

TIMBER TRESPASS REPORT

MAP MUST BE ATTACHED

ZONE	EAST	NORTH	REG.	COMPT.	L	DATE Y M D	REFERENCE MAP
MANAGEMENT UNIT			TIMBER SUPPLY AREA			PULPWOOD AGREEMENT	CASCADES
TYPE	NUMBER						
NUMBER	BLOCK						EAST
BLOCK	SUB-BLOCK						WEST
TRESPASS NO.			FOREST REGION			FOREST DISTRICT	

THEFT OR TRESPASS REPORTED TO FOREST SERVICE? Yes No IF 'YES', COMPLETE THE FOLLOWING SECTION.

NAME AND ADDRESS OF COMPLAINANT		NAME AND TITLE OF FOREST SERVICE EMPLOYEE RECEIVING THE COMPLAINT	
_____ _____ _____		_____ _____ _____	
POSTAL CODE		PHONE NO. (
_____		_____	
TITLE		PHONE NO. (
_____		_____	

DISCOVERY OF THE TRESPASS BY COMPLAINANT	TIME	DATE Y M D	REPORT TO THE FOREST SERVICE	TIME	DATE Y M D	VERIFICATION BY FOREST SERVICE OF TRESPASS	TIME	DATE Y M D
_____	_____	_____	_____	_____	_____	_____	_____	_____

NAME AND ADDRESS OF TRESPASSER		DATE OF TRESPASS	DATE OF TRESPASS DETERMINATION LETTER
_____ _____ _____		Y M D	Y M D
DATE OF TRESPASS STOPPED		END OF 21-DAY APPEAL PERIOD	DATE OF TRESPASS INVOICE
Y M D		Y M D	Y M D
POSTAL CODE		PHONE NO. (
_____		_____	

CONDITION OF TRESPASS

LOCATION OF TRESPASS (Describe location of trespass using legal description or geographic feature.)

ORIGIN OF TRESPASS (What lot, licence, lease, etc. was the trespasser operating on when the trespass occurred?)

CONDITION OF CUTTING BOUNDARY (Were boundaries surveyed? State condition of adjacent boundary — whether distinct, recently marked or otherwise.)

INTENT OF TRESPASSER

DO YOU CONSIDER THAT TRESPASSER WAS AWARE OF THE TRESPASS AND WAS INTENTIONALLY CUTTING THE TIMBER IN TRESPASS? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS TIMBER SOLD?	TO WHOM?	WAS TIMBER MARKED?	MARK	LICENCE NO.
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	WAS TIMBER SCALED?	VOLUME SCALED	SCALING LOCATION	SCALER'S NAME	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	m ³			
ATTACH SUPPORTING EVIDENCE TO SUPPORT OR DISCLAIM INTENT OF TRESPASSER.	WAS SEIZURE MADE?	DATE OF SEIZURE	VOLUME SEIZED	WAS TRESPASSER NOTIFIED?	DATE OF NOTICE
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y M D	m ³	<input type="checkbox"/> Yes <input type="checkbox"/> No	242 Y M D
TRESPASSER ON-SITE ON DATE OF DISCOVERY OR VERIFICATION BY FOREST SERVICE?			ATTACH EVIDENCE AND SUPPORTING DOCUMENTATION TO TRESPASS REPORT.		
<input type="checkbox"/> Yes <input type="checkbox"/> No					

TRESPASS AREA / VOLUME SUMMARY

TOTAL TRESPASS AREA	AREA OF MATURE TIMBER	AREA OF IMMATURE TIMBER
hectares	hectares	hectares
TOTAL TRESPASS VOLUME	VOLUME OF COMPETITIVE SPECIES	VOLUME OF NON-COMPETITIVE SPECIES
m ³	m ³	m ³
METHOD OF VOLUME DETERMINATION (check one)		
<input type="checkbox"/> Forest Service Scale <input type="checkbox"/> Adjacent Cruise Information <input type="checkbox"/> Forest Service Stump Cruise <input type="checkbox"/> Trespasser Scale Data <input type="checkbox"/> Trespasser Adjacent Cruise Data <input type="checkbox"/> Trespasser Stump Cruise Data		

ALLOWABLE ANNUAL CUT CHARGES

TRESPASS TO BE CHARGED AGAINST AAC OF _____, VOLUME _____ m³, TENURE TYPE _____.

(Management Unit)

REFORESTATION OF TRESPASS AREA

WHO IS RESPONSIBLE FOR REFORESTATION? Trespasser Forest Service N/A

TRESPASS REPORT

TRESPASS NO. / /

RECOMMENDATIONS OF INVESTIGATING FOREST OFFICER

NO FURTHER ACTION? Yes No MONETARY BILLING UNDER SECTION 139 OF THE FOREST ACT? Yes No IF 'YES', COMPLETE BALANCE OF THIS REPORT AFTER REGIONAL OFFICE COMMENTS.

LAYING CHARGES UNDER THE CRIMINAL CODE OF CANADA? Yes No IF 'YES', PREPARE EVIDENCE DOCUMENTATION FOR REGIONAL CROWN COUNSEL.

