

PO BOX 30028

LANSING MI 48909-7528

E-MAIL: DNR-FOIA-Contact@michigan.gov

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 wri	tten signatures.	
Requester's Name	Company Name or Organization (if applicable)	Telephone
Nancy Warren		(906)988 2892
Address (Street and Number)		FAX
PO Box 102		()
City	State ZIP	E-Mail Address
Ewen	MI 49925	nwarrenl@earthlink.net
I wish to examine receive a copy of the requested. Attach additional sheets if necess the data spread sheet (or any othe Township, Range, Payments for all Please provide a copy of all wolf livestock and/or dog complaints in Please provide a copy of reports a	r format this information i wolf depredations and missi activity reports/investigat Ontonagon County in 2016.	s maintained) listing Section, ng livestock reported in 2016.
implemented in Ontonagon County in	an attempt to reduce wolf	conflicts.
Please respond via email to nwarre Signed, Nancy Warren 05/27/2016		
If you previously have been in contact with sor whom you believe is knowledgeable aboverson. This will help expedite locating the d	out such documents, please provid	ding the documents you are requesting, le the name and work location of that
See Attached Name of Contact	Office Location	
I understand that I may be charged with costs Signature of Requester Submit completed request to:	s associated with this request. Date	
FREEDOM OF INFORMATION ACT OFFICE LEGISLATIVE AND LEGAL AFFAIRS OFFIC MICHIGAN DEPARTMENT OF NATURAL RE	E FAX	: (517) 284-5808 : (517) 335-4242

Record No.	. Report File	Verifie	Livestock	k Dog/Livestock	Year	Date	County	Depredation	Injured or killed	Payments	MDA Paid	Comments
377	×	Yes	No	Livestock	2016	04/27/16	Ontonagon	i Angus Calf	Killed	NN	\$340.00	
378	×	Yes	No	Livestock	2016	04/28/16	Chippewa	1 Angus calf	Killed	Z	\$180.00	
379	×	ř	No	Livestock	2016	04/29/16	Ontonagon	2 Angus Calves	Killed/injured	Z	\$340,00	Two calves attacked 1-killed
380	×	Yes	No	Livestock	2016	04/30/16	Chippewa	l Angus calf	Killed	Z	\$200,00	
381	×	Υœ	No	Livestock	2016	04/30/16	Ontonagon	2 Angus Calves	Killed	NA	\$680.00	Two angus calves killed, 80 lbs
307	×	Yes	No	Livestock	2016	05/01/16	Onlonagon	1 Angus calf	Killed	N	Z	70 lbs. angus calf, injured, Calf was found dead on 5/25/16
383	×	ă	N _o	Livestock	2016	05/04/16	Ontonagon	2 Angus calves	Killed/injured	NA	\$297.50	70 lbs. angus calf killed and calf #152 injured
384	×	Ϋ́α	No	Livestock	2016	05/06/16	Ontonagon	I Angus calf	Injured	Z A	\$297.50	70 lbs, angus calf #156 injured
385	×	Yes	No	Livestock	2016	05/07/16	Ontonagon	2 Angus Calves	Killed	Z	\$680.00	These two calves (#152 and #156) died from injuries suffered on 5/4/16 and 5/6/14
386	×	Ϋ́C	No	Livestock	2016	05/09/16	Ontonagon	2 Angus Calves	Injured	Z	NA	Two Calves were injured
387	×	Yes	No.	Livestock	2016	05/12/16	Ontonagon	2 Angus Calves	Killed/injured	Z	\$382.50	Two calves attacked 1-killed (#166)
00 00 00	×	Yes	No	Livestock	2016	05/13/16	Ontonagon	2 Angus Calves	Killed/injured	NA	\$340.00	80 lbs calf killed (#175) and 1 calf injured
389	×	Yes	No	Livestock	2016	05/14/16	Ontonagon	1 Angus calf	Killed	NA	\$297.50	Calf was injuried on 5/12/16 and died on 5/14/16
400	×	Ϋ́α	N	Livestock	2016	05/18/16	Ontonagon	3 Angus Calves	Killed/injured	NA	\$765.00	2 calves killed (#120 and #193) 1 calf injured (#121)
401	×	ř	No.	Livestock	2016	05/21/16	Ontonagon	I calf injured	Injured	NA	NA	I calf was injured on 5/21/16
402	×	ž	No	Livestock	2016	05/22/16	Ontonagon	2 calves killed	Killed	NA	\$765 00	Calf injured on 5/21/16 found dead and another was killed in the pasture
403	×	Yes	N _o	Livestock	2016	05/24/16	Ontonagon	3 claves, I killed and 2 mjured	Killed/injured	N.A	\$3.40.00	Calf #219 was killed and calf #219 and #180 were injured

MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL

DEA	ELUPMENI
LANSING,	MICHIGAN 48909

	<u> </u>	*	Coto Ton					
2	SPECIAL REPORT		Date Time - 5/4/16	☐ a.m. ☐ p.m.				
Person or Firm Name	Phone 646 249 0097	Inspector						
Street Address	616-218-9987 City	Brad Johnson Zip Code	County					
4694 35 th Street	Zeeland, Mi	49464	Ontonagon					
Subject		93						
AF	FIDAVIT FOR LIVESTOCK DEPREDA	TION COMPEN	ISATION					
I certify that I will not be receiving any other co cougars.	mpensation for my injured, killed or missing anim	nal/s that was due	to depredation by wolves, coy	rotes or				
If I do receive other compensation, I will notify	MDARD in order for that that amount to be dedu	icted from the fair i	narket value of the animal/s.					
Producer Signature	Date 5/16/16		2)					
Producer Signature	Date							
-	19							
THE STATE OF THE S								
iotified IVIDIAK on 5/04/1	6 that he had discovered a single calf kill	cu by predators.						
- 250 at 1000	erican a R							
Per PA 487 of 2013, Sec. 4 (3) The department sl received by the owner, from any other source, in	iall deduct from the indemnification amount und cluding, but not limited to, indemnification by th	er subsection (2) to e United States De	r any compensation receive of partment of Agriculture, insu	rance, or				
salvage value. The owner shall furnish to the dep	partment all records indicating other sources of in	demnity.	,					
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 v								
to the death, injury, or loss of the livestock.(2) To been imported without meeting import requirement	ne right to indemnity under this act does not appl	y to livestock deter	mined by the department to it	lave				
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 diseased or is suspected of having been exposed	animal that comes into the possession of the own	ner with the owner'	s knowledge that the animal i	S nify an				
owner for animals that have been exposed to an a	mimal that comes into the possession of the own	er with the owner's	knowledge that the animal is	iniy au				
diseased or is suspected of having been exposed	to an infectious, contagious, or toxicological disc	asc.						
This affidavit is	to be submitted prior to the payment	of indemnifica	ation to:					
27			·					
Michigan	Department of Agriculture and Rura	l Developmen	t					
	Animal Industry Division							
ER	P.O. Box 30017	X 8	g to the					
BECEIVE	Lansing, MI 48909	8.						
U 22 2018	Fax: (517) 241-1560							
WAL 53	Phone: (517) 373-1077							
316	10 :: 1 :: 28 14 11 11 11	200		1.0%				
Copy Received By (signature)	Division	Phone	·-·					
	Animal Industry	517-373-107	7					

Dure D

Wichigan Mehamment of Mathita Resorring - Anious Michigan

REPORT OF LIVESTOCK DEPREDATION By authority of Part 401 of Act 451, P.A. of 1994, as amended.

