

**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 07/20/2015	Received by Brad Johnson	Receivers Telephone (906) 353-6651	Receivers Location Baraga
Name of producer [REDACTED]		Producers E-mail	
Address [REDACTED]		Producer's Telephone (Home) [REDACTED]	Producer's Telephone (Cell) ()
City Baraga	State MI	ZIP 49908	County Baraga
Location of damage Same		Legal description where damage occurred: T 51N R 34W Sec. 15	
Is physical evidence of depredation present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		RAP complaint number:	
Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint) [REDACTED] called to report a missing calf, He said the cow has been pacing the fences and calling and he cannot find it.			
Report was forwarded to (Name of DNR Official) Brad Johnson		Telephone (906) 353-6651	

QUESTIONS TO ANSWER

- ☐ Yes ☒ 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?
- ☐ 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?
- ☐ 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:
He calves up near his residence, and has control donkeys with his herds.

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 07/20/2015	Estimated Date of Incidence 07/19/2015	DNR Investigator Brad Johnson	Telephone (906) 353-6651
Is Carcass Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If carcass is not present, is there evidence of depredation by wolves? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Will claim be made for missing animal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input checked="" 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	1mon	F	100lb	1530	<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.)

Cow is pacing the fenceline and calling for calf, but no sign on anything but dry conditions and sod pasture make tracking conditions tough.

☐ Continued on attached sheets

Evidence of predator responsible for depredation:

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

Investigator Signature

Date

07/20/2015

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

Johnson, Brad (DNR)

From: Roell, Brian (DNR)
Sent: Monday, July 20, 2015 10:31 AM
To: Johnson, Brad (DNR)
Subject: Missing calf

We need a depredation report, signed affidavit, and a notarized letter from [REDACTED] which states the ID if known, age, size etc. and when it went missing.

Brian Roell
Wildlife Biologist
Michigan Department of Natural Resources

The ^{black heifer} missing calf was born on 6/30/15. Its ID# is on a yellow ear tag - #1530. We noticed the cow bawling and pacing the fence line but after much ~~to~~ searching no calf was located on 7/20/15.

[REDACTED]
[REDACTED]
signed before me on July 20, 2015 by [REDACTED]

Marie Lancy

MARIE LANCZY
NOTARY PUBLIC-BARAGA COUNTY, MI
MY COMMISSION EXP. 06/14/2019

**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 09/29/2015	Received by Brad Johnson	Receivers Telephone (906) 458-7374	Receivers Location Baraga OSC
Name of producer [REDACTED]		Producers E-mail	
Address [REDACTED]		Producer's Telephone (Home) [REDACTED]	Producer's Telephone (Cell) ()
City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	County Ontonagon
Location of damage [REDACTED]		Legal description where damage occurred: T 51N R 38W Sec. 17	
Is physical evidence of depredation present: <input 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) Caretaker [REDACTED] called to report missing calves on 9/29/15			
Report was forwarded to (Name of DNR Official) Brian Roell		Telephone (906) 228-6561	

QUESTIONS TO ANSWER

- | | |
|---|---|
| <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure | B. Marks or wounds consistent with a predator attack. |
| <input type="checkbox"/> Yes <input checked="" 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 09/29/2015	Estimated Date of Incidence	DNR Investigator Brad Johnson	Telephone (906) 458-7374
Is Carcass Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If carcass is not present, is there evidence of depredation by wolves? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will claim be made for missing animal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input checked="" 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. Cattle	Calf			225	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1	2. Cattle	Calf			139	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1	3. Cattle	Calf			116	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1	4. Cattle	Calf			255	<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.)

☐ 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: <div style="float: right;"> Claim Total: \$ _____ Less Insurance/Other Compensation: \$ _____ TOTAL Claim Reimbursement: \$ _____ </div>	
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

WOLF ACTIVITY REPORT

This information is voluntary under Part 365, Endangered Species Protection, of the Natural Resources and Environmental Protection Act, Act 451 of the Public Acts of 1994.

