



Michigan Department of Natural Resources

REQUEST FOR DISCLOSURE OF DNR DOCUMENTS

under the

FREEDOM OF INFORMATION ACT

This information is required under authority of Act 442, P. A. 1976, as amended, to request public records information.

All information must be typed or printed except for written signatures.

| | | | |
|--|-------------|--|--|
| Requester's Name Nancy Warren | | Company Name or Organization (if applicable) | Telephone (906) 988 2892 |
| Address (Street and Number) PO Box 102 | | | FAX () |
| City Ewen | State MI | ZIP 49925 | E-Mail Address nwarren1@earthlink.net |
| <p>I wish to <input type="checkbox"/> examine <input checked="" type="checkbox"/> receive a copy of the following records: (Provide a detailed description of the documents being requested. Attach additional sheets if necessary)</p> <p>The data spread sheet (or any other format this information is maintained) listing Section, Township, Range, Payments for all wolf depredations and missing livestock reported in 2016.</p> <p>Please provide a copy of all wolf activity reports/investigation reports for all wolf - livestock and/or dog complaints in Ontonagon County in 2016.</p> <p>Please provide a copy of reports and or documentation for any non-lethal measures implemented in Ontonagon County in an attempt to reduce wolf conflicts.</p> <p>Please respond via email to nwarren1@earthlink.net</p> <p>Signed, Nancy Warren 05/27/2016</p> | | | |
| <p>If you previously have been in contact with someone in the Michigan DNR regarding the documents you are requesting, or whom you believe is knowledgeable about such documents, please provide the name and work location of that person. This will help expedite locating the documents you are requesting.</p> | | | |
| See Attached Name of Contact | | Office Location | |

I understand that I may be charged with costs associated with this request.

Signature of Requester

Date

Submit completed request to:

**FREEDOM OF INFORMATION ACT OFFICER
LEGISLATIVE AND LEGAL AFFAIRS OFFICE
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30028
LANSING MI 48909-7528
E-MAIL: DNR-FOIA-Contact@michigan.gov**

**TELEPHONE: (517) 284-5808
FAX: (517) 335-4242**

| Record No. | Report Filed | Verified | Missing | | Year | Date | County | Depredation | Injured or Killed | Missing | | Comments |
|------------|--------------|----------|-----------|---------------|------|----------|-----------|----------------------------------|-------------------|----------|----------|--|
| | | | Livestock | Dep/Livestock | | | | | | Payments | NDA Paid | |
| 377 | X | Yes | No | Livestock | 2016 | 04/27/16 | Ontonagon | 1 Angus Calf | Killed | NA | \$340.00 | 2 day old angus calf |
| 378 | X | Yes | No | Livestock | 2016 | 04/28/16 | Chippewa | 1 Angus calf | Killed | NA | \$180.00 | 60 lbs. angus calf |
| 379 | X | Yes | No | Livestock | 2016 | 04/29/16 | Ontonagon | 2 Angus Calves | Killed/injured | NA | \$340.00 | Two calves attacked 1-killed |
| 380 | X | Yes | No | Livestock | 2016 | 04/30/16 | Chippewa | 1 Angus calf | Killed | NA | \$200.00 | 65 lbs. angus calf |
| 381 | X | Yes | No | Livestock | 2016 | 05/01/16 | Ontonagon | 2 Angus Calves | Killed | NA | \$680.00 | Two angus calves killed, 80 lbs. |
| 382 | X | Yes | No | Livestock | 2016 | 05/01/16 | Ontonagon | 1 Angus calf | Killed | NA | NA | 70 lbs. angus calf, injured. Calf was found dead on 5/25/16 |
| 383 | X | Yes | No | Livestock | 2016 | 05/04/16 | Ontonagon | 2 Angus calves | Killed/injured | NA | \$297.50 | 70 lbs. angus calf killed and calf #132 injured |
| 384 | X | Yes | No | Livestock | 2016 | 05/06/16 | Ontonagon | 1 Angus calf | Injured | NA | \$297.50 | 70 lbs. angus calf #156 injured |
| 385 | X | Yes | No | Livestock | 2016 | 05/07/16 | Ontonagon | 2 Angus Calves | Killed | NA | \$680.00 | These two calves (#132 and #156) died from injuries suffered on 5/4/16 and 5/6/14 |
| 386 | X | Yes | No | Livestock | 2016 | 05/09/16 | Ontonagon | 2 Angus Calves | Injured | NA | NA | Two calves were injured |
| 387 | X | Yes | No | Livestock | 2016 | 05/12/16 | Ontonagon | 2 Angus Calves | Killed/injured | NA | \$382.50 | Two calves attacked 1-killed (#166) |
| 388 | X | Yes | No | Livestock | 2016 | 05/14/16 | Ontonagon | 2 Angus Calves | Killed/injured | NA | \$340.00 | 80 lbs. calf killed (#173) and 1 calf injured |
| 389 | X | Yes | No | Livestock | 2016 | 05/18/16 | Ontonagon | 1 Angus calf | Killed | NA | \$297.50 | Calf was injured on 5/12/16 and died on 5/14/16 |
| 400 | X | Yes | No | Livestock | 2016 | 05/18/16 | Ontonagon | 3 Angus Calves | Killed/injured | NA | \$765.00 | Calf was injured (#120 and #193) 1 calf injured (#121) |
| 401 | X | Yes | No | Livestock | 2016 | 05/21/16 | Ontonagon | 1 calf injured | Injured | NA | NA | 2 calves killed (#120 and #193) 1 calf injured (#121) |
| 402 | X | Yes | No | Livestock | 2016 | 05/22/16 | Ontonagon | 2 calves killed | Killed | NA | \$765.00 | 1 calf was injured on 5/23/16 |
| 403 | X | Yes | No | Livestock | 2016 | 05/24/16 | Ontonagon | 3 calves, 1 killed and 2 injured | Killed/injured | NA | \$340.00 | Calf injured on 5/23/16 found dead and another was killed in the pasture Calf #219 was killed and calf #219 and #180 were injured |

MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL
DEVELOPMENT
LANSING, MICHIGAN 48909

SPECIAL REPORTDate
5/4/16Time ☐ a.m.
☐ p.m.

Person or Firm Name

Phone

616-218-9987

Inspector

Brad Johnson

Street Address

4694 35th Street

City

Zeeland, MI

Zip Code

49464

County

Ontonagon

Subject

AFFIDAVIT FOR LIVESTOCK DEPREDAATION COMPENSATION

I certify that I will not be receiving any other compensation for my injured, killed or missing animal/s that was due to depredation by wolves, coyotes or cougars.

If I do receive other compensation, I will notify MDARD in order for that that amount to be deducted from the fair market value of the animal/s.

Producer Signature

Date

5/16/16

notified MDNR on 5/04/16 that he had discovered a single calf killed by predators.

Per PA 487 of 2013, Sec. 4 (3) The department shall deduct from the indemnification amount under subsection (2) for any compensation receive or to be received by the owner, from any other source, including, but not limited to, indemnification by the United States Department of Agriculture, insurance, or salvage value. The owner shall furnish to the department all records indicating other sources of indemnity.

Per PA 487 of 2013, Sec. 5 (1) and (2) Sec. 5. (1) Acceptance of compensation under this act constitutes a full and complete release of any claim the owner has against this state, its departments, agencies, officers, employees, agents, and contractors to the extent these persons were acting on behalf of this state, within the scope of their employment with this state or under the direction of this state, its departments, agencies, officers, or employees related to the death, injury, or loss of the livestock. (2) The right to indemnity under this act does not apply to livestock determined by the department to have been imported without meeting import requirements such as an official interstate health certificate or official interstate certificate of veterinary inspection, required testing, required vaccination, or to livestock determined by the department to have been illegally moved within this state. An owner is not entitled to indemnity from this state for an animal that comes into the possession of the owner with the owner's knowledge that the animal is diseased or is suspected of having been exposed to an infectious, contagious, or toxicological disease. In addition, the department shall not indemnify an owner for animals that have been exposed to an animal that comes into the possession of the owner with the owner's knowledge that the animal is diseased or is suspected of having been exposed to an infectious, contagious, or toxicological disease.