COMMENTS _____

INVESTIGATING FOREST OFFICER'S SIGNATURE _____
 DATE
 Y M D

DISTRICT MANAGER'S TRESPASS DETERMINATION

DO YOU CONCUR WITH FOREST OFFICER'S RECOMMENDATION? Yes No IF 'NO', WHAT ACTION IS TO BE TAKEN? No further action Section 139 Monetary Charges Criminal Code of Canada

COMMENTS _____

DISTRICT MANAGER'S SIGNATURE _____
 DATE
 Y M D

REGIONAL OFFICE COMMENTS _____

(FOR REGIONAL MANAGER) _____
 DATE
 Y M D

TOTAL MONETARY TRESPASS CHARGE (pursuant to Section 139 of the FOREST ACT)

NUMBER OF TRESPASSES WITHIN THE PAST 12 MONTHS _____ PENALTY FACTOR _____

IMPACT ON LAND MANAGEMENT OBJECTIVES (describe) _____ PENALTY FACTOR _____

FOREST SERVICE RESPONSIBLE FOR TRESPASS? Yes No PENALTY FACTOR **0**

PENALTY FACTOR TO BE USED IN TRESPASS PENALTY

TRESPASS PENALTY FACTOR

MATURE TIMBER CUT IN TRESPASS — COMPETITIVE SPECIES AND GRADES

SPECIES OR GRADES	RESERVE RATE	+	SILVIC. LEVY	+	DABB OR BONUS BID	=	TRESPASS STUMPAGE	PENALTY FACTOR	x	RESERVE RATE	+	DABB OR BONUS BID	=	TRESPASS PENALTY	VOLUME m ³	x	TRESPASS RATE	=	SECTION 139 CHARGE
	a	+	b	+	c	=	d	e	x	[a + c]	=	f	g	x	[d + f]	=	h		

TOTAL MATURE TIMBER — COMPETITIVE SPECIES — SECTION 139 CHARGES = I

TRESPASS REPORT

TRESPASS NO. / /

PENALTY FACTOR TO BE USED IN TRESPASS PENALTY _____ (cont.)

MATURE TIMBER CUT IN TRESPASS — NON-COMPETITIVE SPECIES AND GRADES

SPECIES OR GRADES	RESERVE RATE	+	SILVICULTURE LEVY	=	TRESPASS STUMPAGE	PENALTY FACTOR	x	RESERVE RATE	=	TRESPASS PENALTY	VOLUME m ³	x	TRESPASS RATE	=	SECTION 139 CHARGE
	i	+	j	=	k	e	x	j	=	l	m	x	[j + 1]	=	n

TOTAL MATURE TIMBER — NON-COMPETITIVE SPECIES — SECTION 139 CHARGES = II

TOTAL MATURE TIMBER CHARGES = _____ I + _____ II = _____ III

IMMATURE TIMBER CUT IN TRESPASS — SECTION 139 CALCULATION — STEP TWO

HAVE SEEDLINGS BEEN DESTROYED? Yes No. IF 'YES', SECTION 139 CHARGES = 0

SPECIES / GRADES OR PRODUCTS	RESERVE RATE	+	SILVIC. LEVY	+	DABB OR BONUS BID	=	TRESPASS STUMPAGE	PENALTY FACTOR	x	RESERVE RATE	+	DABB OR BONUS BID	=	TRESPASS PENALTY	VOLUME m ³	x	TRESPASS RATE	=	SECTION 139 CHARGE
	o	+	b	+	c	=	p	e	x	[n	+	c]	=	q	r	x	[p + q]	=	s

TOTAL IMMATURE TIMBER, SECTION 139 CHARGES = _____

B.C. REGULATION 561/78 — CALCULATION — STEP THREE

FOREST TIMBER TYPE	AGE	AREA (ha)	DOLLAR VALUE	TOTAL DESTRUCTION OF IMMATURE TIMBER CHARGES
		t	u	v = t x u

TOTAL IMMATURE TIMBER CHARGES IS THE GREATER OF TOTAL IMMATURE TIMBER, SECTION 139 CHARGES OR TOTAL B.C. REGULATION 561/78 CHARGES

= _____

TOTAL B.C. REGULATION 561/78 CHARGES = _____

RESTORATION COSTS (pursuant to Section 140 of the FOREST ACT)

FOREST SERVICE EMPLOYEE WAGES: Number of hours _____ @ \$50.00/hr. = \$ _____	HIRED PERSONNEL COSTS																								
MINISTRY AND HIRED EQUIPMENT COSTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NUMBER OF PEOPLE</th> <th style="width: 25%;">HOURLY RATE</th> <th style="width: 25%;">NUMBER OF HOURS</th> <th style="width: 25%;">TOTAL</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3" style="text-align: center;">TOTAL HIRED PERSONNEL COSTS</td> <td> </td> </tr> </tbody> </table>	NUMBER OF PEOPLE	HOURLY RATE	NUMBER OF HOURS	TOTAL																	TOTAL HIRED PERSONNEL COSTS			
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TOTAL EQUIPMENT COSTS																									

SCALING COSTS (pursuant to Section 76 of the FOREST ACT)

F.S. EMPLOYEE WAGES: Number of hours _____ @ \$50.00/hr. _____ SCALE EXPENSES: Total Meal Allowances _____ (provide details) Total Transportation Expenses _____ Total Lodging Expenses _____ Total Non-salary Expenses _____ x 1.2 = _____ TOTAL SCALING COSTS = _____	TOTAL SECTION 140 COSTS _____ + TOTAL SCALING COSTS _____ + SECTION 139 TOTAL MATURE TIMBER CHARGES _____ + TOTAL IMMATURE TIMBER CHARGES _____ - CREDIT FOR MATURE STUMPAGE PAID (Invoice # _____) _____ - CREDIT FOR IMMATURE STUMPAGE PAID (Invoice # _____) _____ TOTAL TRESPASS INVOICE CHARGE = _____
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PREPARED BY (Investigating Forest Officer)	APPROVED BY (District Manager)	INVOICED BY (for Regional Manager)
DATE Y M D	DATE Y M D	DATE Y M D