*Address: _____ *City: _____ * Zip: _____

*Phone: _____ *Email: _____ Date: _____ *Birthdate: _____

Sex: ☐ _____ Ethnicity: _____ **County: _____

*Indicate if injured? ☐ yes ☐ no *Date: _____ *If ☐ check if DPS not sent on page 2

***GPS (Latitude/Longitude Decimal Degrees): A: _____ B: _____

**Species and Injury (Measured):** At least one field within species (bullet) or the "complaint" must be present (other fields optional). Injury is "0" (zero) for unscathed. If multiple species are affected, data from at least one plant handler (e.g., cull, trim, etc) are preferred. Use back side if more space is needed for additional affected species.

| | Species 1 (common name) | Species 2 (common name) | Species 3 (common name) |
|---|---|---|---|
| Common name (or scientific) name | | | |
| Species, if known | | | |
| % Foliage affected (0-100, or 0) | | | |
| Avg. Foliage of injury (Max) (0-10) | | | |
| **SYMPTOMS (check "x" if present)** | | | |
| Gummy, cankerlike growth | | | |
| Wilting/yellowing (heavy leaf drop) | | | |
| Irregular margins | | | |
| Stunted | | | |
| Yellowed | | | |
| Varnish and/or darkened | | | |
| Other (Graphical analysis possible) | | | |
| Bleeding (Exudate) and/or bark | | | |
| Infected & growth suppressed | | | |
| Insects (Photo's [yes/no]) | | | |
| Crystals (brown/black areas) | | | |
| Cracks (yes/no) | | | |
| Tissue accessible for culling | | | |
| Photo's | | | |
| Comments | | | |

Notes (List affected species, e.g., emergent leaf): _____

_____

_____

*Scopes (Circle the affected layers, reflecting Image Layer's content) ☐ Secondary ☐ Tertiary ☐ Ground Layer

***Geographic Extent of Observed Injury (Use it or complete only one of the Fields ***)

☐ Tract (Lat/Long) ☐ Area (Polygon) Lat, Long (Area Polygon) Polygon (GPS)