This affidavit is to be submitted prior to the payment of indemnification to:

Michigan Department of Agriculture and Rural Development
Animal Industry Division
P.O. Box 30017
Lansing, MI 48909

Fax: (517) 241-1560
Phone: (517) 373-1077

RECEIVED
MAY 23 2016
BY: _____

Copy Received By (signature)

Division

Animal Industry

Phone

517-373-1077



Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDEATION

By authority of Part 401 of Act 451, P.A. of 1994, as amended.

INITIAL CONTACT (Please print all information below)

| | | |
|--|-------------|---|
| Date report received 5-7-16 | Received by | Telephone () |
| Name of producer | | Social Security or Tax ID Number |
| Address | | Producer's telephone () |
| City ONTONAGON | State MI | County ONTONAGON |
| Location of damage SAME AS ABOVE (FARM) | | Legal description where damage occurred T R Sec. |
| Is physical evidence of depredation present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | RAP complaint number |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) | | |
| Report was forwarded to (Name of DNR Official) | | Telephone () |

FIELD INVESTIGATION

| | | |
|---|--------------------------------|--|
| Date of investigation 5-7-16 | DNR Investigator WS CONSWAY | Telephone (906) 932-3848 |
| DESCRIPTION OF ANIMALS DAMAGED | | |
| Please list the total number of forms used for this complaint | | |
| SPECIES | AGE | SEX |
| EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PUREBRED STOCK (Raised for show or breeding) |
| | | COMMERCIAL STOCK (Raised for slaughter) |
| 1. CALF | 5.2 YRS | M |
| 2. CALF | 5.0 YRS | M |
| 3. | | |
| 4. | | |
| 5. | | |
| Evidence of predator responsible for depredation <input type="checkbox"/> Coyote <input checked="" type="checkbox"/> Wolf <input type="checkbox"/> Domestic Dog <input type="checkbox"/> Bear <input type="checkbox"/> Bobcat <input type="checkbox"/> Cougar <input type="checkbox"/> Undetermined <input type="checkbox"/> Other | | |
| FIELD INVESTIGATION NOTES (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.) FOUND 2 CALVES DEAD TODAY (EAR TAG #152 AND #156) FROM INJURIES RECEIVED AFTER A WOLF ATTACK ON 5/4/16. CALF #152 HAD LARGE BITE MARKS IN SEVERAL LOCATIONS ALONG THE BACK, A LARGE BITE MARK IN THE LEFT FRONT SHOULDER, SEVERE BITES TO BOTH HIND QUARTERS, AND THE TAIL COMPLETELY REMOVED AT THE BASE. CALF #156 ALSO HAD BITE MARKS TO THE BACK - JUST AHEAD OF THE HIND QUARTERS, ALSO LARGE BITES TO THE RIGHT HIND QUARTER. THE HIDE WAS PULLED FROM THE TAIL. | | |
| Provided depredation pamphlets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How to Minimize Livestock Losses To Predators <input type="checkbox"/> Did a Predator Kill Or Injure My Livestock | | |
| Investigator Signature D. Consway | | Date 5-7-16 |
| Producer Signature | | Date |

Please mail the completed original report to:

Zone 1

WOLF COORDINATOR
 MICHIGAN DEPARTMENT OF NATURAL RESOURCES
 1990 US 41 SOUTH
 MARQUETTE MI 49855

Zone 2 AND 3

WILDLIFE DIVISION
 MICHIGAN DEPARTMENT OF NATURAL RESOURCES
 PO BOX 30444
 LANSING MI 48908-7944



Michigan Department of Natural Resources – Wildlife Division

REPORT OF LIVESTOCK DEPREDAATION

Required by authority of Part 401 of Act 451, P.A. of 1994, as amended.

INITIAL CONTACT INFORMATION (Please print all information below)

| | | | |
|---|-----------------------------|---|--|
| Date report received 04/27/2016 | Received by Brad Johnson | Receivers Telephone (906) 458-7374 | Receivers Location Truck Mass City |
| Name of producer [REDACTED] | | Producers E-mail [REDACTED] | |
| Address [REDACTED] | | Producer's Telephone (Home) ([REDACTED]) [REDACTED] | Producer's Telephone (Cell) ([REDACTED]) [REDACTED] |
| City Zeeland | State MI | ZIP 49464 | County Ontonogan |
| Location of damage [REDACTED] | | Legal description where damage occurred: T [REDACTED] R [REDACTED] Sec. [REDACTED] | |
| Is physical evidence of depredation present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | RAP complaint number: [REDACTED] | |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) Farm manager [REDACTED] called Brad Johnson at 7:30am 04/27/2016 to report a dead calf that looked like a depredation. Brad met Duane at the farm at 7:35 am 04/27/2016 | | | |
| Report was forwarded to (Name of DNR Official) Brian Roell | | Telephone (906) 228-6561 | |

QUESTIONS TO ANSWER

| | |
|---|--|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 1. Was the carcass(es) or injured livestock for which compensation is claimed seen by investigator and do such remains or injuries appear to be consistent with the claims made? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Were ONLY pictures of the carcass(es) or injured livestock for which compensation is claimed used for investigation in place of a field investigation? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 3. Is there evidence at the site that the livestock was killed? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4. Was the loss reported to an investigator within 24 hours of discovery? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 5. Has there been a documented history of indemnified depredation events on this farm? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6. Has producer taken action to prevent depredation? If yes, list actions: He monitors his cows and calves as frequently as possible when he is calving, He has control donkeys and he calves as close to the farm as possible. |

FACTORS TO CONSIDER DURING THE INVESTIGATION

| | |
|---|---|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure | A. Predator tracks and/or scat present. |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | B. Marks or wounds consistent with a predator attack. |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred. |

FIELD INVESTIGATION INFORMATION

| | | | |
|---|---|--|-----------------------------|
| Date of Investigation 04/27/2016 | Estimated Date of Incidence 04/27/2016 | DNR Investigator Brad Johnson | Telephone (906) 458-7374 |
| Is Carcass Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If carcass is not present, is there evidence of depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Will claim be made for missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

DESCRIPTION OF ANIMALS DAMAGED

| # OF ANIMALS | SPECIES | AGE (MO OR YR) | SEX (M/F/N) NEUTERED | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PUREBRED? | TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYEE ONLY) |
|--------------|----------|----------------|----------------------|-------------|-----------------------|---|---|
| 1 | 1. Angus | 2days | M | 80 | D82 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 2. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 3. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 4. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 5. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)

The calf was killed in the pasture to the East of the farm about 150 yards off of the Hwy, The pasture was soded and tracked up by the agitated cow so it was hard to find any tracks but the calf was chewed up in the flank and hindquarters and fed on. Both hindquarters were consumed. After skinning out the hindquarters wolf sized canine punctures were found. Pictures were taken and calved was saved for training.

☐ Continued on attached sheets

Evidence of predator responsible for depredation:

☐ Coyote ☒ Wolf ☐ Cougar ☐ Undetermined ☐ Other: _____

Investigator Signature

Brad Johnson 5/2/16

Date

04/28/2016

Lansing/Marquette Office Approval Signature

Date

PROVIDED PRODUCER WITH

- ☒ Yes ☐ No A. Affidavit form
- ☒ Yes ☐ No B. Instruction on registering for Electronic Funds Transfer (EFT)
- ☒ Yes ☐ No C. Proper Disposal of Animal Carcasses in Michigan

FOR MDARD USE ONLY

☐ CLAIM RECOMMENDED FOR PAYMENT

☐ CLAIM DENIED, reason: _____

If Claim is Recommended:

Claim Total: \$ _____

Less Insurance/Other Compensation: \$ _____

TOTAL Claim Reimbursement: \$ _____

Authorizing Signature

Date

Please email or FAX completed report ASAP to the appropriate person below. Retain the original for your records.

Zone 1

Brian Roell

Email: roellb@michigan.gov

FAX: (906)-228-5245

Zone 2 and 3

Adam Bump

Email: bumpa@michigan.gov

FAX: (517)-373-8705



Michigan Department of Natural Resources — Wildlife Division

REPORT OF LIVESTOCK DEPREDEATION

By authority of Part 401 of Act 461, P.A. of 1994, as amended.

