U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: A 1619

DATE COMPLAINT RECEIVED: 10-16-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Todd Sullivan	10-16-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) FALLS CK.

TELEPHONE NUMBER: (b)(6)

COUNTY: Bonneville

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☑ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Recent snowfall, calf killed on hillside near road. Large and small wolf tracks in mud and remaining snow. Lots of wolf tracks in creek bottom

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Large canine puncture and hemorrhage on front shoulder/leg. Hind quarters eaten first, calf consumed in 2 nights.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 Days

ACTIONS TAKEN

	DATE STARTED	DATE ENDED
Looked for additional sign in area	10-16-08	10-26-08
Traps set		
Locate/called in wolves		
IDFG authorized take of 2 wolves		

10/21 unk grey wolf taken by DS Sullivan, not recovered (called)
10/26 ♀ black wolf (juv.) taken by WS Czapenski (called)

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Todd Sullivan	Todd Sullivan	10-16-08
NAME OF DISTRICT SUPERVISOR: Todd Sullivan	Todd Sullivan	10-16-08
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

1 wolf not recovered (gray) 1 wolf given to F&G (black) on 10/27/08

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

OCT 13 2008

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: I 000068

DATE COMPLAINT RECEIVED: 10-1-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	SAM KOCHERHANS	10-2-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) MOOKES FLAT

TELEPHONE NUMBER:

COUNTY: ELMORE

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☑ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 CALF			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

PRIVATE RANGE LAND, SAGEBRUSH COVERED ROLLING HILLS. THE CALF WAS CHASED AND DRAGGED DOWN IN A STEEP DRAW. THERE WAS LOTS OF BLOOD WHERE THE CALF WAS KILLED AND WOLF TRACKS ALL AROUND THE CARCASSE.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

THE CALF HAD BITE MARKS BEHIND FRONT SHOULDER AND BACK. ALSO ON BACK LEGS. THERE WAS HEAVY HEMORRHAGING AROUND THE AREAS WHERE THE CALF HAD BEEN BITTEN. ONE HIND LEG HAD BEED FED ON.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 DAYS

ACTIONS TAKEN

SET TRAPS ON 10/2/08. CHECKED TRAPS EVERY DAY. CHECKED AND PULLED TRAPS ON 10/10/08. THE WOLVES NEVER RETURNED TO THE KILL SITE.

DATE STARTED	DATE ENDED
10-2-08	10-10-08

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
SAM KOCHERHANS	Sam Kocherhans	10-11-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD CARMAN	[illegible]	10/13/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

OCT 16 2008
WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 234

DATE COMPLAINT RECEIVED: 10-2-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Ashmead Tell Rick Williamson	10-3-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer Co.

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was brought to Ranch in corral still alive 10-3-08 found single wolf track at pasture were it coming and going. Calf died from wounds 10-5-08

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Large deep bite marks to the Hind legs of calf bite mark in tail and left ear of calf. hemmorrhage from bite marks in hind legs.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours):

ACTIONS TAKEN: set Traps

DATE STARTED	DATE ENDED
10-6-08	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Ashmead Tell & Rick Williamson	[signature]	10-6-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Graham	[signature]	10/16/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 145

DATE COMPLAINT RECEIVED: 10-2-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray Wolf	Shane Robinson	10-3-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: (b)(6) UNKNOWN

TELEPHONE NUMBER: (b)(6)

COUNTY: Shoshone

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) Hound dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

blood spread around on the duff, an area about 10' x 10' was ripped up from the struggle and from when the carcass was fed on, no tracks were found due to the conditions (duff, ground litter)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 hours max

The entire front end, stomach, neck, & spine were consumed, the head was ripped off, the ribs were chewed off. The feeding pattern appeared to be by a canine.

ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Shane Robinson	Shane Robinson	10-3-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K[illegible]	12/29/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 161

DATE COMPLAINT RECEIVED: OCT 10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	OCT 10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) JUDGE CREEK

TELEPHONE NUMBER:

COUNTY: Valley

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
14 - 11 Killed, 3 injured			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
Wolf Tracks on New fallen snow showed that a couple wolves distracted the guard dogs while the rest of the pack cut out a small bunch of sheep from the rest of the band and chased them down a draw where the wolves surplus killed 10 ewes & one ram and injured three other ewes. The herder also said there were several more sheep missing.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
All of the sheep had 2 1/8" - 2 3/8" canine spaced bites (punctures) on the throat/neck area and on the flanks and/or hind quarters. Massive hemorrhage & muscle damage was associated with all bites. As is their wont, the wolves fed very little on the sheep they killed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ≤ 4hr

ACTIONS TAKEN
45 day lethal control program has been implemented in an attempt to take two wolves. Public hunting activity and foul weather conditions have hampered control efforts

DATE STARTED	DATE ENDED
OCT 10	

* The Ram was owned by Ron Shirts

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin S. Mann	Justin S. Mann	OCT 29, 2008
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	11/3/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 011

DATE COMPLAINT RECEIVED: 10-9-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	10-9-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Pass Creek Cattle Assoc.
c/o (b)(6)
3384 W. 3800 N
Mackay Id 83251

DOUBLE SPAIN

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found in Wet creek area Unit 51.
Found wolf tracks and scat.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass had been mostly consumed.
Found 1/2 mile from Confirmed depredation Investigation # C 012. ear tag missing.

Probable wolf kill

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4 days

ACTIONS TAKEN

on going

DATE STARTED	DATE ENDED
10-9-08	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	10-15-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	11/3/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

OCT 09 2008

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 196

DATE COMPLAINT RECEIVED: 10/7/08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	10/7/08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) UHL

TELEPHONE NUMBER: (b)(6)

COUNTY: Washington - Pole Cr.

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

While gathering cows one of the riders saw a lone wolf in the area of the calf remains. Six months previously two sheep were confirmed wolf killed across ~~from~~ the Weiser River from this site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf carcass was mostly consumed, except ~~for the~~ for the major bones. These large bones and joint ends had been chewed on and eaten. Large teeth marks could be seen on these areas.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 7-10 Days

ACTIONS TAKEN

No actions were taken.

DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Doug Hansen	Doug Hansen	10/8/08
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	[signature]	10/9/08
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I215strupp

DATE COMPLAINT RECEIVED: 10-21-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	10-21-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) LEMHI

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Registered buck was in a hay pasture. There had been a struggle with a drag and blood trail. Wolf scat was found near the carcass.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

There were large deep bites with massive tissue damage on the shoulder and right ham. The pelvis showed large diameter tooth chew marks. The entrails and part of one ham were eaten.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day

(b)(6)

ACTIONS TAKEN

Traps were set and run. Calling was tried. Aerial hunting was tried.

DATE STARTED	DATE ENDED
10-21-08	12-5-08

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		12-5-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	12/9/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

OCT 29 2008

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: C 298

DATE COMPLAINT RECEIVED: 10-16-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gary Looney	10-17-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) UPL

TELEPHONE NUMBER:

COUNTY: Latah

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks & Droppings in Area

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Dog had 6 Large puctures from being Bitten. (b)(6) Saw the attack and when she screamed at the wolf it walked away. She gave a good description of a wolf at about 25 yds.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days

ACTIONS TAKEN: None

DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Gary Looney	Gary Looney	10-21-08
NAME OF DISTRICT SUPERVISOR: Todd Grimm	[signature]	11/3/08
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

RECEIVED OCT 2 2008 WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 297

DATE COMPLAINT RECEIVED: 10-19-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gary Looney	10-19-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Clearwater

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			#. unknown

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No Signs of Wolves or struggle

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass was fed upon in the area of ribcage, Flank, rectum + nose was chewed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): Less than 12 hrs

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gary Looney	Gary Looney	10-21-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD [illegible]	[illegible]	11/3/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

Basin Butte Pack

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 235

DATE COMPLAINT RECEIVED: 11-5-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Ashmead Jeff	11-5-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Custer Co.

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 cow			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

many wolf tracks in snow at the attack site with Blood in the snow where cow was attack by wolfs. wolf scat and large struggle site in the snow.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

cow was bitten in hind Legs, behind front Legs and on the nose and open the animal up through the Flank and started feeding there. Large deep bite marks. hide at front shoulders was ripped open at bite marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8-10 hrs.

ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jeff Ashmead	[signature]	11-6-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Charles Carpenter	Charles L Carpenter	11/6/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

BASIP NOTE

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 216piva

DATE COMPLAINT RECEIVED: 11-6-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	11-6-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

None. Cow was hauled home from Stanley allotment where confirmed wolf depredations had occured one or two days before shipping. While unloading, a large wound was seen under the tail and the cow was found dead the next day.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

A 10" X 14" hole was eaten under the tail, removing the genitals and anus. Deep tissue damage was found under a bite on one ham, also.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 5 days

ACTIONS TAKEN

None, cattle were home.

DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Eric Simonson		12-5-08
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	SIGNATURE: [signature]	DATE: 12/9/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 113

DATE COMPLAINT RECEIVED: 11/9/08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	Lee Czapenski	11/10/08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Jefferson

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☒ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Foal			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

I Did not see Attack site. Foal was still alive when Found. Owner of Foal Tried To Get Foal To Vet But died in Transit.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

1 Large Bite in Rear of Foal
Foal appeared To Have Lived a day or so after attack
Some infection Present around wound.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 72 Hr

ACTIONS TAKEN

Fish & Game Authorized Removal of Pack

4 wolves Removed on 11/17/08

DATE STARTED	DATE ENDED
11/13/08	11/17/08

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee Czapenski	Lee Czapenski	11/24/08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	12-2-08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

RECEIVED DEC 02 2008 WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 291

DATE COMPLAINT RECEIVED: 10-NOV-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	10-NOV-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

B-327

TELEPHONE NUMBER: (b)(6)

COUNTY: VALLEY

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
OPEN PASTURE NEAR BRUSHY CREEK BOTTOM - WOLF TRACKS AT DEAD COW - MINIMAL FEEDING - RUNNING CATTLE TRACKS

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
UDDER TORE OPEN - BITE MARKS ON HIND LEGS - ANIMAL APPEARS TO HAVE DIED FROM BLOOD LOSS AND SHOCK.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours):

ACTIONS TAKEN
TRAPS SET ON 10-NOV-08

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	01-DEC-08
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	SIGNATURE: Todd Grimm	DATE: 12/5/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 225

DATE COMPLAINT RECEIVED: 11/14/08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	11/14/08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) GALENA

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1	2		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Owner of cattle saw 7-8 wolves on one carcass, 2 blacks 5-6 greys Multiple wolf tracks around carcass & adjacent fields.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Severe hemorrhage on neck, face, hind quarters & girth. Feeding patterns started at hind quarters went up through the abdomen and into front shoulders.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 hours

ACTIONS TAKEN

The Galena wolf pack was located 5-7 miles away. Permission to remove all but, the collars.

DATE STARTED	DATE ENDED
11/14/08	ongoing

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	11/14/08
NAME OF DISTRICT SUPERVISOR: Todd Grimm	Todd K. Grimm	12/15/08
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 1710801

DATE COMPLAINT RECEIVED: 11/14/08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	11/14/08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) Greenleaf

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Carcass was found ~ 1/4 mile from other carcass that was confirmed. The owner saw 2 wolves by carcass the next day.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The entire cow was consumed, meat + most of the hide was gone. Major bones were crushed and most ribs were eaten up to back bone

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 5 days

ACTIONS TAKEN

removal of the Galena pack except the collars.

DATE STARTED	DATE ENDED
11/14/08	ongoing

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jared Hedelius	[signature]	11/14/08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[signature]	12/16/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

RECEIVED

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

DEC 02 2008

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: C 178

DATE COMPLAINT RECEIVED: 11-19-08

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Gregg Hansen

DATE INVESTIGATED: 11-19-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

B-327

TELEPHONE NUMBER: (b)(6)

COUNTY: Valley

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 bull calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

(b)(6)

CARCASS/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf had been hamstrung, extensive tissue damage on the inside of thighs. Large canine bite marks approx. 2 inc between puncture marks. Hemorrhage and tissue damage consistant with wolf attack.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1-2 days