NO. 546 P. 18

DEPUT ON MO

INITIAL CORTACT	Acted by the S	A RECEDITION	(I MENTY)				
Date report rocelyed	R	coived by		• •	y.	Telephone	1
Name of produces						Social Security	y or Tex ID Number
Address					,	Producer's te	sphort .
DITTOL	ACC	SNO	m	ate EIP		County	JONAGON
Location of dampge	: Ar3o		(FARIM)			Legal descript	ion where damage occurred.
in physical evidence of dep	redation proc	ent		Yes 🔲 No		RAP compact	Kurupe,
Comments (Meeting time	and places	type of dan	nage, directions to farm,	other leformation impo	itant la Investi	sting this comple	NACO .
**						•	•
10							
Report was forwarded to (F	lamo di DNA	Cifficial)	EQ.		•	Telephone)
				· · · · · · · · · · · · · · · · · · ·			
FIELD INVESTIGATIO		•	•				
Date of investigation	i i	Vit Investiga	#WS 4	PAWSCAC		Telephone	1932-3848
Резсиртон ог Ани	U.S DAMAG	ED		Please list th			sed for this complaint
SPECIES AC	SE SEX	EST.	NOTASISTINACI NUMBER	REGISTERED (Relead for	PUREBRE	D STOCK iedna)	COMMERCIAL STOCK (Refeed for Blaughter)
1. CACE 5.2	ars m	80	#152		Z CAN		
2.CALF 5-6	145 M.	80	#156				
3,)近			П.,		
4.			<u> </u>	<u> </u>			
5.		<u></u>		ــــــــــــــــــــــــــــــــــــ	410g		<u> </u>
Evidence of predator re		omestic		□Bobcat □	Cougar		ined Other
FIELD INVESTIGATIO	NOTES	Describe t	he evidence used to	make determination	of cause of l	estock loss.	Attach edicational sheets, if necessary.)
ACTER APPALE	VILLECK TO CK	DIN 5.4%	UNY CHAIL	CH 152 H	ADIARG	40 faction	MARKS IN EVICE UP
LOCATIONS A	ang a	THE 63/	ACK , HLARG	& BITE MA	RK 11):	THE LEFT	TERONT SHOULDER.
BEVERE GATE	5 TO 18	1170	ENNER CHAIR	ERS, FIND	7115 TC	AL COM	CICICIA KOMUVED
AT THE EN	Tins	ALSO ALSO	156 450 A LARGE BITE	s ap the s	16H 1H	ind) Cour	PLETELY REMOVED CK-JUST AHEAD OF THE HIPE WAS Continued on attached sheets
rovided depredation pa	mphiete		o Minimize Livest	•	_		
uveatigator Signature	7(1		AU PASSAGE AND LANGE		- CONTRACTOR	etor Ket Or Injury My Livestock Deta
Producer Signature		CMO	rail				5-7-/ks
		- 10	,	4.1		,	
Please mail the con	pleted o	riginal re	port to:		•		
ZONE 1	-	70	•	ZONES 2	AND 3	O.	

WOLF COORDINATOR MICHIGAN DEPARTMENT OF NATURAL RESOURCES 1990 US 41 SOUTH MARQUETTE MI 49855 WILDLIFE DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30444
LANSING MI 48908-7944



Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDATION
Required by authority of Part 401 of Act 451, P.A. of 1994, as amended.

INITIAL	CONTACT	INFORM.	ATION (Plea		rmetion below)			In t l. andton	
	ort received	1. 12.22	Received b			Receivers Telephone (906) 458-737		Receivers Location Truck Mass C:	ity
04/27 Name of	producer		Brad of	Jiitson		Producers E-mail			-
Address						Producer's Telephone	(Homa)	Producer's Telephon	e (Cell)
City Zeela	nd	2		State MI	ZIP 49464	County Ontonogan			· · · · · · · · · · · · · · · · · · ·
Location	of damage					Legal description whe	re damage occurre Sec.	d:	
ls physic	al evidence	of depred	iation present	⊠ Yes	☐ No	RAP complaint number	er:		
Farm 1	manager			called	Brad Joh	m, other information in inson at 7:30ar ane at the fai	n 04/27/2016	to report a	dead calf
				•				1	
Report w	as forwarde	d to (Nam	e of DNR Off	Iclal)		Telephone			
Brian	Roell					(906) 228-6561	L		
QUESTI	ONS TO A	NSWER							•
X Yes	☐ No	1.	Was the car	rcass(s) or i	njured livesto ar to be con	ock for which compe esistent with the clain	nsation is claime ns made?	d seen by investigat	tor and do such
Yes									used for
X Yes	□ No	3.	Is there evid	fence at the	site that the	livestock was killed	?		
X Yes	☐ No	4.	Was the los	s reported to	an Investig	ator within 24 hours	of discovery?		**
X Yes	□ No	5.	Has there b	een a docur	nented histo	ry of Indemnified dep	oredation events	on this farm?	
He mor	No No nitors h	ila co	ws and c	alves as	frequne	nt depredation? If yet tly as possibl the farm as po	ly when he i	s calving,He	has
					*				40
						. 1		SE.	
FACTOR	s to cons	SIDER DU	IRING THE IA	IVESTIGATIO	ON				
	⊠ No	Un				or scat present.			
X Yes	□ No	Un	sure E	B. Marks o	r wounds co	nsistent with a preda	ilor atlack.		
⊠ Yes	☐ No	· 🔲 Uni	sure C	C. Bones o depreda	r other physition occurred	ical remains, if prese d.	ent, appear to be	at an age consister	il with time

	VESTIGATION INF						Tolonko		
	_	stimated Date		DNR Inve	esligator Johnson		Telepho	458-7374	ľ
04/27/		4/27/201			is is not present, is	there evidenc			No
ls Carcas	s Present?	Yes	No	by wolve		MISIC CHISCHS	0 01 401104-		
				If carcas	s is not present, ca	n you disprov	e depredatio	n by 🔲 Yes	□ No
				woives? Will clair	m be made for miss	ing animal?		Yes	☐ No
				if missin	g, is producer awar d statement regardi	e of requirements	ent of a simal?	Yes	□ No
L									
DESCRIP	TION OF ANIMALS	DAMAGED					···	TOTAL FAIR MA	ADKET VALUE
# OF ANIMALS	Species	AGE (MO OR YR)	SEX (M/F/N) NEUTERED	EST. WEIGHT	IDENTIFICATION NUMBER	REGISTERED	PUREBRED?	(USE FOR EMPLOYE	MDARD
1	1. Angus	2days	М	80,	D82		☐ No		141
	2.					Yes	□ No	<u> </u>	
	3.					Yes	□No		
	4.					Yes	□ No		
	5,					Yes			
Field Inves	stigation Notes (Des	cribe the evide	nce used to m	ake determin	nation of cause of live	stock loss. Atta	ch additional :	sheets, if necess	агу.)
mbo on	16 was kills	d in the	pasture	to the	East of the f	arm about	150 yar	ds off of	tne
there mb	o pasture wa	e soded :	and track	ed up b	v the aditate	d cow so	it was n	ard to rin	d any
tracks	but the cal	.f was ch	ewed up i	n the f	lank and hind	quarters	and red w	on .both d canine p	unctures
hindqu	arters were	consumed	Arter sk	calved	out the hindq was saved fo	r trainin	.a.	u 01111110 P	
were I	ound .Pictur	es were	taven and	Calvoa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	Пс	ontinued on att	ached sheets
Culdones	-fdata	blo for depreds	tion:						
Evidence of predator responsible for depredation: Coyote Wolf Cougar Undetermined Other:									
Investigato	or Signature	3-8		5/2	///		Date 04/	28/2016	
1 1 (1.1		- V Clandure		-/-/	10		Date		
Lansing/M	arquette Office App	toval olghature	•						
<u> </u>									
PROVIDE	D PRODUCER WI				:				
⊠ Yes		Affidavit form							
⊠ Yes					ic Funds Transfer (I	EFT)			(8)
⊠ Yes	□ No C. I	Proper Dispo	sal of Animal	Carcasses	In Michigan				
For MD	ARD USE ONLY							···	
CLAIM	RECOMMENDED	FOR PAYMEN	П	Cr	VIM DENIED, reason:			32	
	•				100				
If Claim is	Recommended:		<u>-</u>		Clair	m Total: \$			
		à		Less Insur	ance/Other Compe		,		
		-			AL Claim Reimbur	_		Se.	
Authorizina	Signature	<u></u>	*	ŝ:			Date	<u> </u>	
	-								

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

<u>Zone 1</u> Brian Roell

Email: roelib@mlchlgan.gov

FAX: (906)-228-5245

Zone 2 and 3 Adam Bump Email: bumpa@michigan.gov FAX: (517)-373-8705





Machidau mabatullaus or wainnait keadstices - Automo Mikimou

REPORT OF LIVESTOCK DEPREDATION

By sustinity of Part 401 of Act 461, P.A. of 1994, at amencied.

