Michigan Department of Natural Resources

REQUEST FOR DISCLOSURE OF DNR DOCUMENTS
under the
FREEDOM OF INFORMATION ACT
This information is required under authority of Act 442, P. A. 1976, as amended, to request public records information.

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

<table>
<thead>
<tr>
<th>Requester's Name</th>
<th>Company Name or Organization (if applicable)</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Warren</td>
<td></td>
<td>(906) 988 2892</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street and Number)</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>FAX</th>
<th>E-Mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 102</td>
<td>Ewen</td>
<td>MI</td>
<td>49925</td>
<td></td>
<td><a href="mailto:nwarren1@earthlink.net">nwarren1@earthlink.net</a></td>
</tr>
</tbody>
</table>

I wish to □ examine    □ receive a copy of the following records: (Provide a detailed description of the documents being requested. Attach additional sheets if necessary)

The data spreadsheet (or any other format this information is maintained) listing Section, Township, Range, Payments for all wolf depredations and missing livestock reported in 2016.

Please provide a copy of all wolf activity reports/investigation reports for all wolf - livestock and/or dog complaints in Ontonagon County in 2016.

Please provide a copy of reports and or documentation for any non-lethal measures implemented in Ontonagon County in an attempt to reduce wolf conflicts.

Please respond via email to nwarren1@earthlink.net

Signed, Nancy Warren 05/27/2016

If you previously have been in contact with someone in the Michigan DNR regarding the documents you are requesting, or whom you believe is knowledgeable about such documents, please provide the name and work location of that person. This will help expedite locating the documents you are requesting.

See Attached

Name of Contact Office Location

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

Signature of Requester Date

Submit completed request to:

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

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

PR1048 (Rev 05/27/2015)
AFFIDAVIT FOR LIVESTOCK DEPREDAITION COMPENSATION

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

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

Producer Signature ___________________________ Date 5/16/16

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

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

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

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

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

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

Date report received: 5-7-16
Received by: 
Name of producer: [Redacted]
Address: [Redacted]
City: OULTONAGON
State: MI
ZIP: 48250
County: OULTONAGON
Location of damage: SAME AS ABOVE (FARM)

Is physical evidence of depredation present? 

Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint): 

Report was forwarded to (Name of DNR Official): 

FIELD INVESTIGATION

Date of Investigation: 5-7-16
DNR Investigator: WS LANDSAY
Telephone: (906) 432-3898

DESCRIPTION OF ANIMALS DAMAGED

Please list the total number of forms used for this complaint:

<table>
<thead>
<tr>
<th>SP/EEDS</th>
<th>AGE</th>
<th>SEX</th>
<th>EST. WEIGHT</th>
<th>IDENTIFICATION NUMBER</th>
<th>REGISTERED PURSUELD STOCK (Raised for show or breeding)</th>
<th>COMMERCIAL STOCK (Raised for slaughter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Calf</td>
<td>5-15</td>
<td>M</td>
<td>80</td>
<td>#152</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. Calf</td>
<td>5-045</td>
<td>M</td>
<td>80</td>
<td>#152</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
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<td></td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Evidence of predator responsible for depredation:

[ ] Coyote [ ] Wolf [ ] Domestic Dog [ ] Bear [ ] Bobcat [ ] Cougar [ ] Undetermined [ ] Other

FIELD INVESTIGATION NOTES (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)

FOUND 2 CAGLS DEAD TODAY. CAGL1 TAG #152 AND #155. CAGL1 HAD LARGE BITE MARKS IN SEVERAL LOCATIONS ALONG THE BACK. LARGE BITE MARK IN THE LEFT FRONT SHOULDER. SEVERE BITES TO BOTH HIND QUARTERS. HIDE WAS PULLED FROM THE TAIL.

Continued on attached sheet.

ZONED 2 SPO 3

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 48904-30444
**INITIAL CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Date report received</th>
<th>Received by</th>
<th>Receivers Telephone</th>
<th>Receivers Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/27/2016</td>
<td>Brad Johnson</td>
<td>(906) 458-7374</td>
<td>Truck Mass City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of producer</th>
<th>Producers E-mail</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Producer's Telephone (Home)</th>
<th>Producer's Telephone (Cell)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>County</th>
<th>Location of damage</th>
<th>Legal description where damage occurred:</th>
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</thead>
<tbody>
<tr>
<td>Zeeland</td>
<td>MI</td>
<td>49464</td>
<td>Ontonogan</td>
<td></td>
<td>T R Sec.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is physical evidence of depredation present:</th>
<th>Yes ☒</th>
<th>No ☐</th>
<th>RAP complaint number:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm manager called Brad Johnson at 7:30am 04/27/2016 to report a dead calf that looked like a depredation. Brad met Duane at the farm at 7:35 am 04/27/2016</td>
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</table>

<table>
<thead>
<tr>
<th>Report was forwarded to (Name of DNR Official)</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Roell</td>
<td>(906) 228-6561</td>
</tr>
</tbody>
</table>

**QUESTIONS TO ANSWER**

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?

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?

3. Is there evidence at the site that the livestock was killed?

4. Was the loss reported to an investigator within 24 hours of discovery?

5. Has there been a documented history of indemnified depredation events on this farm?

6. Has producer taken action to prevent depredation? If yes, list actions:
   He monitors his cows and calves as frequently as possibly when he is calving, he has control donkeys and he calves as close to the farm as possible.

**FACTORS TO CONSIDER DURING THE INVESTIGATION**

- Predator tracks and/or scat present.
- Marks or wounds consistent with a predator attack.
- Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred.
FIELD INVESTIGATION INFORMATION

Data of Investigation: 04/27/2016
Estimated Date of Incidence: 04/27/2016
DNR Investigator: Brad Johnson
Telephone: (906) 458-7374

Is Carcass Present? ☒ Yes  ☐ No
If carcass is not present, is there evidence of predation by wolves? ☐ Yes  ☐ No
If carcass is not present, can you disprove predation by wolves? ☐ Yes  ☐ No
Will claim be made for missing animal? ☐ Yes  ☐ No
If missing, is producer aware of requirement of a notarized statement regarding missing animal? ☐ Yes  ☐ No

DESCRIPTION OF ANIMALS DAMAGED

<table>
<thead>
<tr>
<th># of ANIMALS</th>
<th>SPECIES</th>
<th>AGE (MO OR YR)</th>
<th>SEX (M/F/N)</th>
<th>WEIGHT</th>
<th>IDENTIFICATION NUMBER</th>
<th>REGISTERED PUREBRED?</th>
<th>TOTAL FAIR MARKET VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Angus</td>
<td>2 days</td>
<td>M</td>
<td>80</td>
<td>DB2</td>
<td>☒ Yes  ☐ No</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>3</td>
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<td>5</td>
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</tr>
</tbody>
</table>

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

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

Evidence of predator responsible for predation:
☒ Coyote  ☐ Wolf  ☐ Cougar  ☐ Undetermined  ☐ Other.