Date of Activity (mm/dd/yy) 9/29/15 Time ☐am or ☐Day ☐Evening ☐Night ☐Daylight ☐Darkness
☐pm

LOCATION County Ontonagon Township 51 Range -38 Section 17

LOCAL DESCRIPTION

- ☐ Many neighbors (town/city) ☒ Scattered neighbors outside of town
☐ Neighbors (rural subdivision) ☐ Few neighbors (rural area)

REPORTED BY

- ☐ Home/Property owner ☐ Campground user ☐ Angler ☐ Rabbit/Hare Hunter
☒ Farmer/Livestock producer ☐ Back-country camper ☐ Hiker ☐ Bear houndsman
☐ Agency personnel ☐ Business owner ☐ Trapper ☐ Upland gamebird hunter
☐ Deer hunter ☐ Other

NATURE OF COMPLAINT/CONCERN (check all that apply; provide detailed explanation in COMMENTS)

- ☒ Livestock depredation (if onsite investigation, complete Report of Livestock Depredation R2566)
☒ Threat to or harassment of livestock ☐ Wolf displaying fearless behavior
☐ Perceived threat to personal or family safety ☐ Concern for safety of the wolf
☐ Perceived threat to family pet ☐ Attack of human (Detail in COMMENTS)
☐ Attack of family pet ☐ Attack of free-ranging hunting dog
☐ Perceived threat to game animals ☐ Other

POSSIBLE ATTRACTANTS IN AREA (check all that apply):

- ☐ Livestock carcass pit ☐ Feeding pets outdoors
☒ Feeding livestock outdoors ☐ Deliberate feeding of wolves ☐ Onsite ☐ Nearby
☐ Feeding of other wildlife (e.g., deer feeding) ☐ Den or rendezvous site nearby
☐ Presence of outdoor pets ☐ Other

CALLER'S LEVEL OF CONCERN

- ☐ Slightly concerned - simply wanted agency to know ☒ Agitated - wanted assurances that situation is under control
☐ Somewhat concerned - desired information on what to do ☐ Intolerant - demanded agency action

Number of wolves observed 0

Collared Wolves present ☐ Yes ☐ No

Was this a ☐ Single Observation or ☐ Repeated observations over the past year? (Detail in COMMENTS)

ACTION TAKEN (check all that apply):

- ☒ Offered Advice ☒ Onsite ☒ By Telephone ☐ Mailed Living with Wolves in MI brochure
☒ Initiated Livestock Depredation Investigation ☐ Hazed Wolf ☐ Cracker Shells ☐ Rubber bullet
☐ Wolf trapped and released on site No. ☐ Killed free-ranging Wolf
☐ Wolf trapped and moved No. ☐ Other

REPORT COMPLETED BY

CALLER

Name B. Roell	Name [REDACTED]	Telephone [REDACTED]
Agency / Location WLD-MQT	Address [REDACTED]	
Date 9/29/15	City [REDACTED]	State ZIP [REDACTED]
<input type="checkbox"/> Data Submitted online	E-mail [REDACTED]	

WOLF ACTIVITY REPORT (CONT'D)

Please record other pertinent information in the **COMMENTS** section below, including:

- Detailed description of the complaint/concern
- Directions to the landowner's property when action is required
- Name of CO and/or Wildlife staff information was forwarded to
- The ID number and color of any ear tags and/or radio-collars if wolf was marked

Please use the space below for **COMMENTS**

See Depredation report - 4 missing calves

Please mail the completed original report to:

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

**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 10/05/2015	Received by Brad Johnson	Receivers Telephone (906) 458-7374	Receivers Location Baraga OSC
Name of producer [REDACTED]		Producers E-mail	
Address [REDACTED]		Producer's Telephone (Home) ([REDACTED])	Producer's Telephone (Cell) ()
City [REDACTED]	State MT	ZIP [REDACTED]	County Ontonagon
Location of damage [REDACTED]		Legal description where damage occurred: T 51N R 38W Sec. 17	
Is physical evidence of depredation present: <input 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) Caretaker [REDACTED] called to report Missing and Injured calves on 10/05/15			
Report was forwarded to (Name of DNR Official) Brian Roell		Telephone (906) 228-6561	

QUESTIONS TO ANSWER

- ☐ Yes ☒ 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?
- ☐ 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?
- ☐ 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:

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure | B. Marks or wounds consistent with a predator attack. |
| <input type="checkbox"/> Yes <input checked="" 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 10/05/2015	Estimated Date of Incidence	DNR Investigator Brad Johnson	Telephone (906) 458-7374
Is Carcass Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If carcass is not present, is there evidence of depredation by wolves? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If carcass is not present, can you disprove depredation by wolves? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will claim be made for missing animal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input checked="" 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. Cattle	2Days			NA	<input type="checkbox"/> Yes <input checked="" 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.)

Three other cavles had injuries

☐ 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: <div style="float: right;"> Claim Total: \$ _____ Less Insurance/Other Compensation: \$ _____ TOTAL Claim Reimbursement: \$ _____ </div>	
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

**WOLF ACTIVITY REPORT**

This information is voluntary under Part 365, Endangered Species Protection, of the Natural Resources and Environmental Protection Act, Act 451 of the Public Acts of 1994.

Date of Activity (mm/dd/yy) 10/05/15 Time ☐ am or ☐ Day ☐ Evening ☐ Night ☐ Daylight ☐ Darkness
☐ pm

LOCATION County Ontonagon Township 51 Range -38 Section 17

LOCAL DESCRIPTION

- ☐ Many neighbors (town/city) ☒ Scattered neighbors outside of town
☐ Neighbors (rural subdivision) ☐ Few neighbors (rural area)

REPORTED BY

- ☐ Home/Property owner ☐ Campground user ☐ Angler ☐ Rabbit/Hare Hunter
☒ Farmer/Livestock producer ☐ Back-country camper ☐ Hiker ☐ Bear houndsman
☐ Agency personnel ☐ Business owner ☐ Trapper ☐ Upland gamebird hunter
☐ Deer hunter ☐ Other _____

NATURE OF COMPLAINT/CONCERN (check all that apply; provide detailed explanation in **COMMENTS**)

- ☒ Livestock depredation (if onsite investigation, complete *Report of Livestock Depredation R2566*)
☒ Threat to or harassment of livestock ☐ Wolf displaying fearless behavior
☐ Perceived threat to personal or family safety ☐ Concern for safety of the wolf
☐ Perceived threat to family pet ☐ Attack of human (Detail in **COMMENTS**)
☐ Attack of family pet ☐ Attack of free-ranging hunting dog
☐ Perceived threat to game animals ☐ Other _____

POSSIBLE ATTRACTANTS IN AREA (check all that apply):

- ☐ Livestock carcass pit ☐ Feeding pets outdoors
☒ Feeding livestock outdoors ☐ Deliberate feeding of wolves ☐ Onsite ☐ Nearby
☐ Feeding of other wildlife (e.g., deer feeding) ☐ Den or rendezvous site nearby
☐ Presence of outdoor pets ☐ Other _____

CALLER'S LEVEL OF CONCERN

- ☐ Slightly concerned – simply wanted agency to know ☒ Agitated – wanted assurances that situation is under control
☐ Somewhat concerned – desired information on what to do ☐ Intolerant – demanded agency action
Number of wolves observed 0 Collared Wolves present ☐ Yes ☐ No
Was this a ☐ Single Observation or ☐ Repeated observations over the past year? (Detail in **COMMENTS**)

ACTION TAKEN (check all that apply):