INITIAL CONTACT (Please print all information below)

| | | |
|---|---------------------|--|
| Date report received 5-12-16 | Received by | Telephone () |
| Name of producer [REDACTED] | | Social Security or Tax ID Number |
| Address [REDACTED] | | Producer's telephone () |
| City ONTONAGON | State MI. | County ONTONAGON |
| Location of damage 2 MILES ABOVE (FARM) | | Legal description where damage occurred T R Sec. |
| Is physical evidence of depredation present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | RAP complaint number |
| Comments (Please list times and places, type of damage, decisions to farm, other information important to investigating this complaint) | | |
| Report was forwarded to (Name of DNR Official) | | Telephone () |

FIELD INVESTIGATION

| | | |
|---|---------------------------------------|------------------------------------|
| Date of investigation 5-12-16 | DNR Investigator WS LONSWAY | Telephone (906) 932-3898 |
|---|---------------------------------------|------------------------------------|

| DESCRIPTION OF ANIMALS DAMAGED | | | | | Please list the total number of forms used for this complaint | |
|--------------------------------|-------|-----|-------------|-----------------------|---|--|
| SPECIES | AGE | SEX | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PURCHASED STOCK (Raised for show or breeding) | COMMERCIAL STOCK (Raised for slaughter) |
| 1. CALF | 1 WK. | M | 90 | EARTAG 166 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Evidence of predator responsible for depredation
☐ Coyote ☒ Wolf ☐ Domestic Dog ☐ Bear ☐ Bobcat ☐ Cougar ☐ Undetermined ☐ Other

FIELD INVESTIGATION NOTES (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)
 A WOLF ATTACK LEFT 2 CALVES INJURED AT THE [REDACTED] THIS MORNING. 1 CALF WAS NEARLY DEAD AND WAS PUT DOWN, THE OTHER WAS MAULAD SEVERELY BUT STILL ABLE TO MOVE. BOTH CALVES WERE BITE IN SEVERAL PLACES ALONG THE TOP OF THE BACK. CHUNKS OF FLESH WERE MISSING IN THE HIND QUARTER, LEGS, AND BITES TO THE FRONT SHOULDER/NECK AREAS, AND TAILS MISSING. WOLF TRACKS WERE SEEN AT BOTH ATTACKS AREAS - IN THE CLAY/MUD FROM LAST NIGHTS RAIN. 1 CALF WAS ATTACKED IN THE EAST PASTURE - THE OTHER IN THE WEST PASTURE. ☐ Continued on attached sheets

Provided depredation pamphlets
☐ Yes ☐ No ☐ How to Minimize Livestock Losses To Predators ☐ Did a Predator Kill Or Injure My Livestock.

Investigator Signature **WS Lonsway** Date **5-12-16**

Producer Signature _____ Date _____

Please mail the completed original report to:

Zone 1

WOLF COORDINATOR
 MICHIGAN DEPARTMENT OF NATURAL RESOURCES
 1990 US 41 SOUTH
 MARQUETTE MI 49855

Zone 2 and 3

WILDLIFE DIVISION
 MICHIGAN DEPARTMENT OF NATURAL RESOURCES
 PO BOX 30444
 LANSING MI 48908-7944



Michigan Department of Natural Resources – Wildlife Division

REPORT OF LIVESTOCK DEPREDAATION

Required by authority of Part 401 of Act 451, P.A. of 1994, as amended.

INITIAL CONTACT INFORMATION (Please print all information below)

| | | | |
|---|-----------------------------|--|---|
| Date report received 04/29/2016 | Received by Brad Johnson | Receivers Telephone (906) 458-7374 | Receivers Location Cell phone Baraga |
| Name of producer [REDACTED] | | Producers E-mail tdicattle@yahoo.com | |
| Address [REDACTED] | | Producer's Telephone (Home) ([REDACTED]) | Producer's Telephone (Cell) ([REDACTED]) |
| City Zeeland | State MI | ZIP 49464 | County Ontonagon |
| Location of damage 13670 State Hwy M-38 Ontonagon Mi. | | Legal description where damage occurred: T [REDACTED] R [REDACTED] Sec [REDACTED] | |
| Is physical evidence of depredation present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | RAP complaint number: | |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) Farm manager [REDACTED] called Brad Johnson about 7:00 am 04/29/2016 to report a dead calf that looked like a depredation. Brad Met with [REDACTED] at the farm at 9:30 am 04/29/2016. Brad Johnson returned with scare away wolf lights at about 12:30 PM 04/29/2016 and had to chase a wolf away. | | | |
| Report was forwarded to (Name of DNR Official) Brian Roell | | Telephone (906) 228-6561 | |

QUESTIONS TO ANSWER

| | |
|---|---|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 1. Was the carcass(s) or injured livestock for which compensation is claimed seen by investigator and do such remains or injuries appear to be consistent with the claims made? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Were ONLY pictures of the carcass(s) or injured livestock for which compensation is claimed used for investigation in place of a field investigation? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 3. Is there evidence at the site that the livestock was killed? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4. Was the loss reported to an investigator within 24 hours of discovery? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 5. Has there been a documented history of indemnified depredation events on this farm? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6. Has producer taken action to prevent depredation? If yes, list actions: Cows that are ready to calf are brought up to pasture closest to barnyard. Farmer has control donkeys and monitors cows and calves as frequently as possible. |

FACTORS TO CONSIDER DURING THE INVESTIGATION

| | |
|---|---|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | A. Predator tracks and/or scat present. |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | B. Marks or wounds consistent with a predator attack. |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred. |

FIELD INVESTIGATION INFORMATION

| | | | |
|---|---|---|-----------------------------|
| Date of Investigation 04/29/2016 | Estimated Date of Incidence 04/29/2016 | DNR Investigator Brad Johnson | Telephone (906) 458-7374 |
| Is Carcass Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If carcass is not present, is there evidence of depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No Will claim be made for missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

DESCRIPTION OF ANIMALS DAMAGED

| # OF ANIMALS | SPECIES | AGE (MO OR YR) | SEX (M/F/N) NEUTERED | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PUREBRED? | TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYEE ONLY) |
|--------------|----------|----------------|----------------------|-------------|-----------------------|---|---|
| 1 | 1. Angus | 4 day | M | 80 | D83 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1 | 2. Angus | 3 day | M | 80 | none | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Alive 5/2/16 |
| | 3. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | B.R. |
| | 4. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 5. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)

Calf was killed in the pasture to the East of the farm and mostly consumed by more than one Wolf. Tracks at the scene along with typical wolf feeding pattern as well as canine punctures consistent with wolf size canines. Pictures were taken and calf was saved for training purposes. The 2nd calf was still alive but chewed up pretty bad and was put down.

☐ Continued on attached sheets

Evidence of predator responsible for depredation:

☐ Coyote ☒ Wolf ☐ Cougar ☐ Undetermined ☐ Other: _____

Investigator Signature

B. R.

5/2/16

Date

04/29/2016

Lansing/Marquette Office Approval Signature

Date

PROVIDED PRODUCER WITH

- ☒ Yes ☐ No A. Affidavit form
☒ Yes ☐ No B. Instruction on registering for Electronic Funds Transfer (EFT)
☒ Yes ☐ No C. Proper Disposal of Animal Carcasses in Michigan

FOR MDARD USE ONLY

| | |
|--|--|
| <input type="checkbox"/> CLAIM RECOMMENDED FOR PAYMENT | <input type="checkbox"/> CLAIM DENIED, reason: |
| If Claim is Recommended: Claim Total: \$ _____ Less Insurance/Other Compensation: \$ _____ TOTAL Claim Reimbursement: \$ _____ | |
| Authorizing Signature | Date |

Please email or FAX completed report ASAP to the appropriate person below. Retain the original for your records.

Zone 1

Brian Roell

Email: roellb@michigan.gov

FAX: (906)-228-5245

Zone 2 and 3

Adam Bump

Email: bumpa@michigan.gov

FAX: (517)-373-6705



Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDAATION

By authority of Part 401 of Act 461, P.A. of 1994, as amended.

