

INTERNATIONAL TREE FAILURE DATABASE - REPORT FORM

*REQUIRED FIELD

1 General Tree Info	1 Tree Genus* _____ Species* _____
2 Failure Type	Cultivar _____ Country* _____
3 Failure Specifics	State/Province* _____ County _____
4 Structural Defects	DBH* _____ in. Height _____ ft. Age _____ years
5 Decay or Injury	Tree/Site Ownership: <input type="radio"/> Private <input type="radio"/> Utility <input type="radio"/> Other or unknown
6 Maintenance History	<input type="radio"/> Fed./Nat.: (<input type="radio"/> NFS <input type="radio"/> BIA <input type="radio"/> BLM <input type="radio"/> DOD <input type="radio"/> NPS)
7 Tree Failure Details	<input type="radio"/> State/Province <input type="radio"/> County <input type="radio"/> Municipal
8 Weather Conditions	Address/Site name _____
9 Comments & Save	GPS: Latitude _____ Longitude _____ (NAD83)

2 FAILURE TYPE* (select one)

TRUNK FAILURE

BRANCH FAILURE

ROOT FAILURE

<p>3 Trunk Failure Specifics Height of failure above grade* _____ ft Dia. at break (inside bark)* _____ in</p> <p>4 Defects Associated with Failure</p> <p><input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Failed portion dead <input type="checkbox"/> Decay <input type="checkbox"/> Canker Species: _____ <input type="checkbox"/> Multiple trunks/codominant stems <input type="checkbox"/> Dense Crown <input type="checkbox"/> Flush cuts <input type="checkbox"/> Topped <input type="checkbox"/> One-Sided <input type="checkbox"/> Low live crown ratio <input type="checkbox"/> Included Bark <input type="checkbox"/> Bow <input type="checkbox"/> Crook <input type="checkbox"/> Sweep/corrected lean <input type="checkbox"/> Uncorrected lean <input type="checkbox"/> Cracks in wood: <input type="radio"/> Vertical <input type="radio"/> Horizontal <input type="checkbox"/> Lightning Injury <input type="checkbox"/> Animal Injury <input type="checkbox"/> Fire Injury <input type="checkbox"/> Insect Injury <input type="checkbox"/> Mechanical Injury <input type="checkbox"/> Girdling</p> <p>5 Location of Decay</p> <p><input type="checkbox"/> HEARTWOOD Avg. sound wood thickness _____ in. Opening (cavity) at failure? <input type="radio"/> No <input type="radio"/> Yes, opening _____ % of trunk circ. <input type="checkbox"/> SAPWOOD Avg. depth of rot _____ in. Circumference rotted _____ %</p> <p>Type of Decay</p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Brown rot <input type="checkbox"/> Canker rot <input type="checkbox"/> White rot Conks/mushrooms/other signs? <input type="radio"/> No <input type="radio"/> Yes Name: _____ Distance from conk to failure: _____ ft.</p> <p>6 Hardware</p> <p><input type="checkbox"/> None <input type="checkbox"/> Girdling hardware <input type="checkbox"/> Other device <input type="checkbox"/> Cable <input type="radio"/> Intact <input type="radio"/> Failed <input type="checkbox"/> Guying <input type="radio"/> Intact <input type="radio"/> Failed <input type="checkbox"/> Prop <input type="radio"/> Intact <input type="radio"/> Failed <input type="checkbox"/> Brace/bolt <input type="radio"/> Intact <input type="radio"/> Failed</p>	<p>3 Branch Failure Specifics Dia. at break (inside bark)* _____ in Total length failed branch _____ ft Break at attachment: <input type="radio"/> Yes <input type="radio"/> No If No, distance from the attachment to break: _____ ft.</p> <p>4 Defects Associated with Failure</p> <p><input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Failed portion dead <input type="checkbox"/> Decay <input type="checkbox"/> Dense Crown <input type="checkbox"/> Heavy lateral limbs/Heavy ends <input type="checkbox"/> Included bark <input type="checkbox"/> Crook <input type="checkbox"/> Failed portion is an epicormic branch <input type="checkbox"/> Cracks in wood <input type="checkbox"/> Mistletoe or epiphyte <input type="checkbox"/> Mechanical Injury <input type="checkbox"/> Lightning Injury <input type="checkbox"/> Insect Injury <input type="checkbox"/> Animal Injury <input type="checkbox"/> Canker/Gall Species _____</p> <p>5 Location of Decay</p> <p><input type="checkbox"/> HEARTWOOD Avg. sound wood thickness _____ in. Opening (cavity) at failure? <input type="radio"/> No <input type="radio"/> Yes, opening _____ % of branch circ. <input type="checkbox"/> SAPWOOD Avg. depth of rot _____ in. Circumference rotted _____ %</p> <p>Type of Decay</p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Brown rot <input type="checkbox"/> Canker rot <input type="checkbox"/> White rot Conks/mushrooms/other signs? <input type="radio"/> No <input type="radio"/> Yes Name: _____ Distance from conk to failure: _____ ft.