Investigator Signature: [Signature]
Date: 04/28/2016

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

FOR MDARD USE ONLY
☒ Claim Recommended for Payment
☐ Claim Denied, reason:

If Claim is Recommended:

Claim Total: $

Less Insurance/Other Compensation: $

TOTAL Claim Reimbursement: $

Authorizing Signature: [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)-223-5243

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

INITIAL CONTACT

<table>
<thead>
<tr>
<th>Data report received</th>
<th>Name of producer</th>
<th>Telephone</th>
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<tr>
<td>5-12-16</td>
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<tr>
<td></td>
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<td>Social Security or Tax ID Number</td>
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<tr>
<td></td>
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<td>Provider's telephone</td>
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<td>Time</td>
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<tr>
<td></td>
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RAP complaint number

Comments (Please print all information below)

Report was forwarded to (Name of DNR Officer)

FIELD INVESTIGATION

Date of investigation | DNR Investigator | Telephone |
<table>
<thead>
<tr>
<th></th>
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<tr>
<td>5-12-16</td>
<td>WS LONSWAY</td>
<td>1966-932-3898</td>
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DESCRIPTION OF ANIMALS DAMAGED

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<th>SPECIES</th>
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<th>SEX</th>
<th>EST. WEIGHT</th>
<th>IDENTIFICATION NUMBER</th>
<th>REGISTERED PURSURED STOCK</th>
<th>COMMERCIAL STOCK</th>
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<tbody>
<tr>
<td>Calf</td>
<td>1</td>
<td>M</td>
<td>90</td>
<td>1914</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
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<td>5</td>
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</tbody>
</table>

Evidence of predator responsible for depredation

- Coyote
- Wolf
- Domestic Dog
- Bear
- Bobcat
- Cougar
- Undetermined
- Other

FIELD INVESTIGATION NOTES

A wolf attack left 2 calves injured at the Michigan Wildlife. Calf was nearly dead and was put down. The other calf was injured severely but still able to move. Both calves were put in several places along the top of the back. Chunks of flesh were missing in the hind quarter, neck, and rump. They were shot in the flank shoulder, neck, and rump areas, and tails, muscling. Wolf tracks were seen at both attacks areas - in the clay/mud from last night's rain. Calf was attacked in the east pasture, while the other in the west pasture.

Please mail the completed original report to:

Zones 2 and 3

WOLF COORDINATOR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
1992 US 41 SOUTH
MARQUETTE MI 49855

WILDLIFE DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30444
LANSING MI 48906-7044
Michigan Department of Natural Resources – Wildlife Division

REPORT OF LIVESTOCK DEPRADATION

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

INITIAL CONTACT INFORMATION

Date report received 04/29/2016
Received by Brad Johnson

Receivers Telephone (906) 458-7374
Receivers Location Cell phone Baraga

Name of producer [redacted]
Producer’s E-mail tdicattle@yahoo.com

Address [redacted]
Producer’s Telephone (Home) [redacted]
Producer’s Telephone (Cell) [redacted]

City Zeeland
State MI
ZIP 49464

County Ontonogan

Location of damage
13670 State Hwy M-38 Ontonagon MI.

Is physical evidence of depredation present: Yes No

Legal description where damage occurred: [redacted]

RAP complaint number: [redacted]

Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint)
Farm manager [redacted] called Brad Johnson about 7:00 am 04/29/2016 to report a dead calf that looked like a depredation. Brad Met with [redacted] at the far at 9:30 am 04/29/2016. Brad Johnson returned with scare away wolf lights at about 12:30 PM 04/29/2016 and had to chase a wolf away.

Report was forwarded to (Name of DNR Official) Brian Roell
Telephone (906) 228-6561

QUESTIONS TO ANSWER

☐ Yes ☐ No 1. Was the carcass(e) 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(e) 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:
Cows that are ready to calf are brought up to pasture closest to barnyard. Farmer has control donkeys and monitors cows and calves as frequently as possible.

FACTORS TO CONSIDER DURING THE INVESTIGATION

☐ 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**

<table>
<thead>
<tr>
<th>Date of Investigation</th>
<th>Estimated Date of Incidence</th>
<th>DN Investigator</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/29/2016</td>
<td>04/29/2016</td>
<td>Brad Johnson</td>
<td>(906) 458-7374</td>
</tr>
</tbody>
</table>

**Is Carcass Present?**
- Yes [x]  No [ ]
  - If carcass is not present, is there evidence of depredation by wolves? [ ] Yes [ ] No [x]
  - If carcass is not present, can you disprove depredation by wolves? [ ] Yes [ ] No [ ]
  - Will claim be made for missing animal? [ ] Yes [ ] No [ ]
  - If missing, is producer aware of requirement of a notarized statement regarding missing animal? [ ] Yes [ ] No [ ]

**DESCRIPTION OF ANIMALS DAMAGED**

<table>
<thead>
<tr>
<th># OF ANIMALS</th>
<th>SPECIES</th>
<th>AGE (MO OR YR)</th>
<th>SEX (M/F/PIN)</th>
<th>NEUTERED</th>
<th>EST. WEIGHT</th>
<th>IDENTIFICATION NUMBER</th>
<th>REGISTERED PUREBRED?</th>
<th>TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYEE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1. Angus</td>
<td>4 day</td>
<td>M</td>
<td>80</td>
<td>D83</td>
<td>[x] Yes [ ] No</td>
<td></td>
<td>Alive $500.00</td>
</tr>
<tr>
<td>2</td>
<td>2. Angus</td>
<td>3 day</td>
<td>M</td>
<td>80</td>
<td>None</td>
<td>[x] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Evidence of predator responsible for depredation:
- [ ] Coyote
- [x] Wolf
- [ ] Cougar
- [ ] Undetermined
- [ ] Other:

Investigator Signature

[Signature] 5/2/16

Date: 04/29/2016

Lansing/Marquette Office Approval Signature

Date

**PROVIDED PRODUCER WITH**

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

**FOR MDARD USE ONLY**

- [ ] CLAIM RECOMMENDED FOR PAYMENT
- [ ] CLAIM DENIED, reason:

If Claim Is Recommended:

- Claim Total: $
- Less Insurance/Other Compensation: $
- TOTAL Claim Reimbursement: $

Authorizing Signature

Date

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

**Zone 1**
- Brian Roell
- Email: roellb@mlchigan.gov
- FAX: (908)-228-5245

**Zone 2 and 3**
- Adam Bump
- Email: bumpsa@mlchigan.gov
- FAX: (517)-373-6705

R2555 (Rev. 09/21/2013)
**Report of Livestock Depredation**

*By authority of Pelt 401 of Act 481, P.A. of 1994, as amended.*

**Initial Contact**

- Date report received: 4-30-16
- Received by:
- Social Security or Tax ID Number:
- Name of producer:
- Address:
- Producer's telephone:
- City:
- State:
- ZIP:
- County:
- Legal description where damage occurred:
- RAP complaint number:
- Is physical evidence of depredation present? Yes [ ] No [ ]
- Comments (Please list species and number of damage, directions for farm, other information important to Investigation of this complaint):
  - Found 2 calves killed in pasture (3004 S. East of I-94) along M 38. The calves were about 100 yards apart. Both calves had large canines, puncture wounds to hindquarters consistent with wolf bites. Also, both calves were killed in a low area of the pasture with damp soil/mud, and wolf tracks were noted around each kill site. Fresh blood was found at the kill sites. Very little of either calf was consumed.

**Field Investigation**

- Date of investigation: 4-30-16
- FNR Investigator: USDA/WS CONNWAY
- Telephone: 1906 1932-3898
- Description of Animals Damaged:

<table>
<thead>
<tr>
<th>SPECIES</th>
<th>AGE</th>
<th>SEX</th>
<th>EST. WEIGHT</th>
<th>IDENTIFICATION NUMBER</th>
<th>REGISTERED PUREBRED STOCK (Raised for show or breeding)</th>
<th>COMMERCIAL STOCK (Raised for slaughter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calf</td>
<td>2</td>
<td>M</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calf</td>
<td>2</td>
<td>M</td>
<td>80</td>
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</tbody>
</table>

Evidence of predator responsible for depredation:
- Coyote [ ]
- Wolf [ ]
- Domestic Dog [ ]
- Bear [ ]
- Bobcat [ ]
- Cougar [ ]
- Undetermined [ ]
- Other [ ]

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

- Found 2 calves killed in pasture (3004 S. East of I-94) along M 38. The calves were about 100 yards apart. Both calves had large canines, puncture wounds to hindquarters consistent with wolf bites. Also, both calves were killed in a low area of the pasture with damp soil/mud, and wolf tracks were noted around each kill site. Fresh blood was found at the kill sites. Very little of either calf was consumed.

- Provided depredation pamphlets:
  - Yes [ ]
  - No [ ]
- How to Minimize Livestock Losses to Predators:
  - Yes [ ]
- Did a Predator Kit or Injury My Livestock:
  - Yes [ ]
- Date: 4-30-16
- Producer Signature:

Please mail the completed original report to:

**Zone 1**
- WOLF COORDINATOR
- MICHIGAN DEPARTMENT OF NATURAL RESOURCES
- 1980 US 41 SOUTH
- MARQUETTE MI 49855

**Zone 2 and 3**
- WILDLIFE DIVISION
- MICHIGAN DEPARTMENT OF NATURAL RESOURCES
- PO BOX 20444
- LANSING MI 48909-7844

R2600 (Rev. Oct 1, 2007)
SPECIAL REPORT

AFFIDAVIT FOR LIVESTOCK DEPREDATION COMPENSATION

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

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

Producer Signature: [Redacted] Date: 4-30-16

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

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

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

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

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

Copy Received By (signature) Date: 7-20-16
### Initial Contact Information

<table>
<thead>
<tr>
<th>Date/Report Received</th>
<th>Received By</th>
<th>Receivers Telephone</th>
<th>Receivers Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-18-12</td>
<td>LANDFAY</td>
<td>(906) 932-3898</td>
<td>MLKWOOD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Producer</th>
<th>Producer's Telephone (Home)</th>
<th>Producer's Telephone (Cell)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>County</th>
</tr>
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<tbody>
<tr>
<td>ONTONAGON</td>
<td>MI</td>
<td></td>
<td>Ontonagon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Damage</th>
<th>Legal Description Where Damage Occurred:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAME AS ABOVE (FARM)</td>
<td>T R Sec.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Physical Evidence of Depredation Present?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Comments** (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint)

---

**Questions to Answer**

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

- INSTALLED FLASHING LIGHT AROUND PASTURE.
- MOVED CALVES CLOSER TO FARM.
- CHECKS HERD MORNING AND EVENING.