INITIAL CONTACT (Please print all information below)

| | | |
|--|---|--|
| Date report received 4-30-16 | Received by | Telephone () |
| Name of producer | | Social Security or Tax ID Number |
| Address | | Producer's telephone () |
| City ONTONAGON | State MI | County ONTONAGON |
| Location of damage | | Legal description where damage occurred T R Sec |
| Is physical evidence of depredation present | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | RAP complaint number |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) Met [redacted] AT HIS FARM AT 7:30 AM TO CHECK ON A WOLF COMPLAINT AND FOUND 2 CALVES IN HIS PASTURE KILLED BY WOLVES. | | |
| Report was forwarded to (Name of DNR Official) | | Telephone () |

FIELD INVESTIGATION

| | | |
|--|-------------------------------------|--|
| Date of investigation 4-30-16 | DNR Investigator USDA/WS LONSWAY | Telephone (906) 932-3898 |
| DESCRIPTION OF ANIMALS DAMAGED | | |
| Please list the total number of forms used for this complaint | | |
| SPECIES | AGE | SEX |
| EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PUREBRED STOCK (Raised for show or breeding) |
| | | COMMERCIAL STOCK (Raised for slaughter) |
| 1. CALF | 2 DAYS | M |
| 2. CALF | 2 DAYS | M |
| 3. | | |
| 4. | | |
| 5. | | |
| Evidence of predator responsible for depredation <input type="checkbox"/> Coyote <input checked="" type="checkbox"/> Wolf <input type="checkbox"/> Domestic Dog <input type="checkbox"/> Bear <input type="checkbox"/> Bobcat <input type="checkbox"/> Cougar <input type="checkbox"/> Undetermined <input type="checkbox"/> Other | | |
| FIELD INVESTIGATION NOTES (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.) FOUND 2 CALVES KILLED IN PASTURE (300 YDS EAST OF BARN ALONG M 38) THE CARCASSES WERE ABOUT 100 YARDS APART. BOTH CALVES HAD LARGE CANINE PUNCTURE WOUNDS TO HIND QUARTERS CONSISTENT WITH WOLF BITES. ALSO BOTH CALVES WERE KILLED IN A LOW AREA OF THE PASTURE WITH DAMP SOIL/MUD AND WOLF TRACKS WERE NOTED AROUND BOTH KILLITES. FRESH BLOOD WAS FOUND AT THE KILLITES. VERY LITTLE OF EITHER CARCASS WAS CONSUMED. | | |
| <input type="checkbox"/> Continued on attached sheets | | |
| Provided depredation pamphlets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How to Minimize Livestock Losses To Predators <input type="checkbox"/> Did a Predator Kill Or Injure My Livestock | | |
| Investigator Signature Don Lonsway | | Date 5/2/16 |
| Producer Signature | | Date 4-30-16 |

Please mail the completed original report to:

Zone 1

WOLF COORDINATOR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
1990 US 41 SOUTH
MARQUETTE MI 49855

Zone 2 AND 3

WILDLIFE DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30444
LANSING MI 48909-7944

2-09-2

MAY. 1. 2016 8:41PM

USDA APHIS WS

NO. 504 P. 2

DEVELOPMENT
LANSING, MICHIGAN 48909**SPECIAL REPORT**Date 4-30-16 Time 7:30 ☒ a.m. ☐ p.m.

| | | |
|-----------------------------------|---------------------|----------------------------|
| Person or Firm Name [REDACTED] | Phone [REDACTED] | Inspector WS [REDACTED] |
| Street Address [REDACTED] | City AUTONAGON | Zip Code [REDACTED] |
| | | County AUTONAGON |

Subject

AFFIDAVIT FOR LIVESTOCK DEPREDAATION COMPENSATION

I certify that I will not be receiving any other compensation for my injured, killed or missing animal/s that was due to depredation by wolves, coyotes or cougars.

If I do receive other compensation, I will notify MDARD in order for that that amount to be deducted from the fair market value of the animal/s.

Producer Signature

Date

4-30-16

Per PA 487 of 2013, Sec. 4 (3) The department shall deduct from the indemnification amount under subsection (2) for any compensation receive or to be received by the owner, from any other source, including, but not limited to, indemnification by the United States Department of Agriculture, Insurance, or salvage value. The owner shall furnish to the department all records indicating other sources of indemnity.

Per PA 487 of 2013, Sec. 5 (1) and (2) Sec. 5. (1) Acceptance of compensation under this act constitutes a full and complete release of any claim the owner has against this state, its departments, agencies, officers, employees, agents, and contractors to the extent these persons were acting on behalf of this state, within the scope of their employment with this state or under the direction of this state, its departments, agencies, officers, or employees related to the death, injury, or loss of the livestock. (2) The right to indemnity under this act does not apply to livestock determined by the department to have been imported without meeting import requirements such as an official interstate health certificate or official interstate certificate of veterinary inspection, required testing, required vaccination, or to livestock determined by the department to have been illegally moved within this state. An owner is not entitled to indemnity from this state for an animal that comes into the possession of the owner with the owner's knowledge that the animal is diseased or is suspected of having been exposed to an infectious, contagious, or toxicological disease. In addition, the department shall not indemnify an owner for animals that have been exposed to an animal that comes into the possession of the owner with the owner's knowledge that the animal is diseased or is suspected of having been exposed to an infectious, contagious, or toxicological disease.

This affidavit is to be submitted prior to the payment of indemnification to:

Michigan Department of Agriculture and Rural Development

Animal Industry Division

P.O. Box 30017

Lansing, MI 48909

Fax: (517) 241-1560

Phone: (517) 373-1077

Copy Received By (signature)

Division

Animal Industry

Phone

517-373-1077



Required by authority of Part 401 of Act 451, P.A. of 1994, as amended

☒ Yes ☐ No ☐ Unsure A. Predator tracks and/or scat present.

☒ Yes ☐ No ☐ Unsure B. Marks or wounds consistent with a predator attack.

☒ Yes ☐ No ☐ Unsure C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred.

FIELD INVESTIGATION INFORMATION

| | | | |
|---|---|--|------------------------------------|
| Date of Investigation 5-13-16 | Estimated Date of Incidence 5-12-16 | DNR Investigator WS Lonsdale | Telephone (906) 932-3898 |
| Is Carcass Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If carcass is not present, is there evidence of depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Will claim be made for missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

DESCRIPTION OF ANIMALS DAMAGED

| # OF ANIMALS | SPECIES | AGE (MO OR YR) | SEX (M/F/N) NEUTERED | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PUREBRED? | TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYEE ONLY) |
|--------------|---------|----------------|----------------------|-------------|-----------------------|---|---|
| 1 | 1. CALF | 1 WK | F | 80 LBS | EARTAG 175 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 2. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 3. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 4. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 5. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)

THE CALF WAS FOUND YESTERDAY AFTERNOON (5-12-16) FRESHLY KILLED, LYING IN A LOW SPOT WITH DAMP/WET CLAY SOIL IN THE EAST PASTURE WITH FRESH BLOOD AT THE LOCATION AND ALSO WOLF TRACKS IN THE MUD. THE CALF WAS BITTEN IN SEVERAL PLACES IN THE BACK JUST AHEAD OF THE HIND QUARTERS AND ALSO LARGE CANINE MARKS IN BOTH HIND QUARTERS. THE TAIL WAS COMPLETELY MISSING FROM THE BASE. THIS CALF WAS KILLED LATER IN THE DAY ON 5-12-16 BECAUSE THE CARCASS WAS NOT IN THE AREA DURING THE MORNING CHECK.

☐ Continued on attached sheets

Evidence of predator responsible for depredation:

☐ Coyote ☒ Wolf ☐ Cougar ☐ Undetermined ☐ Other:

Investigator Signature

Date

5-13-16

Lansing/Marquette Office Approval Signature

Date

6-9-16

PROVIDED PRODUCER WITH

- ☐ Yes ☐ No A. Affidavit form
☐ Yes ☐ No B. Instruction on registering for Electronic Funds Transfer (EFT)
☐ Yes ☐ No C. Proper Disposal of Animal Carcasses in Michigan

FOR MDARD USE ONLY

☐ CLAIM RECOMMENDED FOR PAYMENT☐ CLAIM DENIED, reason:

If Claim is Recommended:

Claim Total: \$ _____

Less Insurance/Other Compensation: \$ _____

TOTAL Claim Reimbursement: \$ _____

Authorizing Signature

Date

Please email or FAX completed report ASAP to the appropriate person below. Retain the original for your records.

Zone 1

Brian Roell

Email: roellb@michigan.gov

FAX: (906)-228-5245

Zone 2 and 3

Adam Bump

Email: bumpa@michigan.gov

FAX: (517)-373-6705

MAY. 17. 2016 5:18PM

USDA APHIS WS

NO. 546

P. 103
INST. 103
DIBP
5-14-16

Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDAATION

Required by authority of Part 401 of Act 451, P.A. of 1994, as amended.