- ☒ Offered Advice ☒ Onsite ☒ By Telephone ☐ Mailed *Living with Wolves in MI* brochure
☒ Initiated Livestock Depredation Investigation ☐ Hazed Wolf ☐ Cracker Shells ☐ Rubber bullet
☐ Wolf trapped and released on site No. ☐ Killed free-ranging Wolf
☐ Wolf trapped and moved No. _____ ☐ Other _____

REPORT COMPLETED BY**CALLER**

Name B. Roell	Name [REDACTED]	Telephone [REDACTED]
Agency / Location WLD-MQT	Address [REDACTED]	
Date 10/05/15	City [REDACTED]	State ZIP [REDACTED]
<input type="checkbox"/> Data Submitted online	E-mail [REDACTED]	

WOLF ACTIVITY REPORT (CONT'D)

Please record other pertinent information in the **COMMENTS** section below, including:

- Detailed description of the complaint/concern
- Directions to the landowner's property when action is required
- Name of CO and/or Wildlife staff information was forwarded to
- The ID number and color of any ear tags and/or radio-collars if wolf was marked


Please use the space below for **COMMENTS**

See Depredation report - 1 missing Calf

Please mail the completed original report to:

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

[REDACTED]



[REDACTED]

29th
2015

Calf #	225	missing	9-21-15
Calf #	139	missing	9-21-15
Calf #	116	missing	9-21-15
Calf #	255	missing	9-21-15

Calf #⁰ Not tagged 2 Days old Missing 10-5-15

Calf #	270	attacked	10-6-15	Right Rear Leg
Calf #	283	attacked	10-6-15	missing 2 Days
Calf #	221	attacked	10-6-15	front Left arm pit

[REDACTED]

Signed ON 10-19-2015
Gerald Permitt

GERALD F. DOMITROVICH
Notary Public, State of Michigan
County of Ontonagon
My Commission Expires Dec. 02, 2020
Acting in the county of Ontonagon

**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 12/04/2015	Received by Brad Johnson	Receivers Telephone (906) 458-7374	Receivers Location Baraga OSC
Name of producer [REDACTED]		Producers E-mail	
Address [REDACTED]		Producer's Telephone (Home) [REDACTED]	Producer's Telephone (Cell) ()
City [REDACTED]	State MT	ZIP [REDACTED]	County Ontonagon
Location of damage [REDACTED]		Legal description where damage occurred: T 451N R 38W Sec. 17	
Is physical evidence of depredation present: <input 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) Caretaker [REDACTED] called to report missing calves on 12/3/15			
Report was forwarded to (Name of DNR Official) Brian Roell		Telephone (906) 228-6561	

QUESTIONS TO ANSWER

- ☐ Yes ☒ 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?
- ☐ 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?
- ☐ 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:

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 12/04/2015	Estimated Date of Incidence	DNR Investigator Brad Johnson	Telephone (906) 458-7374
Is Carcass Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If carcass is not present, is there evidence of depredation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No by wolves?	
		If carcass is not present, can you disprove depredation by <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No wolves?	
		Will claim be made for missing animal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		If missing, is producer aware of requirement of a notarized statement regarding missing animal? <input checked="" 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. Cattle	Calf			C233	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1	2. Cattle	Calf			C244	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1	3. Cattle	Calf			C245	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1	4. Cattle	Calf			C247	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1	5. Cattle	Calf			C249	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)
C252 and C253 for a total of 7 missing animals.

The notarized letter received on 12/10/15 states that 7 calves were missing at vaccination time on 11/4/15 a month prior to the notification on 12/3/15. [REDACTED] corrected this mistake and is resubmitting the report the notarized letter should have stated 12/4/15.
☐ 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)-373-6705



WOLF ACTIVITY REPORT

This information is voluntary under Part 365, Endangered Species Protection, of the Natural Resources and Environmental Protection Act, Act 451 of the Public Acts of 1994.