---

**Factors to Consider During the Investigation**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>A. Predator tracks and/or scat present.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>B. Marks or wounds consistent with a predator attack.</td>
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<td></td>
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<td></td>
<td>C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred.</td>
</tr>
</tbody>
</table>
### Field Investigation Information

<table>
<thead>
<tr>
<th>Date of Investigation</th>
<th>Estimated Date of Incidence</th>
<th>DNR Investigator</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-13-16</td>
<td>5-12-16</td>
<td>JS Longmire</td>
<td>(406) 932-3898</td>
</tr>
</tbody>
</table>

**Is Carcass Present?**
- [ ] Yes
- [x] No

- If carcass is not present, is there evidence of depredation?
  - [ ] Yes
  - [ ] No

- If carcass is not present, can you disprove depredation by wolves?
  - [ ] Yes
  - [ ] No

- Will claim be made for missing animal?
  - [ ] Yes
  - [ ] No

- If missing, is producer aware of requirement of a notarized statement regarding missing animal?
  - [ ] Yes
  - [ ] No

### Description of Animals Damaged

<table>
<thead>
<tr>
<th># of Animals</th>
<th>Species</th>
<th>Age</th>
<th>Sex</th>
<th>Identification Number</th>
<th>Registered Pursuer?</th>
<th>Total Fair Market Value (Use for MDARD employee only)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Calf</td>
<td>MW</td>
<td>♂</td>
<td>800-0617</td>
<td>Yes</td>
<td></td>
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<td>2</td>
<td></td>
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<td>Yes</td>
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<td>Yes</td>
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<td>5</td>
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<td>Yes</td>
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</tbody>
</table>

**Field Investigation Notes:**
The calf was found yesterday, October 14th. A family killed a cow yesterday morning, and there is a cow shot with a 22 caliber rifle nearby. The calf was shot in the head and there are marks on the cow that indicate it was a coyote. The calf was missing from the area and there were tracks in the mud. The calf was eaten in several places and there was blood on the ground. The tail was completely missing. The calf was killed late in the day on October 14th because the calf was not in the area during the morning check.

**Evidence of predator responsible for depredation:**
- [ ] Coyote
- [ ] Wolf
- [ ] Other

**Investigator Signature:**

**Licensing/Requisite Office Approval Signature:**

**Provided Producer With**

- [ ] Yes
- [ ] No

- Affidavit form
- Instruction on registering for Electronical Funds Transfer (EFT)
- Proper Disposal of Animal Carcasses in Michigan

**For MDARD Use Only**

- [ ] Claim Recommended for Payment
- [ ] Claim Denied, reason:

  **Claim Total:** $  
  **Less Insurance/Other Compensation:** $  
  **TOTAL Claim Reimbursement:** $  

**Authorizing Signature:**

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) 228-6245

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

**Initial Contact Information** (Please print all information below)

<table>
<thead>
<tr>
<th>Date Report Received</th>
<th>Received By</th>
<th>Receivers Telephone</th>
<th>Receivers Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-13-16</td>
<td>(Name)</td>
<td>(906) 932-3898</td>
<td>(Name)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of Producer</th>
<th>Producers E-mail</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Producer's Telephone (Home)</th>
<th>Producer's Telephone (Cell)</th>
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<tr>
<th>City</th>
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<th>ZIP</th>
<th>County</th>
<th>Location of Damage (Farm)</th>
<th>Legal Description where damage occurred</th>
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<thead>
<tr>
<th>Is physical evidence of depredation present?</th>
<th>Yes</th>
<th>No</th>
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<table>
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<tr>
<th>Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint)</th>
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<table>
<thead>
<tr>
<th>Report was forwarded to (Name of DNR Official)</th>
<th>Telephone</th>
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</tbody>
</table>

**Questions to Answer**

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?

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?

3. Is there evidence at the site that the livestock was killed? (Insured)

4. Was the loss reported to an investigator within 24 hours of discovery?

5. Has there been a documented history of indemnified depredation events on this farm?

6. Has producer taken action to prevent depredation? If yes, list actions:

   - Installed flashing lights around pasture.
   - Moved calves closer to farm.
   - Checks herd monitoring and evening.

**Factors to Consider During the Investigation**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
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<tbody>
<tr>
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<td>Yes</td>
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<td>Yes</td>
<td>No</td>
<td>Unsure</td>
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</table>
FIELD INVESTIGATION INFORMATION

<table>
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<tr>
<th>Date of Investigation</th>
<th>Estimated Date of Incidence</th>
<th>DNR Investigator</th>
<th>Telephone</th>
</tr>
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<tbody>
<tr>
<td>6-13-16</td>
<td>5-12-16</td>
<td>WS Langway</td>
<td>(906) 932-3048</td>
</tr>
</tbody>
</table>

Is Carcass Present? [ ] Yes [ ] No

If carcass is not present, is there evidence of depredation by wolves?
[ ] Yes [ ] No

If carcass is not present, can you disprove depredation by wolves?
[ ] Yes [ ] No

Will claim be made for missing animal?
[ ] Yes [ ] No

If missing, is producer aware of requirement of a notarized statement regarding missing animal?
[ ] Yes [ ] No

DESCRIPTION OF ANIMALS DAMAGED

<table>
<thead>
<tr>
<th># of ANIMALS</th>
<th>SPECIES</th>
<th>AGE (MO OR VR)</th>
<th>SEX (MF/MN)</th>
<th>NEUTERED</th>
<th>EST. WEIGHT</th>
<th>IDENTIFICATION NUMBER</th>
<th>REGISTERED PUREBRED?</th>
<th>TOTAL FAIR MARKET VALUE</th>
<th>USE FOR MDARD EMPLOYEE ONLY</th>
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<tr>
<td>1</td>
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<td>4 MNS</td>
<td>M</td>
<td>70 LBS</td>
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<td>[ ] Yes [ ] No</td>
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</tbody>
</table>

Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets if necessary.)
The insured calf was found yesterday afternoon (5-12-16) laying near a small drainage ditch in the east pasture. Several large wolf tracks were visible in the top of the back. Wolf tracks were noticed at the attack area. This calf was found very near to the carcass of calf #1176 (also found on the same day) (both calves were attacked sometime during the day on 5-12-16 because no injured or dead calves were found in the pasture during the morning check.) Continued on attached sheets.

Evidence of predator responsible for depredation:
[ ] Coyote [ ] Wolf [ ] Cougar [ ] Undetermined [ ] Other

Investigator Signature: __________________________ Date: 6-13-16

Lansing/Marquette Office Signature: __________________________ Date: 6-9-16

Provided Producer With:
[ ] Yes [ ] No A. Affidavit form
[ ] Yes [ ] No B. Instruction on registering for Electronic Funds Transfer (EFT)
[ ] Yes [ ] No C. Proper Disposal of Animal Carcasses in Michigan

FOR MDARD USE ONLY

[ ] CLAIM RECOMMENDED FOR PAYMENT [ ] CLAIM DENIED, reason:

If Claim is Recommended:

<table>
<thead>
<tr>
<th>Claim Total:</th>
<th>$</th>
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</thead>
<tbody>
<tr>
<td>Lees Insurance/Other Compensation:</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL Claim Reimbursement:</td>
<td>$</td>
</tr>
</tbody>
</table>

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)-228-5248

Zone 2 and 8
Adam Bump
Email: bumpa@michigan.gov
FAX: (517)-373-6709
Michigan Department of Natural Resources – Wildlife Division

REPORT OF LIVESTOCK DEPRADATION
Required by authority of Part 401 of Act 481, P.A. of 1994, as amended.