INITIAL CONTACT INFORMATION (Please print all information below)

| | | | |
|--|---|--|--------------------------------|
| Date report received 5-13-16 | Received by Lonsuway | Receiver's Telephone (906) 932-3898 | Receiver's Location Vanwood |
| Name of producer [REDACTED] | Producers E-mail | | |
| Address [REDACTED] | Producer's Telephone (Home) () [REDACTED] | | |
| City ONTONAGON | State MI. | ZIP | County ONTONAGON |
| Location of damage Same as above (FARM) | Legal description where damage occurred: T [REDACTED] R [REDACTED] Sec. [REDACTED] | | |
| Is physical evidence of depredation present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | RAP complaint number: | |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) | | | |
| Report was forwarded to (Name of DNR Official) | | Telephone () | |

QUESTIONS TO ANSWER

| | |
|---|--|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 1. Was the carcass(es) or injured livestock for which compensation is claimed seen by investigator and do such remains or injuries appear to be consistent with the claims made? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Were ONLY pictures of the carcass(es) or injured livestock for which compensation is claimed used for investigation in place of a field investigation? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Is there evidence at the site that the livestock was killed? (INSURED) |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4. Was the loss reported to an investigator within 24 hours of discovery? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 5. Has there been a documented history of indemnified depredation events on this farm? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6. Has producer taken action to prevent depredation? If yes, list actions: INSTALLED FLASHING LIGHTS AROUND FISTURE MOVED CALVES CLOSER TO FARM CHECKS HERE MORNING AND EVENING |

FACTORS TO CONSIDER DURING THE INVESTIGATION

| | |
|---|---|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | A. Predator tracks and/or scat present. |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | B. Marks or wounds consistent with a predator attack. |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred. |

FIELD INVESTIGATION INFORMATION

| | | | |
|---|---|--|------------------------------------|
| Date of Investigation 5-13-16 | Estimated Date of Incidence 5-12-16 | DNR Investigator WS LOUSWAY | Telephone (906) 932-3898 |
| Is Carcass Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If carcass is not present, is there evidence of depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Will claim be made for missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

DESCRIPTION OF ANIMALS DAMAGED

| # OF ANIMALS | SPECIES | AGE (MO OR YR) | SEX (M/F/N) NEUTERED | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PUREBRED? | TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYER ONLY) |
|--------------|---------|----------------|----------------------|-------------|-----------------------|---|---|
| 1 | 1 CALF | 4 DAYS | M | TO 100 | — | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)
 THE INJURED CALF WAS FOUND YESTERDAY AFTERNOON (5-12-16) LAYING NEAR A SMALL DRAINAGE DITCH IN THE EAST PASTURE. SEVERAL LARGE BITE MARKS WERE VISIBLE IN THE TOP OF THE BACK. WOLF TRACKS WERE NOTICED AT THE ATTACK AREA. THIS CALF WAS FOUND VERY NEAR TO THE CARCASS OF CALF #176 (ALSO FOUND ON THE SAME DAY) (BOTH CALVES WERE ATTACKED SOMETIME DURING THE DAY ON 5-12-16 BECAUSE NO INJURED OR DEAD CALVES WERE FOUND IN THE PASTURE DURING THE MORNING CHECK.)

Evidence of predator responsible for depredation:

☐ Coyote ☒ Wolf ☐ Cougar ☐ Undetermined ☐ Other:

Investigator Signature

Date

5-13-16

Lansing/Marquette Office Approval Signature

Date

6-9-16

PROVIDED PRODUCER WITH

- ☐ Yes ☐ No A. Affidavit form
- ☐ Yes ☐ No B. Instruction on registering for Electronic Funds Transfer (EFT)
- ☐ Yes ☐ No C. Proper Disposal of Animal Carcasses in Michigan

FOR MDARD USE ONLY

| | |
|--|--|
| <input type="checkbox"/> CLAIM RECOMMENDED FOR PAYMENT | <input type="checkbox"/> CLAIM DENIED, reason: |
| If Claim Is Recommended: | |
| Claim Total: \$ | |
| Less Insurance/Other Compensation: \$ | |
| TOTAL Claim Reimbursement: \$ | |
| Authorizing Signature | Date |

Please email or FAX completed report ASAP to the appropriate person below. Retain the original for your records.

Zone 1

Brian Roell

Email: roellb@michigan.gov

FAX: (906)-228-5245

Zone 2 and 3

Adam Bump

Email: bumpa@michigan.gov

FAX: (517)-373-6705



Michigan Department of Natural Resources - Wildlife Division
REPORT OF LIVESTOCK DEPREDAATION
 Required by authority of Part 401 of Act 451, P.A. of 1994, as amended.

INITIAL CONTACT INFORMATION (Please print all information below)

| | | | |
|--|--|-----------------------------|-----------------------------------|
| Date report received 5-14-16 | Received by | Receiver's Telephone () | Receiver's Location |
| Name of Producer | Producers E-mail | | |
| Address | Producers Telephone (Home) | | |
| City OASTONAGAN | State MI | ZIP | Producers Telephone (Cell) () |
| Location of damage SANG AS ABOVE (FARM) | County OASTONAGAN | | |
| Is physical evidence of depredation present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Legal description where damage occurred: T R Sec. | | |
| RAP complaint number: | | | |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) | | | |
| Report was forwarded to (Name of DNR Official) | | Telephone () | |

QUESTIONS TO ANSWER

| | |
|---|--|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 1. Was the carcass(es) or injured livestock for which compensation is claimed seen by Investigator and do such remains or injuries appear to be consistent with the claims made? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Were ONLY pictures of the carcass(es) or injured livestock for which compensation is claimed used for investigation in place of a field investigation? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 3. Is there evidence at the site that the livestock was killed? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4. Was the loss reported to an investigator within 24 hours of discovery? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 5. Has there been a documented history of indemnified depredation events on this farm? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6. Has producer taken action to prevent depredation? If yes, list actions: INSTALLED FLASHING LIGHTS MOVED CALVES CLOSER TO FARM CHECKS HERD MORNING AND EVENING. |

FACTORS TO CONSIDER DURING THE INVESTIGATION

| | |
|---|---|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | A. Predator tracks and/or scat present. |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | B. Marks or wounds consistent with a predator attack. |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred. |

23
FIELD INVESTIGATION INFORMATION

| | | | |
|---|---|--|-----------------------------|
| Date of Investigation 5-14-16 | Estimated Date of Incidence 5-13/14-16 | DNR Investigator WS LANSWAY | Telephone (906) 932-3898 |
| Is Carcass Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If carcass is not present, is there evidence of depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Will claim be made for missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

DESCRIPTION OF ANIMALS DAMAGED

| # OF ANIMALS | SPECIES | AGE (MO OR YR) | SEX (M/F/N) NEUTERED | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PURCHASER? | TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYEE ONLY) |
|--------------|---------|----------------|----------------------|-------------|-----------------------|---|---|
| 1 | 1. CALF | 5 DAYS | M | 70 | — | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 2. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 3. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 4. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 5. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)

THIS CALF WAS INJURED DURING A WOLF ATTACK ON 5-12-16.
THE CALF WAS TRANSPORTED TO THE BARN AND FOUND DEAD
2-DAY LATER.

☐ Continued on attached sheets

Evidence of predator responsible for depredation:

☐ Coyote ☒ Wolf ☐ Cougar ☐ Undetermined ☐ Other:

Investigator Signature

Lansing/Marquette Office Approval Signature

Date

Date

PROVIDED PRODUCER WITH

- ☐ Yes ☐ No A. Affidavit form
- ☐ Yes ☐ No B. Instruction on registering for Electronic Funds Transfer (EFT)
- ☐ Yes ☐ No C. Proper Disposal of Animal Carcasses in Michigan

FOR MDARD USE ONLY

| | |
|--|--|
| <input type="checkbox"/> CLAIM RECOMMENDED FOR PAYMENT | <input type="checkbox"/> CLAIM DENIED, reason: |
| If Claim is Recommended: | |
| Claim Total: \$ | |
| Less Insurance/Other Compensation: \$ | |
| TOTAL Claim Reimbursement: \$ | |
| Authorizing Signature | Date |

Please email or FAX completed report ASAP to the appropriate person below. Retain the original for your records.

Zone 1

Brian Roell

Email: roellb@michigan.gov

FAX: (906) 228-5245

Zone 2 and 3

Adam Bump

Email: bumpa@michigan.gov

FAX: (517) 373-6705



MAY. 18. 2016 12:57PM

USDA APHIS WS

NO. 548

P. 1



Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDEATION

Required by authority of Part 401 of Act 451, P.A. of 1994, as amended.