INITIAL CONTACT (Protos print all information below)

Ostá report prostret 5 – 12	16	R	econocity			•	Tolephone).	
Name of producer				,		:	Social Secur	of Tex ID Home	ici
Address							Producer's	pyjorden	
OTUO VED	NAG	ON	2				Contrib	: NOTON!	CON
AME AS A	13014	.(HRM	1)	•		Lagal descri	R R	Sec.
is physical evidence	ol deprede	ión proc	Seria.		Yes U No	,	RAP toropie		
Comments (Medic	g Silles and	places,	type of day	nagia, directions to firm, o	des paositions più	stant to lives!	gallog this comp	Çiniei	
					•		•		¥3
Report was forwards	d to (Nessa)	OLDINE	Official)			A.	Telephone)	
FRELD INVESTIG	ATION		•			•		**	
Date of Investigation	6	(1)	di irovessimo	Is LONSU	JAY		1906	1932-	3898
Description of	UNIVER!				Please list th	e total num	per of forms	used for this or	inisique
SPECIES	AGE	SEX	以下. WEIGHT	EDENTER CATION NUMBER	REGISTERE	DPUREERE fahow or bis	BSTOCK	COMM	ercial STOCK d for Slaughter)
1. CALF	1 MK.	m	90	EARTACHIGG		2			
2.						. 🗆		- 1	
3.					-\$-				
4.	10			•				d est	
5.		_,		ै	<u> </u>	101			
	Wolf		mestic	Dog [Bear	Bobcat [Cougar		ined Do	her . ·
THE FILOUT AL BOLH OF	FIELD INVESTIGATION NOTES (DESCRIBE the extence used to make delegate to the content to the property of a content to the top of the content to the top of the content to th								
Provided depredate	1	ין יעיי	MSTUR	2-THE OTHER	INTHEWE	T Pastu	24,	☐ Continue	d on eliached sheets
l'Tyes 🗆	No _		How	o Alinhnine Livesto	k Lossen To Pr	ociators [Did a Pred	alor Kall Or Ins	tus My I. Nestock
investigator Signati	/	W (LONON	וגמ	ų.			Opia	12-16
Lodnest glaughts	,			,			•	Date	24
47.49	6.3			الأجيب إدارا بالشاعب وعصا				جين جات	

Please mail the completed original report to:

Zover 1

WOLF GOORDINATOR MICHIGAN DEPARTMENT OF NATURAL RESOURCES 1990 US 41 SOUTH MARQUETTE MI 49855 ZONES ZAND 3

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



Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDATION
Required by authority of Part 401 of Act 451, P.A. of 1994, as amended.

INITIAL	CONTACT	INFORMA	TION (Plea	se print all information below)	76		
	oort received		Received by		Receivers Telephone	Receivers Location	
04/29	/2016		Brad Jo	hnson	(906) 458-7374	Cell phone Baraga	
Name o	f produçer				Producers E-mail tdicattle@yahoo.com	247	
Address					Producer's Telephone (Home)	Producer's Telephone (Cell)	
City Zeela	nd		N.	State ZIP MI 49464	County Ontonogan	1	
	of damage			131 13101	Legal description where damage occu	ernd:	
13670	State :			agon Mi.	Tell Sec.) <u></u>	
is physic	al evidence	of depreda	lion present:	⊠ Yes □ No	RAP complaint number:		
Farm calf Brad	mánager that lo	oked li return	ke a der ed with	called Brad Jo redation.Brad M	et with and at the fa	otigating this complaint) 29/2016 to report a dead or at 9:30 am 04/29/2016 PM 04/29/2016 and had to	
		9		•	580	,	
Decedor	f	t to Olema	*(D)\D OF-	i_h	Telephone		
'		emski) oj c	of DNR Offic	iai)	Telephone		
Brian	Roell			· · · · · · · · · · · · · · · · · · ·	(906)228-6561.		
	ONS TO AN		lan Ibn and		and for which companyation is alaim	ned seen by investigator and do such	
X Yes	☐ No				isistent with the claims made?	led seet by ittrestifator and do soon	
☐ Yes	Yes 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?						
X Yes	☐ No *	3. is	there evide	erice at the site that the	livestock was killed?	41	
⊠ Yes	□No	4. W	as the loss	reported to an investig	ator within 24 hours of discovery?	73	
⊠ Yes	☐ No	5. H	as there be	en a documented histor	ry of indemnified depredation event	s on this farm?	
Yes Cows t	hat are	ready	to calf	are brought up	nt depredation? If yes, list actions: to pasture closest to be es as frequently as poss	parnyard.Farmer has	
	1				1		
FACTOR	S TO CONS	DER DUR	ING THE IN\	ESTIGATION			
X Yes	☐ No	Unsu	re A.	Predator tracks and/	or scat present.	ÿ	
⊠ Yes	☐ No =	Unsu	re B.	Marks or wounds cor	nsistent with a predator attack.		
⊠ Yes	□No	Unsu	re C.	Bones or other physic	cal remains, if present, appear to be	e at an age consistent with time	

	VESTIGATION IN	FORMATION							
Date of In 04/29/	vestigation 2016	Estimated Date 04/29/201		DNR Inv	estigator Johnson			elephone 906) 458-7374	
	ss Present?	Yes	No	If carcas	ss is not present, is t es?	here evi	dence of de	predation Yes	No
ľ					ss is not present, car	n you dis	prove depre	edation by 🗌 Yes	□ No
					m be made for missi	ng anlma	al?	☐ Yes	□ No
				lf missin notarize	g, is producer aware d statement regardir	of requi	irement of a ig animal?	ı 🗌 Yes	□ No
DESCRIP	TION OF ANIMAL	S DAMAGED							
# OF ANIMALS	Species	AGE (MO OR YR)	SEX (M/F/N) NEUTERED	Est. Weight	IDENTIFICATION NUMBER	REGISTE	RED PUREBRI	TOTAL FAIR MAR (USE FOR M EMPLOYEE	IDARD
1	1. Angus	4 day	М	80	D83	⊠,	Yes 🗌 No	4.	1-1-1-
1	2. Angus	3day	М	80	none	· 🛛	Yes 🗌 No	Alive 51	2/16
	3		200			<u> </u>	Yes 🔲 No	78-	
	4.	<u> </u>		3			Yes No		
	5.						Yes 🔲 No		
Fleid inves	stigation Notes (De	scribe the evide	nce used to m	aka determir	nation of cause of lives	tock loss.	Attach addit	ional sheets, if necessar	y.)
Calf W	as killed i	n the past	ture to t	he East	or the larm a	and mo	stry con	sumed by more as well as can	ine
one wo	II.Tracks a res consist	t the scen	ne along Wolf size	canine:	g.Pictures wer	ce tak	en and c	alf was saved	for
traini	ng proposes	.The 2 nd c	alf was s	till al	ive but chewe	d up p	retty ba	ad and was put	down .
١,	-				3				
Continued on attached sheets									
Evidence of predator responsible for depredation: Coyote Wolf Cougar Undetermined Other:									
	or Signature	7 //			(/ //			Date	
mvestigate	A Signature	nku		5,	12/16	10	:	04/29/2016	
Lansing/M	arquette Office App	oroval Signature						Date	
PROVIDE	D PRODUCER WI	TH							
⊠ Yes		Affidavit form		6.0					
⊠ Yes					c Funds Transfer (E	FT)			
⊠ Yes	□ No C.	Proper Dispos	sal of Animal	Carcasses	in Michigan		<u>-</u>		
	ARD USE ONLY			100					
CLAIM	RECOMMENDED	FOR PAYMEN	Т	L CLA	IM DENIED, reason:				
£8									
If Claim is	Recommended:			75	Claim	Total:	\$		
			1	Less Insura	ance/Other Compen		\$)	
				TOT	AL Claim Reimburse	ement:	\$		
Authorizing	Skanatura						T	Date	
		1.0							40

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

Zone 1 Brian Roell Email: roelib@michigan.gov FAX: (906)-228-5245 Zone 2 and 3 Adam Bump Email: bumpa@mlchlgan.gov FAX: (517)-373-6705



Wiguidau nobaliment of Mathiat Resontces - Antiditie nigitiou

REPORT OF LIVESTOCK DEPREDATION By authority of Part 401 of Act 461, P.A. of 1994, as amonded.