Initial Contact Information
(Date report received: 5-14-16)
Name of producer: [Redacted]
Address: [Redacted]
City: CANTON
State: MI
ZIP: [Redacted]
County: CANTON

Location of damage: [Redacted]

Is physical evidence of depredation present? 

Legal description where damage occurred:

Comments (Meeting times and places, type of damage, directions to farm, other information important in investigating this complaint):

Report was forwarded to (Name of DNR official): [Redacted]

Questions to Answer

1. Was the carcass(a) 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?

2. Were only pictures of the carcass(a) or injured livestock for which compensation is claimed used for investigation in place of a field investigation?

3. Is there evidence at the site that the livestock was killed?

4. Was the loss reported to an investigator within 24 hours of discovery?

5. Has there been a documented history of indemnified depredation events on this farm?

6. Has producer taken action to prevent depredation? If yes, list actions:
   - Installed flashing lights
   - Moved cattle closer to farm
   - Checks herd morning and evening

Factors to Consider During the Investigation

A. Predator tracks and/or scent present.

B. Marks or wounds consistent with a predator attack.

C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred.
**FIELD INVESTIGATION INFORMATION**

<table>
<thead>
<tr>
<th>Field Investigation Notes</th>
<th>Date of Investigation</th>
<th>Estimated Date of Incidence</th>
<th>DNR Investigator</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5-14-16</td>
<td>5-13-14-16</td>
<td>WS. LONGWAY</td>
<td>(906) 932-3898</td>
</tr>
</tbody>
</table>

- Is Carcass Present? [ ] Yes [ ] No
- If carcass is not present, is there evidence of depredation by wolves? [ ] Yes [ ] No
- If carcass is not present, can you disprove depredation by wolves? [ ] Yes [ ] No
- Will claim be made for missing animal? [ ] Yes [ ] No
- If missing, has producer aware of requirement of a notarized statement regarding missing animal? [ ] Yes [ ] No

**DESCRIPTION OF ANIMALS DAMAGED**

<table>
<thead>
<tr>
<th># OF ANIMALS</th>
<th>SPECIES</th>
<th>AGE (M OR YR)</th>
<th>SEX (M/F/M)</th>
<th>NEUTERED</th>
<th>EST. WEIGHT</th>
<th>IDENTIFICATION NUMBER</th>
<th>REGISTERED PURCHASER</th>
<th>TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYEE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Calf</td>
<td>6-7 Days M</td>
<td></td>
<td></td>
<td>70</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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</tbody>
</table>

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

This calf was injured during a wolf attack on 5-12-16. The calf was transported to the barn and found dead 2 days later.

[ ] Continued on attached sheets

Evidence of predator/responsible for depredation:
- [ ] Coyote
- [ ] Wolf
- [ ] Cougar
- [ ] Undetermined
- [ ] Other

Investigator Signature
Lansing/Marquette Office Approval Signature

Date: 5-14-16

**PROVIDED PRODUCER WITH**

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

**FOR MDARD USE ONLY**

- [ ] CLAIM RECOMMENDED FOR PAYMENT
- [ ] CLAIM DENIED, reason:

If claim is recommended:

- Claim Total: $
- Less insurance/Other Compensation: $
- TOTAL Claim Reimbursement: $

Authorizing Signature

Date

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

**Zone 1**
- Brian Roell
- Emails: roellb@michigan.gov
- PAX: (906)-226-8245

**Zone 2 and 3**
- Adam Bump
- Emails: bumpa@michigan.gov
- PAX: (517)-373-6708

Proof of Payment
Michigan Department of Natural Resources - Wildlife Division
REPORT OF LIVESTOCK DEPRERATION
Required by authority of Part 491 of Act 481, P.A. of 1994, as amended.

INITIAL CONTACT INFORMATION
Date report received: 5-18-16
Received by: LONGWAY

Name of Producer:
Address:
City: ONTARIO
State: MI
Zip:
Location of damage: SAME AS PROD. FARM

Is physical evidence of depredation present? Yes No

Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint):

Report was forwarded to (Name of DNR Official):

QUESTIONS TO ANSWER

1. Was the carcass(es) or injured livestock for which compensation is claimed seen by investigator and do such remains or injuries appear to be consistent with the claims made?

2. Were ONLY pictures of the carcass(es) or injured livestock for which compensation is claimed used for investigation in place of a field investigation?

3. Is there evidence at the site that the livestock was killed?

4. Was the loss reported to an investigator within 24 hours of discovery?

5. Has there been a documented history of indemnified depredation events on this farm?

6. Has producer taken action to prevent depredation? If yes, list actions:

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

FACTORS TO CONSIDER DURING THE INVESTIGATION

A. Predator tracks and/or seat present.
B. Marks or wounds consistent with a predator attack.
C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred.
**FIELD INVESTIGATION INFORMATION**

<table>
<thead>
<tr>
<th>Date of Investigation</th>
<th>Estimated Date of Incidence</th>
<th>DNR Investigator</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>5-18-16</td>
<td>3/3 of 5-17-16</td>
<td>WS Longway</td>
<td>(906) 932-3898</td>
</tr>
</tbody>
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Is Carcass Present? [Yes] [No]
- If carcass is not present, is there evidence of depredation? [Yes] [No]
- If carcass is not present, can you disprove depredation by wolves? [Yes] [No]
- Will claim be made for missing animal? [Yes] [No]
- If missing, is producer aware of requirement of a notarized statement regarding missing animal? [Yes] [No]