INITIAL CONTACT INFORMATION (Please print all information below)

| | | | |
|--|--------------------------------|--|------------------------------------|
| Date report received 5-18-16 | Received by CONUSWAY | Receiver's Telephone () | Receiver's Location |
| Name of producer [REDACTED] | | Producer's E-mail | |
| Address [REDACTED] | | Producer's Telephone (Home) () | Producer's Telephone (Cell) () |
| City ONTONAGON | State MI. | ZIP | County ONTONAGON |
| Location of damage SAME AS ABOVE (FARM) | | Legal description where damage occurred: T R Sec. | |
| Is physical evidence of depredation present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | RAP complaint number: | |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) | | | |
| Report was forwarded to (Name of DNR Official) | | Telephone () | |

QUESTIONS TO ANSWER

- ☒ Yes ☐ No 1. Was the carcass(es) or injured livestock for which compensation is claimed seen by investigator and do such remains or injuries appear to be consistent with the claims made?
- ☐ Yes ☒ No 2. Were ONLY pictures of the carcass(es) or injured livestock for which compensation is claimed used for investigation in place of a field investigation?
- ☒ Yes ☐ No 3. Is there evidence at the site that the livestock was killed?
- ☒ Yes ☐ No 4. Was the loss reported to an investigator within 24 hours of discovery?
- ☒ Yes ☐ No 5. Has there been a documented history of indemnified depredation events on this farm?
- ☒ Yes ☐ No 6. Has producer taken action to prevent depredation? If yes, list actions:

FLASHING LIGHTS AROUND PASTURE
MOVED CALVES CLOSER TO THE FARM
CHECKS THE HERD MORNING AND EVENING

FACTORS TO CONSIDER DURING THE INVESTIGATION

- ☒ Yes ☐ No ☐ Unsure A. Predator tracks and/or scat present.
- ☒ Yes ☐ No ☐ Unsure B. Marks or wounds consistent with a predator attack.
- ☒ Yes ☐ No ☐ Unsure C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred.

FIELD INVESTIGATION INFORMATION

| | | | |
|---|--|--|------------------------------------|
| Date of Investigation 5-18-16 | Estimated Date of Incidence ENE of 5-17-16 | DNR Investigator WS Lonsway | Telephone (906) 932-3898 |
| Is Carcass Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If carcass is not present, is there evidence of depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Will claim be made for missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

DESCRIPTION OF ANIMALS DAMAGED

| # OF ANIMALS | SPECIES | AGE (MO OR YR) | SEX (M/F/N) NEUTERED | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED/PUREBRED? | TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYER ONLY) |
|--------------|---------|----------------|----------------------|-------------|-----------------------|---|---|
| 1 | 1. CALF | 3 WKS | M | 90 LBS | # 120 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1 | 2. CALF | 3 WKS | M | 90 LBS | # 193 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 3. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 4. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 5. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)
 2 CALVES WERE FOUND DEAD IN EAST PASTURE (ALONG M 88) THIS MORNING. THE CALVES WERE ABOUT 150 YDS APART, BOTH HAD LARGE BITE MARKS TO THE HIND QUARTERS AND TO THE TOP OF THE BACK. VERY LITTLE CONSUMED FROM EITHER CARCASS, AND BOTH HAD TAILS MISSING. VERY LARGE CANINE WOUNDS AND TOOTH BRACINGS WERE FOUND AFTER SKINNING THE ANIMALS, CONSISTENT TO WOLF WOUNDS.

☐ Continued on attached sheets

Evidence of predator responsible for depredation:

☐ Coyote ☒ Wolf ☐ Cougar ☐ Undetermined ☐ Other:

Investigator Signature

Date

Lansing/Marquette Office Approval Signature

Date

PROVIDED PRODUCER WITH

- ☐ Yes ☐ No A. Affidavit form
☐ Yes ☐ No B. Instruction on registering for Electronic Funds Transfer (EFT)
☐ Yes ☐ No C. Proper Disposal of Animal Carcasses in Michigan

FOR MDARD USE ONLY

| | |
|--|--|
| <input type="checkbox"/> CLAIM RECOMMENDED FOR PAYMENT | <input type="checkbox"/> CLAIM DENIED, reason: |
| If Claim is Recommended: | |
| Claim Total: | \$ _____ |
| Less Insurance/Other Compensation: | \$ _____ |
| TOTAL Claim Reimbursement: | \$ _____ |
| Authorizing Signature | Date |

Please email or FAX completed report ASAP to the appropriate person below. Retain the original for your records.

Zone 1

Brian Roel

Email: roelb@michigan.gov

FAX: (906) 228-5245

Zone 2 and 3

Adam Bump

Email: bumpa@michigan.gov

FAX: (517) 373-6705



Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDAATION

By authority of Part 401 of Act 181, P.A. of 1894, as amended.

 NUC
 AFF. dwt
 5/1/16

INITIAL CONTACT (Please print all information below)

| | | |
|--|-----------------|---|
| Date report received 5-4-16 | Received by | Telephone () |
| Name of producer | | Social Security or Tax ID Number |
| Address | | Producer's telephone () |
| City ONTONAGON | State MI ZIP | County ONTONAGON |
| Location of damage FARM (SAME AS ABOVE) | | Legal description where damage occurred T R Sec. |
| Is physical evidence of depredation present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | RAP complaint number |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) | | |
| Report was forwarded to (Name of DNR Official) | | Telephone () |

FIELD INVESTIGATION

| | | |
|---|--------------------------------|-----------------------------|
| Date of investigation 5-4-16 | DNR Investigator WS LONEWAY | Telephone (906) 932-3898 |
| DESCRIPTION OF ANIMALS DAMAGED | | |
| SPECIES | AGE | SEX |
| 1. CALF | 2-DAY | M |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| EST. WEIGHT | | |
| 70 | | |
| IDENTIFICATION NUMBER | | |
| Please list the total number of forms used for this complaint | | |
| REGISTERED PUREBRED STOCK (Raised for show or breeding) | | |
| COMMERCIAL STOCK (Raised for Slaughter) | | |
| Evidence of predator responsible for depredation | | |
| <input type="checkbox"/> Coyote <input checked="" type="checkbox"/> Wolf <input type="checkbox"/> Domestic Dog <input type="checkbox"/> Bear <input type="checkbox"/> Bobcat <input type="checkbox"/> Cougar <input type="checkbox"/> Undetermined <input type="checkbox"/> Other | | |
| FIELD INVESTIGATION NOTES (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.) | | |
| FOUND THE FRESH CARCASS OF A 2-DAY OLD CALF IN THE NORTH PASTURE OF THE FARM THIS MORNING. LARGE TOOTH MARKS WERE FOUND ON TOP OF THE BACK AREA AND ALSO IN BOTH UPPER HIND QUARTERS. THE TOOTH MARKS WERE CONSISTENT WITH A WOLF. ALSO TRACKS THAT APPEARED TO BE FROM A SINGLE WOLF WERE FOUND AT THE KILLSITE. VERY LITTLE OF THE CARCASS WAS CONSUMED. TAIL AND UPPER PORTIONS OF HIND QUARTERS. THE CARCASS WAS REMOVED FROM THE PROPERTY. | | |
| Provided depredation pamphlets | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> How to Minimize Livestock Losses To Predators <input type="checkbox"/> Did a Predator Kill Or Injure My Livestock | | |
| Investigator Signature WS LONEWAY | | Date 5-4-16 |
| Producer Signature | | Date |

Please mail the completed original report to:

ZONE 1

 WOLF COORDINATOR
 MICHIGAN DEPARTMENT OF NATURAL RESOURCES
 1990 US 41 SOUTH
 MARQUETTE MI 49855

ZONE 2 AND 3

 WILDLIFE DIVISION
 MICHIGAN DEPARTMENT OF NATURAL RESOURCES
 PO BOX 30444
 LANSING MI 48909-7944

2

MAY. 17. 2016, 5:15PM

USDA APHIS WS

NO. 546 P 3

LAST RECD
Dead 5/25/16

Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDTION

By authority of Part 401 of Act 451, P.A. of 1994, as amended.