Date rappir received Received by Tolephone Received by Received by Received by Received by Social Security or Tax ID Number Producer's belaphone County On Ton Acon Legal description when demands occurred The Security of Tax ID Number Producer's belaphone County On Ton Acon Legal description when demands occurred The Security of Tax ID Number The Security of Tax ID Number Received by Producer's belaphone County On Ton Acon Received by The Security of Tax ID Number Received by County On Ton Acon Received by County On Ton Acon Received by Received by County On Ton Acon On Ton Acon Received by County On Ton Acon County On Ton Acon Received by County On Ton Acon County County County On Ton Acon County County On Ton Acon County County							
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Comments pheeting times and pieces, type of damage, directions to farm, other information important to investigating this complaint) MGT AT HIS FALTO AT 7:30 AM TO CHECK ON A WOLF CONFLAINT AND							
FOUND 2 CALVES IN HIS CASTURE KIND IN MOVIES							
Report was forwarded to (Name of DNR Official)							
FIELD INVESTIGATION							
Date of Investigation Company							
DESCRIPTION OF ANIMALS DAMAGED Please list the total number of forms used for this complaint							
SPECIES AGE SEX RST. IDENTIFICATION REGISTERED PUREBRED STOCK COMMERCIAL STOCK CO							
1. CALF 2 DAYS M 20 E	3/						
2. CALF 2. DAYS M 80							
3.							
4,							
5.							
Evidence of predator, responsible for depredation Coyote							
Coyote Wolf Domestic Dog Bear Bobcat Cougar Dundsternined Other Field Investigation Notes Describe the evidence used to make determination of cause of prestock loss. Attach additional sheets, if necessary.) FOUND 2 CALVES KITED IN PACTURE (300405 CASTOF BORN ALONG WAS 8) THE CALGRESS WERE ARROWS HOND IN A COURSE WALL FUNCTURE WOUNDS TO HIND WARTERS CONSISTENT WITH WOLF BITES. ALSO BOTH CALVES WALL IN 190 IN A COURSE OF THE PASTURE WITH DAMP SOIL/MUD AND WOLF TRACKS WARE HOTED PARDUND FOOTH WIGHTES. FRESH GLOOD WAS FOUND ATTHE MILIEITES. YORY LITTLE OF EITHER							
CALLOSS WAS CONSUMAD.	ed sheets						
Provided depredation pamphlets [Yes No How to Mithings Livestock Losses To Fredators Old a Predator Kill Or Injure My Livestock	etack						
investigator Signature Chavay Figure 5/2/16 Date 4-30-16	-						
Producer Signature Date							

Please mail the completed original report to:

ZONE 1

WOLF GOORDINATOR MICHIGAN DEPARTMENT OF NATURAL RESOURCES 1980 US 41 SOUTH MARQUETTE MI 49865 ZONES ZANDS

WILDLIFE DIVISION MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30444 LANSING MI 48909-7844

DEVELOPMENT

	LANSING, MICHIGAN 48909	*s #s
	SPECIAL REPORT	Onto 20-16 Time 7:30 日im. 7:30 日p.m.
Penon or Firm Name	Phone Inspect	5 (102 w 2011) 3
Stroet Address	NO SAU OTO NA CON	CONTO WAGON:
Subject AFFIDAVI	T FOR LIVESTOCK DEPREDATION	COMPENSATION
1 certify that I will not be receiving any other compensation	on for my injured, killed or missing animal/s th	at was due to depredation by wolves, coyotes or
If I do receive other compensation, I will notify MDARD	in order for that that amount to be deducted from the first section of t	om the fair market value of the animal/s.
Producer Signature	Date 4:30/6	· ,

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, valvage 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 indomnity 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 cartificate or official interstate certificate of voterinary 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 foxicological 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 textcological 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

<u></u>	والمستعدد والمستعد والمستعدد والمستع	
Copy Received By (algorature)	Division	Phone
. 29	Animal Industry ·	617-373-1077
	<u> </u>	The same of the sa



Michigan Dapartment of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDATION Required by euthority of Part 401 of Act 451, P.A. of 1894, az amended.

INITIAL CONTA	AGT INFORMATION (Please	e print all information below	y	
Date report rece			Receivers Telephone Receivers Location	
Name of produce		URY	(906) 932-3898 Ifanwoos	<u>) </u>
Tallio di pitali			Lionned's t-1)fill	
Addrass			Producer's Telephone (Home) Producer's Telephone (Cell)	
Oity Canada	UMadu	State ZiP	County	
Location of dame		-MI	Legal description where damage occurred:	
	AS ABAVE (FA	riM.	T R Sec. Sec.	
le physical evide	noe of depredation present:		RAP complaint number:	
Commante (Mee	ling times and places, type o	f damage, directions to 1	farm, other information important to investigating this complaint)	
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1		5		
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				1.
	*		• 4 5	
Report was forwa	orded to (Name of DNR Office	lah -	Telephone	
นาร	CONSUAY	,	(906) 932-3898	
QUESTIONS TO	مسجول والملبعة ليوي بالمستساسة ومستسا		1	
DY≅ □N	the state of the last of the l	senie) or injured ikee	tock for which compensation is claimed seen by investigator and do	en de la constante
	remains or (n)	inges abbeat to be co	onsistent with the cisims made?	BUUT
Yes No	2. Were ONLY properties investigation	pictures of the caroass In place of a field inve	s(s) or injured livestock for which compensation is claimed used for satigation?	
Yes No	3. Is there evide	nce at the site that th	a livestock was killed?	
Yes No	4. Was the loss	teported to an investi	igator within 24 hours of discovery?	
			· •	
Yes No	5. Has there bee	en a documented histo	ory of indemnified depredation events on this farm?	
Yes No	6. Has producer	taken action to preve	ent depredation? If yes, list actions:	
1.100	In Manager	1 4 WHAT OF	Marues.	
MICAI	CKID (- NOEHING	CIENT HIS	ouno pasture.	
MIDVED	CALVES Clos	er to farm	7.	ľ
C HECKS	s Herd morn	ING AND	evening.	
- 1	-			
FACTORS TO CO	DURING THE INV	ESTIGATION		
☑Yes □ No		Predator tracks and	Vor scat present.	
Tes I No	☐ Unsure B.	Marks or wounds co	onsistent with a predator attack.	
☐Yes ☐ No	☐ Unsure C.	Bones or other physidepredation occurre	sical remains, if present, appear to be at an age consistent with time	
The second second	And in case of the latest party of the latest	Carlot Married Annual Printers of the		أدرجين

FELD IN	NESTIGATION IN	FORMATION			+E		25	
Date of In	vestigation 3 – 16	Estimated Date 5-12-10		DNR Invi	estigator US CASCAL	۵۵	Telepho (906	
ls Carca	sa Present?	Yes	□No		s la not présent, la	there evider	ce of depreda	tion L Yes L No
				If caroas	ss is not present, ca	ın you dispro	we depredatio	n by 🗌 Yes 🔲 No
	1			Will dal	m be made for miss	ing animaj?		Yes No
		739		if misşir notartze	ng, is producer awai d statement regard	re of required ing missing (ment of a animal?	☐ Yes ☐ No
DESCRIP	TION OF ANIMAL	9 DAMAGED						
WINNERS # OF	SPEGIES	Age (M) or yr)	SEX (M/F/N) NEUTERED	EST. WEIGHT	identification Number	Recierent	о Риневнер?	Total Fair Market Value (Use for MDARD Employee Only)
	1. CALC	1 WK	F	SV (G2)	EARTAG 175	☑ Ye:	s □ No	•
<u></u>	2.					☐ Ye	B □ No	
	3.					☐ Ye	□ No	141
	4.					Ye	No	
20111	5.				nation of cause of tive 5-12-16) FRESH BLOC	Ye	₃ □ No	
	topicist to the topic of the HIND QUE COMPLETELY CARREST CARREST CARREST CARREST TOPIC OF THE TO			roe ca relath e arga	nina marks his calf was: huring the	KULED EAT KULED EAT MARKUM	NINO OUI FRINTHE FRINCH CO	ALL THET MHEAD ALCTERS, THE TAIL DAY DAY SIJEJE Intinued on attached sheets
	le Wolf	•		☐ Other	·	 		
Investigate	Signature	mar		-	,		Date	Z-13-16
Lensing/M	arquette Office App	aroval Signature			······································		Date	0 1/
	4	rik n					6	19-16
PROVIDE	D PRODUCER W	тн	######################################		·			
☐ Yee	□ No A	Affidavit form						
☐ Yes	□ No B.	instruction on	registering fo	r Electroni	o Funds Transfer (E	EFT)		
Yes	□ No C.	Proper Dispos	al of Animal	Carcasses	in Michigan			
FOR MD	ARD USE ONLY							
CLAIM	RECOMMENDED	FOR PAYMEN	r	CLA	IM DENIED, reason:			
4				28				
If Claim is	Recommended;				Clair	n Total:		
			ı	esa insur	ance/Other Comper			
	÷		•		AL Claim Relmbura	•		
Authorizing	Bignature						Date	
· · · · · · · · · · · · · · · · · · ·	** ·** · · ·		*** · · · · · · · · · · · · · · · · · ·	. .		n en		

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

Zone 1

Brian Roell

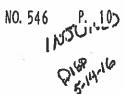
Adam Bump

Email: roelib@michigen.gov FAX: (906)-228-5245

Email: bumpa@michigan.gov FAX: (517)-373-6705

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Michigan Department of Natural Resources - Wildlife Division



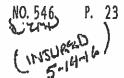
REPORT OF LIVESTOCK DEPREDATION
Required by authority of Part 401 of Act 451, P.A. of 1994, as amended.