</p> <p>6 Hardware</p> <p><input type="checkbox"/> None <input type="checkbox"/> Girdling hardware <input type="checkbox"/> Other device <input type="checkbox"/> Cable <input type="radio"/> Intact <input type="radio"/> Failed <input type="checkbox"/> Guying <input type="radio"/> Intact <input type="radio"/> Failed <input type="checkbox"/> Prop <input type="radio"/> Intact <input type="radio"/> Failed <input type="checkbox"/> Brace/bolt <input type="radio"/> Intact <input type="radio"/> Failed</p>	<p>3 Root Failure Specifics* (select one)</p> <p><input type="radio"/> Roots broken Dia. of largest broken root _____ in. Distance from break to trunk _____ ft. Condition of broken roots: <input type="checkbox"/> Dead, no decay <input type="checkbox"/> Decayed <input type="checkbox"/> Live, no decay <input type="checkbox"/> Unknown</p> <p><input type="radio"/> Roots cut/severed (not decayed or broken) Dia. of largest broken root at cut _____ in. Distance from trunk to cut _____ ft. % of roots cut _____</p> <p><input type="radio"/> Root plate lifted out of ground Root plate radius _____ ft. Root plate depth _____ in.</p> <p><input type="radio"/> Root restricted due to: <input type="checkbox"/> Container <input type="checkbox"/> Root barrier <input type="checkbox"/> Sidewalk/curb <input type="checkbox"/> Wall/foundation <input type="checkbox"/> Natural Feature <input type="checkbox"/> Other Distance from trunk to restriction _____ ft. % of root zone restricted _____ Root collar girdled? <input type="checkbox"/> Yes <input type="checkbox"/> No % circumference girdled _____</p> <p>Site/Soils Conditions Soil composition: <input type="radio"/> Sand <input type="radio"/> Silt <input type="radio"/> Loam <input type="radio"/> Clay <input type="radio"/> Rock/gravel <input type="radio"/> Unknown Soil moisture at time of failure: <input type="radio"/> Unknown <input type="radio"/> Dry <input type="radio"/> Saturated <input type="radio"/> Moist <input type="radio"/> Flooded Restricted rooting depth due to: <input type="checkbox"/> Poor drainage <input type="checkbox"/> Shallow or layered soil <input type="checkbox"/> High water table <input type="checkbox"/> Compacted <input type="checkbox"/> Other</p> <p>Other Site Conditions: <input type="checkbox"/> Soil eroded <input type="checkbox"/> Compaction <input type="checkbox"/> Grade change <input type="checkbox"/> Well surrounds trunk <input type="checkbox"/> Fill soil against trunk or planted too deep Depth of excess soil _____ in.</p> <p>4 Defects associated with failure</p> <p><input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Fire scar/injury <input type="checkbox"/> Basal wound <input type="checkbox"/> Low live crown ratio <input type="checkbox"/> Corrected lean (sweep) <input type="checkbox"/> Uncorrected lean <input type="checkbox"/> Animal Injury <input type="checkbox"/> Cracks in trunk prior to failure <input type="checkbox"/> Surface roots or root collar wounded</p> <p>5 Location of Decay % of roots decayed _____ Conks/mushrooms/other signs? <input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ Avg. sound wood thickness _____ in. Type: <input type="checkbox"/> Unknown <input type="checkbox"/> Brown rot <input type="checkbox"/> White rot</p> <p>6 Surface Treatment <input type="checkbox"/> Unknown <input type="checkbox"/> Mulch <input type="checkbox"/> Bare soil <input type="checkbox"/> Turf <input type="checkbox"/> Ground cover <input type="checkbox"/> Natural forest litter <input type="checkbox"/> Gravel/rock <input type="checkbox"/> Pavement <input type="checkbox"/> Other</p> <p>Irrigation: <input type="radio"/> Unknown <input type="radio"/> Infrequent <input type="radio"/> Frequent <input type="radio"/> Never</p>
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7 ADDITIONAL INFORMATION
Tree Condition and Pruning History

