE SENT TO THE CENTRAL PINE BARRENS COMMISSION (FAX 631-224-7653)					
PREPARED BY - NAME: _____			DATE: _____		
TITLE: _____					