INITIAL	CONTACT		Please print all informell	ion below)
	ort received	Regelv	ed by	Receivers Telephone (906) 932-3898 Receivers Location
	3-16		NSWAY	(906) 93'2-3898 Wanned
Name of	producer			1 reductio E-mail
Aquités a		20 Ed 1		Producer's Telephone (Home) Producer's Telephone (Cell)
City			State 2	ZIP County
	AGOT?	CORD	_ YYĬ. Î.	ONTONA6011
Location	of damage	A	C	Legal description where damage coourred:
		HUNG-	FARM	T R Sec.
la buyero	al evidence	of depredation pres	Yes 🗆	No RAP complaint number:
Commer	nts (Meeling	times and piaces, t	ype of damage, direct	ions to farm, other information important to investigating this complaint)
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Banad u	no fonuardo	d to (Name of DNR	Officiall	Telephone
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	A			
فننعصبهم	ONS TO A			All the state of t
Yes	□ No	 Was the remains 	or injuries appear t	ed livestock for which compensation is claimed seen by investigator and do such to be consistent with the claims made?
Yes	No		NLY pictures of the tion in place of a fi	carcass(s) or injured livestock for which compensation is claimed used for eld investigation?
Yea	□ No	3. Is there	evidence at the site	that the livestock was killed? (I NTURD)
Z Yes	□ No	4. Was the	loss reported to an	Investigator within 24 hours of discovery?
الر		•		
Yes	□ No	8. Has then	a baan a document	ted history of indemnified depredation events on this farm?
Yes Yes	□No			o prevent depredation? If yes, list actions:
427	TUST	JIGN FLAG	WILD 6 / 16	HTS AROUND KISTURAL
223	エクント	er galine	الماسي الماسية	0 10 4 100
	TH OVE	in carves	CLOSAR 11	3 (4/2/2/1)
	CHECK	ks Here	ANDERVIE	6 AND EVENING
		4	•	
	<u> </u>			
FACTOR	8 TO CONS	IDER DURING TH	E INVESTIGATION	
Yes	□ No	Unsure	A. Predator tra	cke and/or soat present,
Yes	☐ No	Unsure	B. Marks or wo	unds consistent with a predator attack.
☑ Yes	□No	Unsure	C. Bones or oth depredation	ner physical remains, if present, appear to be at an age consistent with time occurred.

10 10.10

	VESTIGATION IN									
Date of In	ivestigation .	Estimated Date	of Incidence	DNR INV				Telepho) 400 · 2	540
		Yes	□ No		Se la not present, la 1	there ev	idence o	f depred) 932-3 ation ☐ Yes	D No
19	•			1 *	s is not present, cal	h you di	sprove d	epredatio	on by 🔲 Yes	□ No
					m be made for missi	ing anin	nal?		☐ Yes	□ No
				if missin	g, la produçer awar	e of requ	ulrement	of a	Yes	□ No
				notarize	d statement regardi	ng miss	ing anim	al?		100
Descrip	TION OF ANIMAL	s Damaged	-							
# of Animals	Species	AGE (MO OR YR)	SEX (MIFIN) NEUTERED	Est. Weight	identification Number	PECIST	ERED PUR	EBRED?	Total Fair M (Use for Employs	MDARD
	1.CALF	4 DAYS	W	7018	أ	1	Yes 🗌	No	1	
	2,						Yes 🔲	No	0:	
	3.						Yes 🗌	No		
	4.						Yes 🗌	Na	٠.	
	5,						Yes 🗆	No		
IVINIE COLH	Calves we	vgry ng ing attra cawks w	artoth Ekro Soi Isrefoun	⁄ፌ <i>ር</i> ልበወ ጥፋግን ነሃን	ation of gauss of these if 142 NOON (5- 54 VY RAPL CAR WERE NOT! ASS OF CALF & G. QUICION G. TA S-PASTURG DUR!	*176 & Day	१ क्रम्भ (११क १	5=12-1	onthe.San 6 Because	15 DAN) 2. 1110
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ensing/Ma	rquelte cince i Bp	royal Signature		JI		* ****		Date	6-9-1	6
ROVIDE	PRODUCER WIT	THE STATE OF THE S	=							<u>.</u>
Yea		Affidavit form		-			********		· •	
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OR MDA	RD USE ONLY		A A A A CONTRACT							
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Claim Is	Recommended:				Claim	Total:	\$			
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	4				L Claim Reimburse		\$			
thorizing a	Signatura							Date		
	ell on F1434 a source	4.1	A	-	erson below Retain	V				

<u>Zone 1</u> Brian Roell Email: roelib@michigan.gov FAX: (906)-228-5245 Zone Z'and 3 Adem Bump Email: bumpa@michigan.gov FAX: (\$17)-373-6709





Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDATION

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

INTITAL	CONTAC	TINFOR	MATION	(Pleas	se print all information below	3			Assertings— a section——according
IDale re	9-16	ed .	Recen	red by	7	Réceive	a Telephone		Receivers Location
Name o	producer			of GA		Produce	ra R-mail		
Address	J. Systeman	- 0	e-27/20			Produce	r's Telephone (H	lomes	Producer's Telephone (Cell)
City			Personal Property			1	Y		((3))
ON	STONA	GM	7.		State ZIP	County	CASTON	JAGOA	
Logation	of damag	ABOV!	60	4m		Legal de	scription where	famage occum	
le physic	a evidenc			ent:			R plant number:	\$80.	
Commer	nte (Moetin	d times or	nd piaces. I		☐Yés ☐ No f damage, directions to	erm other	reformanii in I	To be be a second	
		J	Insecut	dien e	a mineflat encounter in	am oue	monnage anpo	CONTINUESDE	land and combania)
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					14				
		La De estado					•		
Report w	es forward	ed to (Na	me of DNR	Offic	ial)	Talephon	ė		
OURSE	ONS TO A	NOWEZ	-	-		10)		
-	□ No	1.	Was the	carc	ass(s) or injured lives	ock for w	ich compensa	tion is claime	d seen by investigator and do such
	rat.	_	rentielitiz	or 11f	inites abbest to be on	ustanaur M	in filligio entrint	nade?	
LI Yes	Tivo	2.	investigs	NLY	pictures of the carcas: in place of a field inve	x(s) or inju stigation?	red Hvestock fo	x which com	pensation is claimed used for
₽ Vas	☐ No	g 3.	is there	epive	nce at the site that th	ivestock	was killed?		120
تتتتيمان			lae a	٠.			1.5		
ETYCO	No	4.	vvas the	[088	reported to an investig	jator withi	n 24 hours of d	iscovery?	-
Yes	□ No	6,	Has then	e bes	en a documented histo	aty of Index	maifled decred	stion events	on this farm?
مسبر		_							
Yes	□ No	ا انتصاد ا انتصاد	Has prod	ucer	taken action to preve	rt depreda	tion? ITyes, ils	t actions:	
	1105	I PAUL	として	LA	EHING CI 5' CLOSAR	9H17	TO A IO		
	Tric	NR D	CAICI	JG.	2. 6702415	- 10 (יריוה ארץ. מילי אוריים	/	* .
	CH	ecks	14612		MORUNG	AND	ENEM	€.	
							8		
AOTORE	TO CON	HOER DU	RING THE	INV	ESTIGATION		**		
	☐ No	Un		A.	Predator tracks and	or seat pr	esent.		12
Yes	□ No	Un	Sure	₿.	Marks or wounds co			attack	*
	L			C.			•		A a a a a a a a a a a a a a a a a a a a
Yes	☐ <i>N</i> 0	Un	sura		depredation occurre	√ai 101(181) }.	क ध फिल्ह् <i>खार्</i> इ	shbesito pe (at an age consistent with time

FIELD INVESTIGATION INFORMATION Estimated Date of Incidence

5-13/14-6 Date of investigation Telephone (9.06) 5-14-16 DNSWAY ls Caroses Present? If carcass is not present, is there evidence of depredation | Yes by wolves? If carcass is not present, can you disprove depredation by 🔲 Yes wolves? Will claim be made for missing animal? Yes No if missing, is producer aware of requirement of a Yes No noterized statement regarding missing animal? Description of Animals Damaged TOTAL FAIR MARKET VALUE #OF Sax (M/P/N) Est. DENTIFICATION SPECIES REGISTERED PUREBRIED? (USE FOR MDARD ANMALS (NO OR YR) NEUTERED WEIGHT NUMBER EMPLOYEE ONLY) Calf SPACE 70 Yes No 2. ☐ Yes ☐ No 3. Yes No 4. Yes No Yes No Field Investigation Notes (Describe the evidence used to make determination of cause of fivestock loss. Attach additional cheets, if necessary.)