INITIAL CONTACT (Please print all information below)

| | | |
|--|---|------------------------------------|
| Date report received 4-31-16 | Received by WS Lonsway | Telephone (906) 932-3898 |
| Name of producer [REDACTED] | Social Security or Tax ID Number [REDACTED] | |
| Address [REDACTED] | Producer's telephone [REDACTED] | |
| City ONTONAGON | State MI | County ONTONAGON |
| Location of damage Same as above (Farm) | Legal description where damage occurred T [REDACTED] R [REDACTED] Sec [REDACTED] | |
| Is physical evidence of depredation present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | RAP complaint number [REDACTED] |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) | | |
| Report was forwarded to (Name of DNR Official) | | Telephone () |

FIELD INVESTIGATION

| Date of investigation 4-31-16 | DNR Investigator WS Lonsway | Telephone (906) 932-3898 | | | | |
|---|--------------------------------|-----------------------------|-------------|-----------------------|--|--|
| Description of Animals Damaged | | | | | | |
| Please list the total number of forms used for this complaint | | | | | | |
| SPECIES | AGE | SEX | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PUREBRED STOCK (Raised for show or breeding) | COMMERCIAL STOCK (Raised for slaughter) |
| 1. CALF | 2-DAYS | F | 70LBS | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of predator responsible for depredation <input type="checkbox"/> Coyote <input checked="" type="checkbox"/> Wolf <input type="checkbox"/> Domestic Dog <input type="checkbox"/> Bear <input type="checkbox"/> Bobcat <input type="checkbox"/> Cougar <input type="checkbox"/> Undetermined <input type="checkbox"/> Other | | | | | | |
| FIELD INVESTIGATION NOTES (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.) 1 - CALF WAS FOUND THIS MORNING IN [REDACTED] EAST PASTURE WITH SEVERE BITE MARKS TO THE BACK AND HIND QUARTER AREA. TOOTH MARKS AND SIZE WERE CONSISTENT TO THE SIZE OF A WOLF. THE CALF WAS FOUND STILL LAYING AT THE ATTACK AREA. WOLF TRACKS WERE NOTED AT AND AROUND THE ATTACK SITE. [REDACTED] told me that this calf was found dead on 5/25/16. [REDACTED] <input type="checkbox"/> Continued on attached sheets | | | | | | |
| Provided depredation pamphlets: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How to Minimize Livestock Losses To Predators <input type="checkbox"/> Did a Predator Kill Or Injure My Livestock | | | | | | |
| Investigator Signature WS Lonsway | | | | | Date 4-31-16 | |
| Producer Signature [REDACTED] | | | | | Date 6-9-16 | |

Please mail the completed original report to:

Zone 1

WOLF COORDINATOR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
1980 US 41 SOUTH
MARQUETTE MI 49858

Zones 2 and 3

WILDLIFE DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30444
LANSING MI 48908-7844



MAY. 24. 2016 2:23PM

USDA APHIS WS

NO. 564 P. 1



Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDAATION

Required by authority of Part 401 of Act 481, P.A. of 1994, as amended.

AFFIDAVIT
Sent
5/26/16**INITIAL CONTACT INFORMATION** (Please print all information below)

| | | | |
|--|---------------------|--|------------------------------------|
| Date report received 5-22-16 | Received by | Receiver's Telephone () | Receiver's Location |
| Name of producer [REDACTED] | | Producers E-mail | |
| Address [REDACTED] | | Producer's Telephone (Home) () | Producer's Telephone (Cell) () |
| City ONTONAGON | State MI. | ZIP | County ONTONAGON |
| Location of damage SAME AS ABOVE (CARIN) | | Legal description where damage occurred: T R Sec. | |
| Is physical evidence of depredation present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | RAP complaint number: | |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) | | | |
| Report was forwarded to (Name of DNR Official) | | Telephone () | |

QUESTIONS TO ANSWER

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 1. Was the carcass(es) or injured livestock for which compensation is claimed seen by investigator and do such remains or injuries appear to be consistent with the claims made? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Were ONLY pictures of the carcass(es) or injured livestock for which compensation is claimed used for investigation in place of a field investigation? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 3. Is there evidence at the site that the livestock was killed? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4. Was the loss reported to an investigator within 24 hours of discovery? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 5. Has there been a documented history of indemnified depredation events on this farm? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6. Has producer taken action to prevent depredation? If yes, list actions: |

FACTORS TO CONSIDER DURING THE INVESTIGATION

- | | |
|---|---|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | A. Predator tracks and/or scat present |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | B. Marks or wounds consistent with a predator attack |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred. |

FIELD INVESTIGATION INFORMATION

| | | | |
|---|---|--|------------------------------------|
| Date of Investigation 5-22-16 | Estimated Date of Incidence 5-21-16 | DNR Investigator WS LONGWAY | Telephone (906) 932-3898 |
| Is Carcass Present? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If carcass is not present, is there evidence of depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Will claim be made for missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

DESCRIPTION OF ANIMALS DAMAGED

| # OF ANIMALS | SPECIES | AGE (MO OR YR) | SEX (M/F/N) NEUTERED | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PUREBRED? | TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYEE ONLY) |
|--------------|---------|----------------|----------------------|-------------|-----------------------|---|---|
| 1 | CALF | 1 DAY | M | 100 LBS | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1 | CALF | 2 WKS | F | 80 LBS | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)
 1-MALE CALF WAS FOUND SEVERELY INJURED ON THE MORNING OF 5-21-16 AND DIED SOMETIME DURING THE EVENING OF 5-22-16. THE CARCASS WAS SEVERELY BITTEN ACROSS THE TOP OF THE BACK, HIND QUARTERS AND THE TAIL WAS MISSING. THERE WAS A SMALL AMOUNT EATEN FROM THE HIND QUARTERS. LARGE TOOTH WOUNDS WERE NOTED ON THE CARCASS AND WOLF TRACKS WERE SEEN AT THE ATTACK SITE. THE FEMALE CALF WAS FOUND DEAD IN THE PASTURE ON THE MORNING OF 5-22-16. AFTER SKINNING THE ANIMAL - SMALL TOOTH MARKS WERE NOTICED IN THE HIND QUARTERS. A VERY LITE FEEDING PATTERN WAS NOTED ON THE REAR OF THE CALF. 1 CAR WAS CHAWED OFF - ALL EVIDENCE CONSISTENT TO A COYOTE ATTACK. ☐ Continued on attached sheets

Evidence of predator responsible for depredation:

☒ Coyote ☒ Wolf ☐ Cougar ☐ Undetermined ☐ Other: **MALE CALF KILLED BY WOLF / FEMALE KILLED BY COYOTE**

Investigator Signature

Date

Lansing/Marquette Office Approval Signature

Date

PROVIDED PRODUCER WITH

- ☐ Yes ☐ No A. Affidavit form
- ☐ Yes ☐ No B. Instruction on registering for Electronic Funds Transfer (EFT)
- ☐ Yes ☐ No C. Proper Disposal of Animal Carcasses in Michigan

FOR MDARD USE ONLY

| | |
|--|--|
| <input type="checkbox"/> CLAIM RECOMMENDED FOR PAYMENT | <input type="checkbox"/> CLAIM DENIED, reason: |
| If Claim is Recommended: | |
| Claim Total: | \$ _____ |
| Less Insurance/Other Compensation: | \$ _____ |
| TOTAL Claim Reimbursement: | \$ _____ |
| Authorizing Signature | Date |

Please email or FAX completed report ASAP to the appropriate person below. Retain the original for your records.

Zone 1

Brian Roell

Email: roellb@michigan.gov

FAX: (906)-228-5245

Zone 2 and 3

Adam Bump

Email: bumpa@michigan.gov

FAX: (517)-373-6708



Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDAATION

Required by authority of Part 401 of Act 481, P.A. of 1984, as amended.