**DESCRIPTION OF ANIMALS DAMAGED**

<table>
<thead>
<tr>
<th># of Animals</th>
<th>Species</th>
<th>Age (M/D/Yr)</th>
<th>Sex (Male/Female/Neutered)</th>
<th>Ext. Weight</th>
<th>Identification Number</th>
<th>Registered Forester?</th>
<th>Total Fair Market Value (Use for MDARD Employee Only)</th>
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<tr>
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<td>3WKS</td>
<td>M</td>
<td>90 Lb</td>
<td>120</td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>CALF</td>
<td>3WKS</td>
<td>M</td>
<td>90 Lb</td>
<td>193</td>
<td>Yes</td>
<td></td>
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</tbody>
</table>

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

2 CALVES WERE FOUND DEAD IN A FIELD PAINTED WITH MUG M38 THIS MORNING.

THE CALVES WERE ABOUT 100 YARDS APART, BOTH HAD LARGE BITE WOUNDS TO THE HIND QUARTERS AND TO THE TOP OF THE BACK. VERY LITTLE CONSUMED FROM EITHER QUARTERS AND BOTH HAD TALES MISSING. VERY LARGE, CANINE WOUNDS AND TOOTH SCALES WERE FOUND AFTER SKINNING THE ANIMALS. CONSISTENT TO WOLF WOUNDS.

Evidence of predator responsible for depredation:
- Coyote [ ]
- Wolf [ ]
- Couger [ ]
- Undetermined [ ]
- Other [ ]

Investigator Signature: [Signature]

Licensing/Marquette Police Additional Signature: [Signature]

Provided Producers With:
- [ ] Affidavit form
- [ ] Instruction on registering for Electronic Funds Transfer (EFT)
- [ ] Proper Disposal of Animal Carcasses in Michigan

For MDARD Use Only

- [ ] Claim Recommended for Payment
- [ ] Claim Denied, reason: [ ]

If Claim is Recommended:
- Claim Total: $ [ ]
- Loss insurance/Other Compensation: $ [ ]
- TOTAL Claim Reimbursement: $ [ ]

Authorizing Signature: [Signature]

Date: 6-9-16

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

**Zone 1**
- Brian Roel
- Email: roellb@michigan.gov
- FAX: (906)-228-5245

**Zone 2 and 3**
- Adam Bump
- Email: bumpa@michigan.gov
- FAX: (517)-373-6705
MICHIGAN DEPARTMENT OF NATURAL RESOURCES — WILDLIFE DIVISION

REPORT OF LIVESTOCK DEPREDATION
By authority of Part 401 of Act 481, P.A. of 1994, as amended.

INITIAL CONTACT
(Please print all information below)

Date report received: 5-4-16

Name of producer: [redacted]

Address: [redacted]

City: ONTONAGON

State: MI

ZIP: [redacted]

County: ONTONAGON

Location of damage: FARM (SAME AS ABOVE)

Is physical evidence of depredation present: ☑ Yes ☐ No

Comments (Meeting times and places, type of damage, direction to farm, other information important to investigating this complaint):

Report was forwarded to (Name of DNR Officer):

FIELD INVESTIGATION

Date of investigation: 5-4-16

DNR Investigator: WS LONGWAY

Telephone: 906-932-3698

DESCRIPTION OF ANIMALS DAMAGED

Please list the total number of forms used for this complaint.

<table>
<thead>
<tr>
<th>SPECIES</th>
<th>AGE</th>
<th>SEX</th>
<th>EST. WEIGHT</th>
<th>IDENTIFICATION NUMBER</th>
<th>REGISTERED PUREBRED STOCK</th>
<th>COMMERCIAL STOCK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CALF</td>
<td>2 DAY</td>
<td>M</td>
<td>70</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
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<tr>
<td>5.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Evidence of predator responsible for depredation:

☐ Coyote ☐ Wolf ☐ Domestic Dog ☐ Bear ☐ Bobcat ☐ Cougar ☐ Undetermined ☐ Other

FIELD INVESTIGATION NOTES (Describe the evidence used in making determination of cause of livestock loss. Attach additional sheets, if necessary.)

The evidence used in making determination of cause of livestock loss was:

- Found the carcass of a 2-day-old calf in the north pasture of the farm. This morning, a large tooth mark was found on the back area and also on both upper hind quarters. The tooth marks were consistent with a wolf. The body was in the condition of being brought and upper right leg was turned down.

- Every little bit of the carcass was consumed (tail and upper right leg). The carcass was removed from the property.

- Continued on attached sheets.

- Provided depredation pamphlets: ☐ Yes ☑ No

- How to Minimize Livestock Loss To Predators: ☐ Did a Predator 101 On Farm? ☑ Yes

- Predator 101 or Other Info on Livestock:

- Date: 5-4-16

Please mail the completed original report to

ZONE 1

WOLF COORDINATOR
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
1900 US 41 SOUTH
MARQUETTE MI 49855

ZONE 2 AND 3

WILDLIFE DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30444
LANING 48909-7644

REISSUE (Rev. 01/10/2017)
**REPORT OF LIVESTOCK DEPREDATION**

**INITIAL CONTACT**

- **Date of report received:** 4-31-16
- **Name of reporter:** W. Lonsway
- **Telephone:** (906) 932-3898

**LOCATION OF DAMAGE**

- **City:** ONTONAGON
- **State:** MI
- **Handler:** N.A.
- **Date:** 5-11-16

**Is physical evidence of depredation present?**

- **Yes** □
- **No** □

**Comments:** (Described times and places, type of damage, directions to farm, other information important to investigating site complaint)

**FIELD INVESTIGATION**

- **Date of investigation:** 4-31-16
- **Unit Investigator:** W. Lonsway
- **Telephone:** (906) 932-3898

**DESTRUCTION OF ANIMALS DAMAGED**

<table>
<thead>
<tr>
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<th>AGE</th>
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<th>EST. W.</th>
<th>IDENTIFICATION NUMBER</th>
<th>REGISTERED PUREBRED STOCK</th>
<th>COMMERCIAL STOCK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calf</td>
<td>2-DAY</td>
<td>F</td>
<td>70#</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evidence of predator responsible for depredation**

- Coyote □
- Wolf □
- Domestic Dog □
- Bear □
- Bobcat □
- Cougar □
- Undetermined □
- Other □

**FIELD INVESTIGATION NOTES**

1. Calf was found this morning in...[description of the scene]...to the back and hind quarter area. Tooth marks and size were consistent to the size of a wolf. The calf was found still laying at the attack site. Wolf tracks were rested at and around the attack site.