THIS CALF WAS INJURAD DURING A WOLF ATTACK ON 5-12-6. THE CALF WAS TRANSBUTED TO THE BARN AND FOUND GARD Z-DAY LATTER. Continued on attached sheets Evidence of predator, responsible for depredation: Coyote Wolf Cougar Undetermined Other: investigator Aignoture mount ansing/Marquette Office Approval Signature PROVIDED PRODUCER WITH ☐ No Atfldavit form ☐ Yes ☐ Yes M No Instruction on registering for Electronic Funds Transfer (EFT) Yes C. Proper Disposal of Animal Carcasses in Michigan FOR MDARD LISE ONLY CLAIM RECOMMENDED FOR PAYMENT CLAIM DENIED, reason: if Claim is Recommended: Claim Total: Less Insurance/Other Compensation:

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

Authorizing Signature

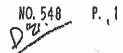
Zone 2 and a Adam Bump

TOTAL Claim Reimbursement:

Email: bumpa@michigan.gov

FAX: (517)-373-6705

Date





Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDATION Required by authority of Part 401 of Act 451, P.A. of 1984, as amended.

humlet Co	ONTACT INC	ORMATION	(Ploase pri	nt eil Information belo	m)		
Date report	received	Rece	ived by	70.	Receivers Tolep	hone	Receivers Location
5-19	816		IUSWA!	ſ	Producers E-ma	1	·
	J. S.				Producer's Tele	hane (Massa)	Producer's Telephone (Call)
rdress		THE REAL PROPERTY.			Producer's Tele	More (Home)	
city				Stale ZIP	County	111617	
ONT	TONA	COD		M_{-}	U and describe	NAGOLO n where demage occu	wred:
o nollego.	AMERAS	00-16	FARM			R 600.	
s physical	evidence of o	tepredation p	rat ont	Yes No	RAP complaint	number:	
					o form other informs	tion Important to Inves	stigating this complaint)
comments	Meeting tim	ea and place	s, type of d	amege, executions to	h felilif ottlet sitering	Bott Helptonian or Nove	
		10	*				
	15						
							•
					20 - 20/200		
Report wa	e forwarded t	o (Name of C	NR Official)	Telephone		
QUESTIC	ONS TO ANS	WER	<u> </u>			ther to also	imad seen by investigator and do such
Z Yes	□No	1. Was	the carca	ss(8) of injured in vies appear to be	estack for Which a consistent with th	e claims made?	imed seen by investigator and do such
Yes	No	D More	ONLYN	otures of the care of a field li	ass(s) or injured li	vestock for which o	ompensation is claimed used for
☑ Yee	□ No				t the livestock was	killed?	
Yes	□ No	4. Was	The loss r	eported to an Inv	estigator within 24	hours of discovery	?
Z Yes	□ No	6, Has	there bee	n a documented l	history of indemnif	led depredation eve	ents on this farm?
Yes						? if yes, list actions	
	Elrehin	6 46	hts a	round Pag	TURE		200
1	Sound N	-ONLUN	C 01	2000 TO T	Mic Garm		
	Alland	eris.	المحادث	MARKAN	6 and e	1 EWING	5 X
	Check	1 LLE	R. A. A. A.	[The A street over the		
			*** /***	· · · · · · · · · · · · · · · · · · ·			
FACTOR	S TO CONSI	DER DURIN	THE INV	ESTIGATION			
1 Yes		☐ Unsure			end/or scat prese	nt.	
		Unsure	•-		ds consistent with		
Yes	□ No	Musute	C.				o be at an age consistent with time
199	□ No	Unsure	· .	depredation on	pured.	an the state of the state of	
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Ernell: roellb@michigan.gov FAX: (906)-228-5245

	45							
1								
	FEBTIGATION IN	FORMATION					Telephot	
eta of Jun	estigation	Estimated Date	of Incidence	DNR Inve	angator 10	USWAY	(00/	1932 3898
	8-16	EV2 of 5		IS entende	a la not present, la	here evidence	of deprede	on Yes No
Carcas	s Present?	168	No	by Wolve	85 a tion brocord in	M		
				If earons	s is not present, ca	n vou disprove	depredatio	n by 🗌 Yes 🔲 No
				wolves?			•	
				Will dali	n be made for miss	ing enimal?		Yes No
			•	if missin	g, la producer awa	e of requiremen	tofa (☐ Yes ☐ No
				notarize	d statement regard	ing missing anir	nal?	
						·	•	
)ESCRIP	TION OF ANNA	LS DAMAGED	 					TOTAL PAIR MARKET VALUE
#of	damin	Acre	SEX (NVF/N)	Est.	IdeathElevition	REGISTERED P	REIRED?	(USE FOR MDARD
AHMALS	SPECIER	(NO OR YR)	Neitered	MERCHT	Number			EMPLOYER ONLY)
	AND	BWKS	M	9000	# 120	Yes [] No	
_1	1.CALF			90 cts	4/93	Vies [No	
_1	2. CALF	3 WKS	M	90.	772			
	9.		<u> </u>	5		Yes	No	
	4.					Yes	No	
	В.					☐ Yes	□ No	
ield love	stigation Notes (C	escribe the evide	ence used to tr	aka determi	nation of cause of live	estock loss. Attac	BECETORIAL	sheets, if necessary.) LAING . "THE HIND QUARTERS
2-4	LYES WHER	FOUND DAG) IVI		st pasture fu	one man	CITA ALICA	THE HIND COUNTERS
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PDU	the collection in						110	OUNTING OU BURGUES SUBSEIL
Evidance	of predator respo	nsible for depred	lation:	-				
Cove	de Wolf [Cougar 🔲	Undetermine	ed Othe	ar:			
	for Signajore						: Dete	70
i Uvesa84	ION CHIRADONE							C19-11.
	Kara	MANUELL					Date	
Lensing	Harquelle Cilico	Abditional Elibuation	re					6-9-16
	. G	K.a	-		<u> </u>			1/0
		100000						
	ED PRODUCER							
☐ Yee	□ No A	. Affidavit for						23
☐ Yes	i ∏ No B	. Instruction o	oninatelpen no	for Electro	nic Funds Transfer	(EFT)		
194	9.5	- 4						
☐ Yes	. □Nº C	, Proper Disp	OSSI OT AVUITA	al Calcaza	sa ili wiwagali			
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Authoriz	ng Signature					· · · · · · · · · · · · · · · · · · ·	Dat	6
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Pleate	email or FAX &	ompleted report	ASAP to the	appropria	te person below. Re	stain the origine	i for your n	egords.
_					Zone 2 and	3		
Zone 1 Brian F					Adam Bum			
	kven Kven	WORLDON			Email: burn	pa@michigatt.	Box	
	06)-228-5245	,			FAX: (617)-	373-6705		THERE WAS ARRESTED
· LASI fe					•			- 4 - 4 1 - 1 - 1 - 1 - 1 - 1 - 1 -



Wiguiden Crabactulant of Mathrial Meadures - America Physical

REPORT OF LIVESTOCK DEPREDATION By authority of Part 401 of Act 451, P.A. of 1994, as amended.

INITIAL CONTACT Please print of Information bolom Received by Telephone Name of produ Social Security or Tax ID Humber roducer's blephon ONTONA60W Legal description where dam Sec. R RAP complaint number Z Yes □ No Comments (Meeting times and places, type of damage, directions to term, other information important to investigating this complaint) Report was forwarded to (Name of DNR Official) Telephone) FIELD INVESTIGATION Date of Investigation DNR kreatige 1906 ONEWAY DESCRIPTION OF ANNIALS DAMAGED Please list the total number of forms used for this complaint SEX EST. IDENTIFICATION SPECIES REGISTERED PUREERED STOCK AGH COMMERCIAL STOCK NUMBER (Raised for show or breading) CAL (Reiseti for Slaughter) 12-DAY 70 П Evidence of predator responsible for depredation ☑Wolf □Domestic Dog Covote ☐Bear ☐Bobcat ☐Cougar ☐Undetermined ☐Other FIELD INVESTIGATION NOTES Concide the evidence used to make determination of cause of investock loss. Attach additional sheets, if necessary.)