INITIAL CONTACT INFORMATION (Please print all information below)

| | | | |
|--|-------------|---|------------------------------------|
| Date report received 5-24-16 | Received by | Receiver's Telephone () | Receiver's Location |
| Name of producer | | Producer's E-mail | |
| Address | | Producer's Telephone (Home) () | Producer's Telephone (Cell) () |
| City ONTONAGON | State | ZIP | County ONTONAGON |
| Location of damage SAME AS ABOVE (FARM) | | Legal description where damage occurred: T R Sec | |
| Is physical evidence of depredation present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | RAP complaint number: | |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) | | | |
| Report was forwarded to (Name of DNR Official) | | Telephone () | |

QUESTIONS TO ANSWER

| | |
|--|--|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 1. Was the carcass(es) or injured livestock for which compensation is claimed seen by investigator and do such remains or injuries appear to be consistent with the claims made? |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Were ONLY pictures of the carcass(es) or injured livestock for which compensation is claimed used for investigation in place of a field investigation? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 3. Is there evidence at the site that the livestock was killed? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4. Was the loss reported to an investigator within 24 hours of discovery? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 5. Has there been a documented history of indemnified depredation events on this farm? |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6. Has producer taken action to prevent depredation? If yes, list actions: |
| INSTALLED FLASHING LIGHTS AROUND THE PASTURE. MOVED CATTLE/CALVES CLOSER TO THE FARM. CHECKS THE HERD MORNING AND EVENING | |

FACTORS TO CONSIDER DURING THE INVESTIGATION

| | |
|---|---|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | A. Predator tracks and/or scat present. |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | B. Marks or wounds consistent with a predator attack. |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred. |

FIELD INVESTIGATION INFORMATION

| | | | |
|---|---|--|------------------------------------|
| Date of Investigation 5-24-16 | Estimated Date of Incidence 5-24-16 | DNR Investigator WS (CONSULANT) | Telephone (906) 932-3878 |
| Is Carcass Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If carcass is not present, is there evidence of depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Will claim be made for missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

DESCRIPTION OF ANIMALS DAMAGED

| # OF ANIMALS | SPECIES | AGE (MO OR YR) | SEX (M/F/N) NEUTERED | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PUREBRED? | TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYEE ONLY) |
|--------------|---------|----------------|----------------------|-------------|-----------------------|---|---|
| 1 | CALF | 1 WK. | F | 80 | #180 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)

THE CALF RECEIVED A BITE TO THE RIGHT HIND LEG - A BITE TO THE RIGHT SIDE (RIB AREA) RESULTING IN A 1"X3" TEAR IN THE HIDE DURING A WOLF ATTACK IN [REDACTED] EAST PASTURE AT 1:50 PM (MIDNIGHT). THE WOLF WAS SHOT DURING THE ATTACK.

☐ Continued on attached sheets

Evidence of predator responsible for depredation:

☐ Coyote ☒ Wolf ☐ Cougar ☐ Undetermined ☐ Other:

Investigator Signature



Date

5-24-16

Lansing/Marquette Office Approval Signature



Date

6-9-16

PROVIDED PRODUCER WITH

- ☐ Yes ☐ No A. Affidavit form
☐ Yes ☐ No B. Instruction on registering for Electronic Funds Transfer (EFT)
☐ Yes ☐ No C. Proper Disposal of Animal Carcasses in Michigan

FOR MDARD USE ONLY

| | |
|--|--|
| <input type="checkbox"/> CLAIM RECOMMENDED FOR PAYMENT | <input type="checkbox"/> CLAIM DENIED, reason: |
| If Claim Is Recommended: | |
| Claim Total: | \$ _____ |
| Less Insurance/Other Compensation: | \$ _____ |
| TOTAL Claim Reimbursement: | \$ _____ |
| Authorizing Signature | Date |

Please email or FAX completed report ASAP to the appropriate person below. Retain the original for your records.

Zone 1

Brian Roel

Email: roelb@michigan.gov

FAX: (906)-228-5245

Zone 2 and 3

Adam Bump

Email: bumpa@michigan.gov

FAX: (517)-373-6705



Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDACTION

Required by authority of Part 401 of Act 481, P.A. of 1994, as amended.

INITIAL CONTACT INFORMATION (Please print all information below)

| | | | |
|--|-----------------------------------|---|------------------------------------|
| Date report received 5-24-16 | Received by WS: CONSWAY | Receiver's Telephone () | Receiver's Location |
| Name of producer [REDACTED] | | Producer's E-mail | |
| Address [REDACTED] | | Producer's Telephone (Home) () | Producer's Telephone (Cell) () |
| City ONTONAGON | State MI. | ZIP | County ONTONAGON |
| Location of damage SAME AS ABOVE (FARM) | | Legal description where damage occurred: T R Sec. | |
| Is physical evidence of depredation present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | RAP complaint number: | |
| Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) | | | |
| Report was forwarded to (Name of DNR Official) | | Telephone () | |

QUESTIONS TO ANSWER

- ☒ Yes ☐ No 1. Was the carcass(es) or injured livestock for which compensation is claimed seen by investigator and do such remains or injuries appear to be consistent with the claims made?
- ☐ Yes ☒ No 2. Were ONLY pictures of the carcass(es) or injured livestock for which compensation is claimed used for investigation in place of a field investigation?
- ☒ Yes ☐ No 3. Is there evidence at the site that the livestock was killed?
- ☒ Yes ☐ No 4. Was the loss reported to an investigator within 24 hours of discovery?
- ☒ Yes ☐ No 5. Has there been a documented history of indemnified depredation events on this farm?
- ☒ Yes ☐ No 6. Has producer taken action to prevent depredation? If yes, list actions:
INSTALL FLASHING LIGHTS AROUND THE PASTURE.
MOVED CATTLE/CALVES CLOSER TO THE FARM.
CHECKS THE HERD MORNING AND EVENING.

FACTORS TO CONSIDER DURING THE INVESTIGATION

- ☒ Yes ☐ No ☐ Unsure A. Predator tracks and/or scat present.
- ☒ Yes ☐ No ☐ Unsure B. Marks or wounds consistent with a predator attack.
- ☒ Yes ☐ No ☐ Unsure C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred.

FIELD INVESTIGATION INFORMATION

| | | | |
|--|---|---|------------------------------------|
| Date of Investigation 5-24-16 | Estimated Date of Incidence 5-24-16 | DNR Investigator W.S. Lonsway | Telephone (906) 932-3698 |
| Is Carcass Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If carcass is not present, is there evidence of depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input type="checkbox"/> No Will claim be made for missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

DESCRIPTION OF ANIMALS DAMAGED

| # OF ANIMALS | SPECIES | AGE (MO OR YR) | SEX (M/F/N) NEUTERED | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PUREBRED? | TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYEES ONLY) |
|--------------|---------|----------------|----------------------|-------------|-----------------------|---|--|
| 1 | 1 CALF | 4 DMS | M | 80 LBS | # 194 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1 | 2 CALF | 1 WYR | F | 80 LBS | 219 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)
 FOUND 1 DEAD CALF # 219 AND 1 SEVERELY INJURED CALF LATE THIS AFTERNOON WHILE CHECKING HIS PASTURE THAT HAD BEEN ATTACKED BY A WOLF SOMETIME BETWEEN 3:00PM AND 4:00PM. THE SEVERELY INJURED CALF # 194 WAS BITTEN THRU THE BACK, BOTH HIND QUARTERS, AND HAD LARGE CHUNKS OF FLESH TORN FROM THE REAR OF THE ANIMAL. WOLF TRACKS WERE FOUND IN THE SOFT CLAY MUD FROM TODAY'S RAIN STORM. THE SECOND CALF # 219 HAD LARGE LIPS AND TEARS IN THE HIND QUARTERS AND 1 HIND QUARTER PARTIALLY EATEN. WOLF TRACKS WERE ALSO FOUND AT THE KILL SITE. ☐ Continued on attached sheets

Evidence of predator responsible for depredation:

☐ Coyote ☒ Wolf ☐ Cougar ☐ Undetermined ☐ Other:

Investigator Signature

Date

Lansing/Marquette Office Approval Signature

Date

PROVIDED PRODUCER WITH

- ☐ Yes ☐ No A. Affidavit form
☐ Yes ☐ No B. Instruction on registering for Electronic Funds Transfer (EFT)
☐ Yes ☐ No C. Proper Disposal of Animal Carcasses in Michigan

FOR MDARD USE ONLY

| | |
|--|--|
| <input type="checkbox"/> CLAIM RECOMMENDED FOR PAYMENT | <input type="checkbox"/> CLAIM DENIED, reason: |
| If Claim is Recommended: | |
| Claim Total: \$ | |
| Less Insurance/Other Compensation: \$ | |
| TOTAL Claim Reimbursement: \$ | |
| Authorizing Signature | Date |

Please email or FAX completed report ASAP to the appropriate person below. Retain the original for your records.

Zone 1

Brian Roell

Email: roellb@michigan.gov

FAX: (906) 228-5245

Zone 2 and 3

Adam Bump

Email: bumpa@michigan.gov

FAX: (517) 373-8705