Date of Activity (mm/dd/yy) 12/04/15 Time ☐ am ☐ pm or ☐ Day ☐ Evening ☐ Night ☐ Daylight ☐ Darkness

LOCATION County Ontonagon Township 51 Range -38 Section 17

LOCAL DESCRIPTION

- ☐ Many neighbors (town/city) ☒ Scattered neighbors outside of town
☐ Neighbors (rural subdivision) ☐ Few neighbors (rural area)

REPORTED BY

- ☐ Home/Property owner ☐ Campground user ☐ Angler ☐ Rabbit/Hare Hunter
☒ Farmer/Livestock producer ☐ Back-country camper ☐ Hiker ☐ Bear houndsman
☐ Agency personnel ☐ Business owner ☐ Trapper ☐ Upland gamebird hunter
☐ Deer hunter ☐ Other _____

NATURE OF COMPLAINT/CONCERN (check all that apply; provide detailed explanation in COMMENTS)

- ☒ Livestock depredation (if onsite investigation, complete *Report of Livestock Depredation R2566*)
☒ Threat to or harassment of livestock ☐ Wolf displaying fearless behavior
☐ Perceived threat to personal or family safety ☐ Concern for safety of the wolf
☐ Perceived threat to family pet ☐ Attack of human (Detail in COMMENTS)
☐ Attack of family pet ☐ Attack of free-ranging hunting dog
☐ Perceived threat to game animals ☐ Other _____

POSSIBLE ATTRACTANTS IN AREA (check all that apply):

- ☐ Livestock carcass pit ☐ Feeding pets outdoors
☒ Feeding livestock outdoors ☐ Deliberate feeding of wolves ☐ Onsite ☐ Nearby
☐ Feeding of other wildlife (e.g., deer feeding) ☐ Den or rendezvous site nearby
☐ Presence of outdoor pets ☐ Other _____

CALLER'S LEVEL OF CONCERN

- ☐ Slightly concerned – *simply wanted agency to know* ☒ Agitated – *wanted assurances that situation is under control*
☐ Somewhat concerned – *desired information on what to do* ☐ Intolerant – *demanding agency action*
Number of wolves observed 0 Collared Wolves present ☐ Yes ☐ No
Was this a ☐ Single Observation or ☐ Repeated observations over the past year? (Detail in COMMENTS)

ACTION TAKEN (check all that apply):

- ☒ Offered Advice ☒ Onsite ☒ By Telephone ☐ Mailed *Living with Wolves in MI* brochure
☒ Initiated Livestock Depredation Investigation ☐ Hazed Wolf ☐ Cracker Shells ☐ Rubber bullet
☐ Wolf trapped and released on site No. ☐ Killed free-ranging Wolf
☐ Wolf trapped and moved No. ☐ Other _____

REPORT COMPLETED BY

CALLER

Name B. Roell	Name [REDACTED]	Telephone [REDACTED]
Agency / Location WLD-MQT	Address [REDACTED]	
Date 12/04/15	City [REDACTED]	State ZIP [REDACTED]
<input type="checkbox"/> Data Submitted online	E-mail [REDACTED]	

WOLF ACTIVITY REPORT (CONT'D)

Please record other pertinent information in the **COMMENTS** section below, including:






- Detailed description of the complaint/concern
- Directions to the landowner's property when action is required
- Name of CO and/or Wildlife staff information was forwarded to
- The ID number and color of any ear tags and/or radio-collars if wolf was marked

Please use the space below for **COMMENTS**


See Depredation report - 7 missing Calf

Please mail the completed original report to:


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

Calf #	Birth wt	Birth Date	M/F	missing on Vaccination
233	80	6-2-15	M	12-4-15
244	80	6-7-15	M	12-4-15
245	80	7-1-15	M	12-4-15
247	80	6-8-15	F	12-4-15
249	70	6-8-15	F	12-4-15
252	70	6-19-15	F	12-4-15
253	70	6-20-15	F	12-4-15

 farms has 7 missing Calves at Vaccination
 on 12-4-15 all were accounted for July 15, 2015.