FOUND THE CESH 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 ARGA. AND BESO: IN. IDSTH WHERE

LIND QUARTERS. THE TOOTH MARKS WERE CONSISTERT WITH A WOLF THE

ALSO TRACKS THAT APPEARED TO BE FROM A SINGLE WOLF WERE. FOUND OF THE

KINSITE. VERY LITTLE OF THE CARRAGE WAS CONSUMED CTAIL AND UPFER PORTIONS OF HIND QUARTERS.)

Provided depredation pemphiets. Yes N □No ivestock Losses To Produtors Did a Predator Kill Or Injure My Livestock Producer Slonature Please mail the completed original report to: ZONE 1

WOLF COORDINATOR

MICHIGAN DEPARTMENT OF NATURAL RESOURCES 1990 US 41 SOUTH

MARQUETTE MI 49885

ZONES ZAND S

WILDLIFE DIVISION

MICHGAN DEPARTMENT OF NATURAL RESOURCES

PO BOX 30444

LANSING MI 48908-7844

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Location of damag	DNAG	10	-	mi	·		CA	ANOV	CAN)	
SAn a physical eviden	19.45	BOV	6 (FARM)			T	R	Sec	
		-			Yes No		RAP conga			
Constraints (Moe	ing times an	d pietes,	type of dem	igis, directions to favor, (other information impo	dant to investig	aling this cuter	laint)		
		H-70:			•		•			
Rapón was forma	ded to (Name	of DHR	Odicini) ·				Telephone			-
		<u> </u>	-	-	-	-	10			
FIELD INVEST			. ,	•		•	-111			
4-31-10	n	DN	IR investigate	LANSWA	7		1906	1932-	3898	
SERCESTRIPH DI	ANMALS				Please list th	s total numb	er of forms			
SPECIES	AGE	SEX	EST. WEIGHT	IDENTIFICATION NUMBER		PURTERIED	STOCK	CC	MANUFICIAL STOCK	
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	-									
3.					424					
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vidence of pred	Sfor IBenon	المسلما	بر التركي	_						
Coyote	21Wolf	□D¢	mestio D	og 🔲 Beer		Cougar [
TELL BIVESTI	ACION NO	DES (C	Sescribe the	NINC IN THE	ako detamination	of cause of h	estock loss.	Attach exica	ional sheets, if neces	SHIN)
שורי מער	BACK	AN	D HIND	OUADING &	DEAL TOSIL	i marks	LA ALA SI	125 W/4	46 CANSIST41	VI"
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napara .	Wolf	TAA	sks h	skyt viele	d at anc	A(200)	nad 1921	Z, PATTA	ሉ ሉ ። ሁሉ	24
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ease mail th	oomple!	ed ori	ginal rep	ort lo:		•				-

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

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



Michigan Department of Natural Resources - Wildlife Division

REPORT OF LIVESTOCK DEPREDATION
Required by authority of Part 401 of Act 451, P.A. of 1994, as emended.

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escription where damage occurred: R Sec. Sec. mplaint number:
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information important to investigating this complaint)
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hich compensation is claimed seen by investigator and do such tith the claims made?
red livestock for which compensation is claimed used for
was killed?
in 24 hours of discovery?
mnified depredation events on this farm?
ation? If yes, list actions:
report of Ago! list Scrious:
24 E
E 100 100 100
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esent. Ith a predator attack.
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FIELD IN	VESTIGATION I	NFORMATION							-
Date of In	vestigation	Estimated Date	of Incidence	DNR Inv	etigator		Telephi	one	
	2 - (s)	5-21-1	L No		is is not present, is	JAY	191	1932-	
		٠٠٠ سم	140	by Wolve	-a ia iiar hiasaw' 18	MAIR AVIDENCE C	r aepred	ation Yes	□No
		*		MADIABA			epredatio	on by 🔲 Yes	□ No
**				1	n be made for mis			☐ Yes	□ No
16		<u>.</u>		if missin	g, is producer awa d statement regard	re of requirement	of a	Yes	□ No
DESCRIP	TION OF ANIMA	LS DAMAGED		T.	a a securitorie i efficia	mine pineam gin	RIL	<u> </u>	
#OF ANIMALS	Species	AGE (NO OR YR)	SEX (MVP/N) NEUTERED	Est. Weight	IDENTIFICATION NUMBER	REGISTERED PUR	EBRED?	TOTAL PAIR M (USE FOR EMPLOYE	MDARD
	1. CALF	-1 DAY	M	1001651		Yes 🗆	No]	
	2. CALF	2 WKS	F	80 LBS			No	**	
	3,						No		
	4					☐ Yes ☐	No	le.	
lald laces	5.						No		200 104
Coyote Ivesligator Inskrig/Mar IROVIDED Ves Yes Yes	PRODUCER WILL NO B.	Cougar U	ndetermined	Other:	etion of cause of liver 11/14 COF 5-2 PTTEN A CROSST THE SEAU AT THE SEAU AT THE PECON CONSISTENT TO MAIR CALF KILL CALF CALF CALF KILL CALF CALF KILL CALF CALF KILL CALF CALF KILL CALF CALF CALF CALF CALF CALF CALF CA	190 Pilwaf	Female:	HIND QUACTA SE TOOTH WE FEMALE CA MALD SM THE MALD SM THE MILE BY CO! 5-22-10	014
		FOR PAYMENT					S		-
I Opene 14	ECCHWIEI4DEÚ	FOR PAYMENT		LI CLAIN	t DENIED, reason:				
					2			•	
Claim is R	ecommended;			•	Claim	Total: \$			
		0.00	1.4	see Ineuron	ce/Other Compens				
			L		·				
thorizing Si	onalura			IOIV	Claim Reimburse	ment; 3			
	- 1 mar and 10		4				Dale		
<u>ne 1</u> Ian Roeil Iail; roeill	of FAX completed of the complete of the comple		AP to the app	ropriate pe	rson below. Retain Zone 2 and 3 Adam Bump Email: bumpag FAX: (517)-3734	, michigan,gov	our recor	da,	



Michigan Department of Natural Resources - Wikilife Division

REPORT OF LIVESTOCK DEPREDATION
Required by euthority of Part 401 of Act 451, P.A. of 1884, as amended.

				e print eli information below)		and state of		•===	grys .
Date rep	ort received		Received by		Réceivers 1	relephone	Ish to the same	Receivers Location	1
Name of	producer				Producers i	i-mail		1	
Address		o deligni di si			Producer's	Telephone (Hor	me)	Producer's Telepho	na (cell)
City CX	STOWA	M-ON)	34	State ZIP	County	ついだとい	460N	, I	<u>-</u>
Looation	of damade	AB DOLE		em)	Legal descri	totion where de		ed:	
			Alloh present:	☑Yés ☐ No	RAP comple	aint number:	W	· · · · · · · · · · · · · · · · · · ·	
Commen	its (Meeting I	times and	places, type o	of damage, directions to fe	arm, other info	rmation imports	ant to investig	gating this complaint)	
							1.0		
	•								,
								•	8
Report w	as forwarder	d to (Name	e of DNR Offic	alal)	Telephone		•		
			·						
	ONS TO AN								
Yes	□ No	1. V	Nas the care remains or ir	cass(s) or injured livest njuries appear to be cor	ock for whic niiw treisian	h compensation the claims m	on is claime ade?	d seen by invastig	ator and do such
☐ Yes	⊠ No	2. V	Nere ONLY	pictures of the carcass in place of a field inves	(s) or injured stigation?	d livestock for	: Which comp	pensation is claime	rol beau be
Z You	□ No	3. 1	n there evide	ence at the site that the	ivestock w	as killed?			
☑ Yes	□ No	4. V	Nas the lose	reported to an investig	gator within :	24 hours of dis	scovery?	*	
E Yes	□ No	, 6. H	das there be	en a documented histo	ory of indem	nified depreda	ation events	on this farm?	
Yes	□ No	ð. ŀ	das produce	rtaken action to prever	nt depredati	on? if yes, list	ł ections:		
	-	_		LIGHTS AROL					·
M	DUAD C	Acri.	ICALI	145 Clos42	ASP CON	5 FARM	52 ·		100
C	HECKS	7119	MEAS) MORNING	Qua A	CALLADING	1/	*	
65] * * * *	& A SELLAND	/ () Grandpe A	MIN	2 / 2-411-	(5		
FACTOR	S TO CONS	IDER DU	VIII BHT DNIS	/estigation		- 11			
⊘ Yes	☐ No	☐ Uns	ure A.	Predator tracks and	or soat pres	ent.			
Yes	□ No	Une	sure B.	. Merks or wounds co	nsistent with	n a predator a	ittack.		
Yee	□ No	Uns	o.	Bones or other phys depredation occurre	ilcal remains id.	ı, if pr ese nt, e	ppear to be	at an age consiste	ent with time

