

CALIFORNIA TREE FAILURE REPORT

Tree Genus _____
 Species _____
 Cultivar (if known) _____
 Common name _____
 Approx. age _____ yrs., Height _____ ft., DBH _____ in.
 Crown spread _____

Tree Owner _____
 Site: County _____
 City _____
 Address/Park _____
 Site category (choose one): 1-Residential 2-Street
 3-Park 4-School 5-Highway 6-Parking lot 7-Mall 8-Other

DETAILS OF TREE FAILURE

- (1) Date of failure: _____ (Mo/Day/Yr)
- (2) Time of failure: _____ (Hr/AM or PM)
- (3) Location of failure on tree (choose one)
 - 1-Trunk: _____ ft. above ground, _____ inches break diam. at ground level? _____ (Y/N)
 - 2-Branch: _____ ft. from attachment, _____ in. break diam. at point of attachment? _____ (Y/N) branch attachment _____ ft. high on trunk estimated branch angle at point of failure _____ weight concentrated at end of branch? _____ (Y/N)
 - 3-Root (including uprooting)
- (4) Site use (choose one) (Explain on p.2 Additional Info)
 - 1-Undeveloped
 - 2-Low use (intermittent vehicles and/or people)
 - 3-Medium use (permanent structures, intermittent vehicles and/or people)
 - 4-High use (permanent structures, frequent vehicles and/or people)
- (5) Stand type: 1-Natural 2-Planted 3-Mixed
- (6) Tree occurring
 - 1-Alone (at least one crown diameter apart)
 - 2-In a group (less than one crown diameter apart)
 - 3-Altered stand (trees removed from stand)

TREE STRUCTURAL DEFECTS

- (7) Choose up to three, in the order of importance
 - 1-Failed portion dead
 - 2-Multiple trunks/codom. stems
 - 3-Dense crown
 - 4- Heavy lateral limbs
 - 5- Uneven branch distribution: _____ (describe p. 2) Onesidedness
 - 6- Uneven branch distribution: _____ top-heavy
 - 7-Multiple branches at same point
 - 8-Embedded bark in crotch
 - 9-Crook or sweep
 - 10-Leaning trunk
 - 11-Cracks or splits
 - 12-kinked or girdling roots
 - 13-None apparent

TREE DECAY OR INJURY

- (8) Type of decay at failure location (choose one)
 - 1-Root rot 2-Heart rot 3-Sap rot
 - 4-Heart rot and sap rot 5-No decay noted
- (9) Extent of decay or cavity (% cross-sectional area) (For root failure estimate % structural roots decayed)
 - 1- 25% or less 2- 25-50% 3- 50-75% 4- 75-100%
 - 5-Unknown 6-None
- (10) Fungal sporophores or conks found near failure location?
 - 1-Yes 2-No
- (11) Other injury at failure location (Choose up to three, in order of importance)
 - 1-Mechanical 2-Lightning 3-Insect 4-Animal
 - 5-Chemical 6-Vehicle 7-Fire 8-None 9-Other (p. 2)
- (12) Other injury, entire tree (same choices as 11) (Choose up to three, in order of importance)

MAINTENANCE HISTORY

- (13) Pruning at failure location (Choose up to three)
 - 1-Heading cuts - moderate - cut diameter _____ in.
 - 2-Heading cuts - severe - cut diameter _____ in.
 - 3-Thinning cuts (or drop-crotching)
 - 4-Lion-tailing 5-Flush cuts
 - 6-Root pruning 7-No pruning
 - 8-Other (p. 2)
- (14) Pruning on entire tree (Same choices as 13) (Choose up to three)
- (15) Other maintenance (Choose up to two)
 - 1-Cable/hardware failure 4-Cavity treatment
 - 2-Staking/props 5-Injections
 - 3-Girdling wire, rope, etc. 6-None

SOIL AND ROOT CONDITIONS AT SITE

- (16) Restricted roots (Choose up to two)
 - 1-Raised planter or bed 4-Root cutting
 - 2-Container or boxed tree 5-Not applicable
 - 3-Root barriers 6-Other (p. 2)
- (17) Irrigation
 - 1-None 3-More than once per mo.
 - 2-Less than once per mo. 4-More than 3X per mo.
- (18) Ground cover under tree (Choose up to two)
 - 1-Bare soil 5-Herbaceous plants
 - 2-Mulch 6-Shrubs
 - 3-Turf 7-Mixed planting
 - 4-Native cover 8-Paving 9-Other
- (19) Soil in tree vicinity (Choose one)
 - 1-Good condition 3-Saturated 5-Shallow
 - 2-Compacted 4-Dry 6-Other (p. 2)
- (20) Site topography/soil changes (Choose up to two)
 - 1-Excavation-depth _____ ft., distance from trunk _____ ft.
 - 2-Grade change - cut 5-Streambank erosion
 - 3-Grade change - fill 6-Not applicable
 - 4-Slope erosion

WEATHER AT TIME OF FAILURE

- (21) Wind speed: 1-Low (less than 5 mph) 2-Moderate (5-25 mph) 3-High (25+ mph)
- (22) Wind 1-Gusty 2-Steady
- (23) Wind in prevailing direction for season? 1-Yes 2-No
- (24) If branch failure, was wind direction 1-Parallel to OR 2-At right angles to branch direction? (Omit if no wind)
- (25) Temperature: _____ degrees F
- (26) Precipitation (Choose one)
 - 1-Rain 2-Snow 3-Ice 4-Fog or mist 5-None

I. Briefly, in your own words, why did this tree failure occur?

II. Results of this tree failure (i.e., property damage, personal injury, etc.):

III. Damage estimate (costs for clean-up; indicate other costs if known):

IV. Additional information and comments:

Person reporting _____ Date _____
Title _____ Agency _____
Address _____
Telephone () _____ FAX () _____
E-mail _____

Please complete this report to the fullest extent, include any available photographs, and send to:
TREE FAILURE REPORT, 80 Stone Pine Road #100, Half Moon Bay, CA 94019.

This form may be photocopied. Direct any questions to Larry Costello or Katherine Jones, UC Cooperative Extension, San Mateo County 650-726-9059.

Additional copies of this form can be requested from Katherine Jones 650-726-9059 x 109

The information in this report will remain confidential, and will only be used to develop statistical and general information about tree failures by species and type of failure.

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