<p>Were the defects associated with failure visible before the tree failed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>At time of failure the tree was: <input type="radio"/> Dead <input type="radio"/> Declining <input type="radio"/> Alive</p> <p>Was there construction around this tree? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, when _____ years ago</p>	<p>PRUNING HISTORY</p> <p><input type="checkbox"/> No pruning <input type="checkbox"/> Cleaned <input type="checkbox"/> Lions-tailed</p> <p><input type="checkbox"/> Thinning: <input type="radio"/> Proper <input type="radio"/> Excessive</p> <p><input type="checkbox"/> Reduction/Directional pruning: <input type="radio"/> Proper <input type="radio"/> Excessive</p> <p><input type="checkbox"/> Crown raised _____ % of height</p> <p><input type="checkbox"/> Topped Diameter of stub at cut _____ in.</p>
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Habitat Information

<p>Trees recently removed in the vicinity of the failed tree: <input type="radio"/> Yes <input type="radio"/> No</p> <p>History of prior failures at site: <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Setting</p> <p><input type="radio"/> Forest <input type="radio"/> Campground <input type="radio"/> Picnic area <input type="radio"/> Trailhead <input type="radio"/> Other developed forest site <input type="radio"/> Commercial site / Institution <input type="radio"/> Street tree / Median-Urban <input type="radio"/> Road side - Rural <input type="radio"/> Utility right-of-way <input type="radio"/> Yard / Garden <input type="radio"/> Park - Urban <input type="radio"/> Golf course <input type="radio"/> Parking lot <input type="radio"/> Other</p>	<p>Aspect</p> <p><input type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW <input type="radio"/> Not applicable / Flat</p> <p>Slope</p> <p><input type="radio"/> No slope <input type="radio"/> <5 <input type="radio"/> 5-15 <input type="radio"/> 15-30 <input type="radio"/> 30-45 <input type="radio"/> >45</p>
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Date / Time of Failure

Date / Season Unknown

Date of failure (Mo/Day/Yr): _____ OR Year _____

Time of failure hour _____ Season of failure:
 A.M. P.M. Unknown Spring Summer Fall Winter

8 WEATHER AND OTHER FORCES AT TIME OF FAILURE

Unknown Temperature (approx.) _____ °F

Wind speed (approx.) _____ mph Precipitation: None Rain Snow Ice Unknown

9 CAUSE / RESULT OF TREE FAILURE

Why did this failure occur?

Result of tree failure:
 None (No damage other than the failure described) Property damage Personal injury
 Fire Power outage Removal of this tree Loss of other trees Other damage

Property damage estimate \$ _____ (US) Cleanup costs \$ _____ (US) If personal injury describe below.

Additional Comments (injury, target, damage, etc.):

Cooperator name _____ City _____ e-mail _____ date _____

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