	FIELD INVESTIGATION INFORMATION										
Date of Investigation Estimated Date of Incidence 5-24-16					stigator S (DA)SU	1006 1932-3878					
			□ No	lf carcas	US (SA)SUBM (906) 432-36765 If carcase is not present, is there evidence of depredation ☐ Yes ☐ No by wolves?						
			n you dispro	we depredati	ion by Yes No	20					
	wolves? Will claim be made for missing animal?										
	If missing, is producer aware of requirement of a . You										
	notarized statement regarding missing animal?										
DESCRIPTION OF ANIMALS DANAGED TOTAL FAR MARKET VALUE											
#OF AKMALB	SPECIES	AGE (MO OR YR)	SEX (NUF/N) Nightered	Est. Wisself	IDENTIFICATION Number	Recurrence Purebreo?		(USE FOR MDARD EMPLOYEE ONLY)			
	1. Cal &	1 WK.	F	BD	#180		s 🗆 No	<u> </u>			
	2.					Ye	B No				
	3,					Ye					
	4.					☐ Ye					
Supplied Services	5.	enerthe the cuide	ree modite m	oko dolami	nation of cause of kye	stack loss. At	e No trach edditions	al sheets, if necessary.)			
-	and Ara.		3-1-		COLUMN AND AND A	#/ b	· 0.676. 701	D 77749. (21.6H)	;		
806	10,0,02	and be a	アルモ し	U A I	"X3" TGAR!	NTHEL	HAS DU	THE WOLF U	140		
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SHO	T DURING T	THEAT	TIKK.	shoulffly I.		- 2/1/(0)	ر. ` ` ` '	, . 	-8		
l	= 0			181 27				Continued on attached a	Mears		
☐ Coyo	of predator respon			d 🗆 Othe	r		· · · · · · · · · · · · · · · · · · ·				
investigat	or Signature	n Consu	ru	#/A	•		Da	-	47		
Lansing/N	Parcinette Office A	pproval signature				28	Da	5-24-16 6-9-16			
PROVIDE	D PRODUCER V	MITH							81		
Yes	□ No A	Affidavit form					50				
☐Yes	□No B.	Instruction or	registering i	for Electron	olo Funds Transfer (EFT)					
□Yes		Proper Dispo									
FOR MD	ARD USE ONL	Y									
THE RESERVE OF THE PERSON NAMED IN	A RECOMMENDE		भ	OL	AIM DENIED, reason		<u> </u>				
ļ				1							
If Claim	s Recommende	d;			Claim Total: \$			0 0			
				Lese insurance/Other Compensation:							
	TOTAL Claim Reimburgement: \$										
Airling	g Signature			- 10			Da	ie			
- Janton mai	Gumma						677				
l		-				-			-		

Please small 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: (908)-228-5245 Zone 2 and 3 Adam Bump Email: bumpa@michigan.gov FAX: (617)-373-5708



Michigan Department of Natural Resources -- Wildlife Division

REPORT OF LIVESTOCK DEPREDATION
Required by authority of Part 401 of Act 451, P.A. of 1894, as amended.

INITIAL CONTACT INFORMATION (Please print at Information below)	
man reference and a second of the second of	selvers Location
Name of producers E-mail	
4 Control of the Cont	
Address Producer's Telephone (Home)	ducer's Telsphone (Cell)
Oity State ZIP County	
CONTONACON MI CONTONACON Legal desertollon where damage occurred:	
Ang As About Farm T R Sea.	
le physical evidence of depredation presents Yes No RAP complaint number:	
Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating	ı this compiaint)
Continuence function and auto beased the at annual at beased and accommission to an accommission to an accommission to	1
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e to the second of the second	
	*
3 (2)	
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End to the state of the state o	
Report was forwarded to (Name of DNR Official) Telephone	
Questions to Answer	
1. Was the carcass(a) or injured livestock for which compensation is claimed so	en by investigator and do such
remains or injuries appear to be consistent with the claims made?	14.0
Yes No 2. Were ONLY pictures of the carcass(s) or injured livestock for which compensinvestigation in place of a field investigation?	sation is claimed used for
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 6. Has there been a documented history of indemnified depredation events on	thin to —?
Yes No 6. Has there been a documented history of indemnified depredation events on	ithe laffits
Yes No 6. Has producer taken action to prevent depredation? If yes, list actions:	
INSTALLE FLASHING LIGHTS AROUND THE PASTURE.	Dr.
MANIE PORTING CAPITY AND THE THE CAPITY	*
MOVED CATTLE/ CALVES CLOSER TOTHE FARM.	
CHECKS THE HERD MORNINGAND EVENING.	5
Manager of the Advistage are not a first transfer of the later of the	
PACTORS TO CONSIDER DURING THE INVESTIGATION	
FACTORS TO CONSIDER DURING THE INVESTIGATION Yes No Unsure A. Predator tracks and/or scat present.	

2

FIELD IN	Field Investigation Information										
Date of Investigation Estimated Date of Incidence 5-24-16			DNR Inve	DNR Investigator (DNSINAY (GDG) 932-3699							
	se Present?	ZYes	No	if carcas	if carcass is not present, is there evidence of depredation Yes No by wolves?						
ļ	if carcass is not present, can you disprove depredation by Yes No wolves?										
φ.					n be made for miss	sing enimal	?		Yes	□ No	
(4)	2.5		£.	if missing notarize	g, is producer awa d statement regard	re of require	ement of enimal?	a	(🖺 Yes	□ No	
Decepte	DESCRIPTION OF ANIMALS DAMAGED										
# OP	Spenine AGE SEX (HIFN)			Est. Washt	TOENTIFICATION Number	Redignared Purebries?			TOYAL FAIR MARKOST VALUE (USE FOR MDARD) EMPLOYER ONLY)		
1	1006	2 DHS	M	BOUS	# 194		85 1 V	lq			
	2PALE	LWK	C	ANCOS	219	DY.	es 🗆 N	la			
	8.					□ Y	94 D N	ю			
	4.		்			□ Yı	98 N	lo			
- 4	5.						1 🔲 ea				
CHREEN PARTY OF PARTY	Pleid Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Altach additional cheets. If necessary.) TOUND I DEAD CALE 1219 AND I SEVERLY INTURED CALE LATE THIS APTERIORY WAITE CHECKING HIS FACTURE THAT HAD BEEN STACKED BY A WAD FORM TITURED CALE LATE THAT BEEN 9 Bont HAD BEEN 9 BONT HAD BONGSTORS. AND HAD LARGE CHVELCKS OF FLESH TOTAL FROM THE REAR OF THE ANIMAL. WOLF TRACKE WEITE FOUND IN THE SOFT CLAY MUD FROM TOLANS FROM THE REAR OF THE SECOND CALE HE 219 LIAD LARGE FOUND IN THE SOFT CLAY MUD FROM TOLANS FROM I HAD QUARTER FROM 1 HAD QUARTER F										
التستندس	RECOMMENDE	مستحصين والمستحدث	T	CLA	IM DENIED, reason:	34				والمفارطة فاستجدى الواط	
			··						¥)	9	
if Cialm is	if Ciaim is Recommended: Claim Total: \$										
	2	1	2	Less insun	ance/Other Compe	osation:	\$	•		-01	
	TOTAL Claim Reimbursement:										
Authortzing	Signature				ŷ.		• •	Date			
Please en	nail or EAX com	histari renort A	RAD to the s	nnmariota i	person below. Retu	ala tha estat	nel forv	A145 PAA	etile		

Zone 1 Brian Roeli Email: roelib@michigan.gov FAX: (906)-228-5245 Zone 2 and 3 Adam Bump Email: bumpa@michigan.gov FAX: (617)-373-6705