**Continued on attached sheets**

**How to Minimize Livestock Losses To Predators**

**Producer Signature**

**Date:** 4-31-16

**WOLF COORDINATOR**

MICHIGAN DEPARTMENT OF NATURAL RESOURCES
1900 US 41 SOUTH
MARQUETTE MI 49855

**WILDLIFE DIVISION**

MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30444
LANSING MI 48909-7044
INITIAL CONTACT INFORMATION

Date report received: 5-22-16

Received by: [Name]

Receivers Telephones: ( [Number]

Receivers Location: [Location]

Name of producer: [Name]

Address: [Address]

City: ONTONOGON

State: MI

ZIP: [ZIP]

County: ONTONOGON

Producers Telephone (Home): [Phone]

Producer's Telephone (Cell): [Phone]

Location of damage: Same as previous (Example)

Legal description where damage occurred:

Is physical evidence of depredation present: [Yes] [No]

RAP Complaint number:

Comments (Meeting times and places, type of damage, directions to farm, other information important in investigating this complaint):

Report was forwarded to: [Name of DNR Official]

Telephone: ( [Number]

QUESTIONS TO ANSWER

[ ] Yes [ ] No
1. Was the carcass(e) 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(e) 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: 5-22-16  
Estimated Date of Incidence: 5-21-16  
DNR Investigator: WS Longway  
Telephone: (906) 932-3898

<table>
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<tr>
<th>Is Carcass Present?</th>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If carcass is not present, is there evidence of depredation by wolves?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If carcass is not present, can you prove depredation by wolves?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Will claim be made for missing animal?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If missing, is producer aware of requirement of a notarized statement regarding missing animal?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF ANIMALS DAMAGED**

| # of ANIMALS | SPECIES | AGE (MO OR VR) | SEX (MPN) | NEUTERED | EST. WEIGHT | IDENTIFICATION NUMBER | REGISTERED PURCHASER | TOTAL FAIR MARKET VALUE (
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Calf</td>
<td>1 Day</td>
<td>M</td>
<td>150 lbs</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Calf</td>
<td>2 Weeks</td>
<td>F</td>
<td>80 lbs</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

1 - Male calf was found severely injured in the morning of 5-21-16 and died sometime during the evening of 5-22-16. The carcass was severely bitten above the top of the back, hind quarters and the tail was missing. There was a small amount of blood on the hind quarters. Large tooth wounds were noted on the carcass and wolf tracks were seen at the attack site. The female calf was found dead in the pasture of the morning of 5-22-16. Approaching the animal, small tooth marks were noted in the hind quarters. Large tooth wounds were noted on the rear of the calf and was obviously dead. No evidence consistent with coyote attack.

Evidence of predator responsible for depredation:

- Coyote
- Wolf
- Undetermined

Investigator Signature: [Signature]  
Lansing/Marquette Office Approval Signature: [Signature]  
Date: 5-22-16

**Provided Producer With**

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

**For MDARD Use Only**

- CLAIM RECOMMENDED FOR PAYMENT
- CLAIM DENIED, reason: 

If Claim is Recommended:

- Claim Total: $ 
- Loss Insurance/Other Compensation: $ 
- TOTAL Claim Reimbursement: $ 

Authorizing Signature: [Signature]  
Date: [Date]

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

**Zone 1**

- Brian Ruedi  
- Email: roelli@michigan.gov  
- FAX: (800)-228-5245

**Zone 2 and 3**

- Adam Bump  
- Email: bumpm@michigan.gov  
- FAX: (517)-573-4708
Michigan Department of Natural Resources – Wildlife Division

REPORT OF LIVESTOCK DEPREDATION

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

INITIAL CONTACT INFORMATION (Please print all information below)

Date report received: 8-24-16
Received by: 
Receiver's Telephone: ( )
Receiver's Location: 

Name of producer: 
Producers' e-mail: 

Producer's Telephone (Home): 
Producer's Telephone (Cell): 

County: ONTONAGON

Location of damage:
Same as above (Farm)

(a physical evidence of depredation present: ☐ Yes ☐ No)

Legal description where damage occurred:

RAP complaint number:

Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint):

Report was forwarded to (Name of DNR Official): 
Telephone: ( )

QUESTIONS TO ANSWER

☐ Yes ☐ No 1. Was the carcass(es) or injured livestock for which compensation is claimed seen by investigator and do such remains or injuries appear to be consistent with the claims made?

☐ Yes ☐ No 2. Were ONLY pictures of the carcass(es) or injured livestock for which compensation is claimed used for investigation in place of a field investigation?

☐ Yes ☐ No 3. Is there evidence at the site that the livestock was killed?

☐ Yes ☐ No 4. Was the loss reported to an investigator within 24 hours of discovery?

☐ Yes ☐ No 5. Has there been a documented history of indemnified depredation events on this farm?

☐ Yes ☐ No 6. Has producer taken action to prevent depredation? If yes, list actions:

INSTALLED FLASHING LIGHTS AROUND THE PASTURE.
MOVED CATTLE/CALVES CLOSER TO THE FARM.
CHECKS THE HEAD MORNING AND EVENING

FACTORS TO CONSIDER DURING THE INVESTIGATION

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

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

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

<table>
<thead>
<tr>
<th>Date of Investigation</th>
<th>Estimated Date of Incidence</th>
<th>DNR Investigator</th>
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<tbody>
<tr>
<td>5-26-16</td>
<td>5-24-16</td>
<td>WS LANSINGWAY</td>
<td>(906) 1932-3010</td>
</tr>
</tbody>
</table>

- Is Carcass Present?  
  - Yes  
  - No

  If carcass is not present, is there evidence of predation?  
  - Yes  
  - No

  If carcass is not present, can you disprove depredation by wolves?  
  - Yes  
  - No

  Will claim be made for missing animal?  
  - Yes  
  - No

  If missing, is producer aware of requirement of a notarized statement regarding missing animal?  
  - Yes  
  - No

**Description of Animals Damaged**

<table>
<thead>
<tr>
<th># of Animals</th>
<th>Species</th>
<th>Age (No or Yr)</th>
<th>Sex (M/F/N)</th>
<th>Neutered</th>
<th>Est. Weight</th>
<th>Identification Number</th>
<th>Registered Purebred?</th>
<th>Total Fair Market Value (Use for MDARD Employee Only)</th>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Field Investigation Notes**

THE Calf RECEIVED A BITE TO THE RIGHT HIND LEG - A BITE TO THE RIGHT SIDE (RIB AREA) RESULTING IN A 1"X3" TEAR IN THE HIDE DURING A WOLF ATTACK IN EAST PASTURE AT 11:30 PM (MIDNIGHT). THE C _O L_F _W AS SHOT DURING THE ATTACK.