This Letter replaces the Affidavit Dated 12-7-15 that
 had the wrong Date for the Vaccination Date, of 11-4-15 should
 have been 12-4-15. This date was a Friday and I had it
 Notarized on Monday 12-7-15

 1-29-16

DONALD J. DOMITROVICH
 NOTARY PUBLIC - STATE OF MICHIGAN
 COUNTY OF ONTONAGON
 My Commission Expires January 26, 2020
 Acting in the County of Ontonagon



**REPORT OF LIVESTOCK DEPREDACTION**

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 10/05/2015	Received by Roell	Receivers Telephone (906) 228-6561	Receivers Location Marquette OSC
Name of producer [REDACTED]		Producers E-mail	
Address [REDACTED]		Producer's Telephone (Home) [REDACTED]	Producer's Telephone (Cell) ()
City [REDACTED]	State TN	ZIP [REDACTED]	County Gogebic
Location of damage [REDACTED]		Legal description where damage occurred: T 45 R 38W Sec. 6	
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) He released 3 bear hounds off of Buck Lake Road on Friday 10/2/15 but was only able to retrieve 2 of his dogs. He was never able to find the 3 rd dog but he did find blood on the ground and blood on the GPS collar. He recover the dogs collars. The location section is an estimate.			
Report was forwarded to (Name of DNR Official) None		Telephone ()	

QUESTIONS TO ANSWER

<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Was the loss reported to an investigator within 24 hours of discovery?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Has there been a documented history of indemnified depredation events on this farm?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Has producer taken action to prevent depredation? If yes, list actions: The dog owner did not call in the depredation until 72+ hours later. The owner packed up and went back to [REDACTED]

FACTORS TO CONSIDER DURING THE INVESTIGATION

<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure	A. Predator tracks and/or scat present.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unsure	B. Marks or wounds consistent with a predator attack.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 none	Estimated Date of Incidence	DNR Investigator	Telephone ()
Is Carcass Present?	<input type="checkbox"/> Yes <input checked="" 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. Plott	5	M			<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.)

Because the carcass was never found, the report was made 72 hrs. after the depredation and the owner is not available to provide a location. A field investigation did not occur and the depredation will be considered not verified. However it is highly likely that wolves were the cause of the loss of this dog.

☐ 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)
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FOR MDARD USE ONLY

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If Claim is Recommended: <div style="float: right;"> Claim Total: \$ _____ Less Insurance/Other Compensation: \$ _____ TOTAL Claim Reimbursement: \$ _____ </div>	
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 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

WOLF ACTIVITY REPORT

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Date of Activity (mm/dd/yy) 10/5/15 Time ☐ am ☐ pm or ☒ Day ☐ Evening ☐ Night ☐ Daylight ☐ Darkness

LOCATION County Gogebic Township 45 Range -38 Section 6

LOCAL DESCRIPTION

- ☐ Many neighbors (town/city) ☐ Scattered neighbors outside of town
☐ Neighbors (rural subdivision) ☒ Few neighbors (rural area)

REPORTED BY

- ☐ Home/Property owner ☐ Campground user ☐ Angler ☐ Rabbit/Hare Hunter
☐ Farmer/Livestock producer ☐ Back-country camper ☐ Hiker ☒ Bear houndsman
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REPORT COMPLETED BY

CALLER

Name B. Roell	Name [REDACTED]	Telephone [REDACTED]
Agency / Location WLD-MQT	Address [REDACTED]	
Date 10/5/15	City [REDACTED]	State ZIP [REDACTED]
<input type="checkbox"/> Data Submitted online		
E-mail [REDACTED]		

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- The ID number and color of any ear tags and/or radio-collars if wolf was marked

Please use the space below for **COMMENTS**

See Depredation Report - Unverified depredation on 1 bear hound

Please mail the completed original report to:

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