Evidence of predator responsible for predation:
- Coyote
- Wolf
- Cougar
- Undetermined
- Other

Investigator Signature: [Signature]

Lansing/Marquette Office Approval Signature: [Signature]

**Provided Producer With**

- Yes  
  - A. Affidavit form
- Yes  
  - B. Instruction on registering for Electronic Funds Transfer (EFT)
- Yes  
  - C. Proper Disposal of Animal Carcasses in Michigan

**For MDARD Use Only**

- CLAIM RECOMMENDED FOR PAYMENT
- CLAIM DENIED, reason:

If Claim is Recommended:

- Claim Total: $______
- Loss Insurance/Other Compensation: $______
- TOTAL Claim Reimbursement: $______

Authorizing Signature: [Signature]  
Date: ________

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

**Zone 1**

Brian Roedl  
Email: roedl@state.michigan.gov  
FAX: (906) 226-5242

**Zone 2 and 3**

Adam Bump  
Email: bumpa@state.michigan.gov  
FAX: (617) 373-6705
INITIAL CONTACT INFORMATION

Date report received: 6-24-16

Name of producer: [Redacted]

Address: [Redacted]

City: CANTON
State: MI
ZIP: [Redacted]

Province: [Redacted]
County: [Redacted]

Location of damage: [Redacted]

State of damage: [Redacted]

Ranch as Pen/yard (Farm): [Redacted]

Legal description where damage occurred: [Redacted]

RAP complaint number: [Redacted]

Comments (Meeting times and places, type of damage, directions to farm, other information important to investigating this complaint):

Report was forwarded to (Name of DNR Official): [Redacted]

Telephone: [Redacted]

QUESTIONS TO ANSWER

1. Was the carcass(e) 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?

2. Were ONLY pictures of the carcass(e) or injured livestock for which compensation is claimed used for investigation in place of a field investigation?

3. Is there evidence at the site that the livestock was killed?

4. Was the loss reported to an investigator within 24 hours of discovery?

5. Has there been a documented history of indemnified depredation events on this farm?

6. Has producer taken action to prevent depredation? If yes, list actions:

- Install flashing lights around the pasture.
- Moved cattle/calves closer to the farm.
- Checks the herd Morning and evening.

FACTORs TO CONSIDER DURING THE INVESTIGATION

A. Predator tracks and/or scat present.

B. Marks or wounds consistent with a predator attack.

C. Bones or other physical remains, if present, appear to be at an age consistent with time depredation occurred.
**Field Investigation Information**

<table>
<thead>
<tr>
<th>Date of Investigation</th>
<th>Estimated Date of Incidence</th>
<th>DNIR Investigator</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-24-16</td>
<td>5-24-16</td>
<td>U.S. Longeway</td>
<td>(906) 322-3678</td>
</tr>
</tbody>
</table>

- **Is Carcass Present?**
  - Yes [ ]
  - No [ ]
  - If carcass is not present, is there evidence of depredation by wolves? [ ] Yes [ ] No
  - If carcass is not present, can you disprove depredation by wolves? [ ] Yes [ ] No
  - Will claim be made for missing animal? [ ] Yes [ ] No
  - If missing, is producer aware of requirement for a notarized statement regarding missing animal? [ ] Yes [ ] No

**Description of Animals Damaged**

<table>
<thead>
<tr>
<th># of ANIMALS</th>
<th>SPECIES</th>
<th>AGE (NO OR YT)</th>
<th>SEX (M/F/IN)</th>
<th>NEUTERED</th>
<th>EST. WEIGHT</th>
<th>IDENTIFICATION NUMBER</th>
<th>REGISTERED PURCHASER?</th>
<th>TOTAL FAIR MARKET VALUE (USE FOR MDARD EMPLOYEE ONLY)</th>
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<tbody>
<tr>
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<td>CALF</td>
<td>4 MNS M</td>
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<td>805</td>
<td>194</td>
<td>No</td>
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<tr>
<td>1</td>
<td>CALF</td>
<td>4 MNS F</td>
<td></td>
<td></td>
<td>805</td>
<td>219</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

- Field Investigation Notes (Describe the evidence used to make determination of cause of livestock loss. Attach additional sheets, if necessary.)
  - Found 1 dead calf 219 and 1 Beverly injured calf late this afternoon while checking his pasture. They had been attacked by a wolf sometime between 5 PM and 7 AM. Beverly injured calf 194 was bitten near the back of both hind quarters and had large chunks of flesh torn from the rear of the animal. Hoof marks were found in the soft clay muck from running rain streams. The second calf 219 had large gashes and tears in the hind quarters and 1 hind quarter partially eaten.
  - Continued on attached sheets
- Evidence of predator responsible for depredation:
  - Yes [ ]
  - No [ ]
  - Coyote [ ]
  - Wolf [ ]
  - Cougar [ ]
  - Undetermined [ ]
  - Other [ ]
- Investigator Signature: [Signature]
- Date: 5-24-16
- Lansing/Marquette Office Approval Signature: [Signature]
- Date: 6-9-16

**Provided Producer With**

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

**For MDARD Use Only**

- □ CLAIM RECOMMENDED FOR PAYMENT
- □ CLAIM DENIED, reason:

- If Claim is Recommended:
  - Claim Total: $ ________
  - Less Insurance/Other Compensation: $ ________
  - TOTAL Claim Reimbursement: $ ________

- Authorizing Signature: [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: roebelb@michigan.gov  FAX: (906) 322-3645

**Zone 2 and 3**
Adam Bump  Email: bumpa@michigan.gov  FAX: (517) 372-8708