ACTIONS TAKEN: Traps set

DATE STARTED: 11-19-08

DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	11-24-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd K Grimm	12/5/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: T217Wilson

DATE COMPLAINT RECEIVED: 11-19-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	11-19-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) LEADORE/ UNWCEY

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

400 lb calf was found in a hayfield near the house. Pulled clumps of black calf hair and a long bloody drag led to the carcass. (b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf was mostly consumed, the hide and legs were left. A big dark bruise on the hide showed the calf had been bitten on the ribs while alive. The leg bones showed wolf tooth marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6 hours

ACTIONS TAKEN: ongoing

DATE STARTED	DATE ENDED
11-25-08	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		12-5-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K. Grimm	12/9/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 218drake

DATE COMPLAINT RECEIVED: 11-19,20-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
		11-19,21-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Carl Drake
(b)(6)
DRAKE / Howell

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
3			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Two calves, 550 and 600 lbs, were found in a pasture. There were bloody drag marks leading to both. The calves were 80 yards apart. They were less than a mile from a confirmed kill on the neighboring ranch, from the same night.

Another calf was found on the 20th, 400 yards away. It had a drag mark and scat was found.

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All three showed bites on the hams, two had rib bites, and two had shoulder bites. One had a bite on the throat also. Each bite showed deep tissue damage and hemorrhage. The first two had much of the meat eaten, the last just had some meat around the anus eaten, along with the anus.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6 hr to 3 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing	11-25-08	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		12-5-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Gilliam	[signature]	12/8/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 17108 02

DATE COMPLAINT RECEIVED: 11/21/08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	11/21/08

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: [illegible] (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

CAC

☐ STATE ☐ BLM ☐ TRIBAL
☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks found nearby on surrounding roads.
Multiple wolf sightings by nearby residences.
The Galena wolf pack was located ~2 miles away.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Hemorrhage was found on hide from hind quarters, and neck areas. All the meat was eaten and only the hide was left. Rib cage was crushed & eaten up to back bone.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 5 days

ACTIONS TAKEN

Removal of the Galena pack except the collars.

DATE STARTED	DATE ENDED
11/14/08	ongoing

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	[signature]	11/21/08
NAME OF DISTRICT SUPERVISOR: Todd Grimm	[signature]	12/19/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 209

DATE COMPLAINT RECEIVED: 12/3/08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR, LEE CZAPENSKI	12/3/08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: [redacted] (b)(6) UPKEEP

TELEPHONE NUMBER: (b)(6)

COUNTY: FREMONT

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) HERDING DOG

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

SEE ATT. REPORT FROM IDFG
WOLF TRACKS AT SITE IN NEW SNOW, BLOOD AND SIGNS OF STRUGGLE IN SNOW

SITE INVESTIGATION LATE

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ATTACK PATTERN CONSISTENT WITH WOLF M.O. CANINE PUNCTURES 1/4 - 3/8 DIA 2 1/2 APART. POINTS OF ATTACK NECK & SHOULDERS, HIND QUARTERS. EXTENSIVE DEEP MUSCLE TISSUE DAMAGE & WIDESPREAD HEMORRHAGE UNDER SKIN & INTRA MUSCULAR. CANINE PUNCTURES IN THORACIC CAVITY. NO OBVIOUS BROKEN BONES, NO FEEDING ON CARCASS

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): CARCASS FROZEN BY IDFG WAS IN VERY GOOD CONDITION FOR EXAMINAT

ACTIONS TAKEN

INFORMED OWNER OF (O)
ADVISED TO CONTACT WS IF FURTHER PRESENCE OF WOLVES DETECTED
IDFG ELECTED TO NOT INITIATE CONTROL ACTION

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR: JON FARR	SIGNATURE: [signature]	DATE: 12/7/08
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	SIGNATURE: [signature]	DATE: 12/10/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

RECEIVED

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

OCT 16 2008

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: C 197

DATE COMPLAINT RECEIVED: 10/2/08

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Doug Hansen

DATE INVESTIGATED: 10/3/08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Adams - South side of Council Mtn.

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Calf	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The producer has repeatedly reported wolf sign and wolf sightings on their allotment. For this particular case two bowhunters, during the first part of September, observed five ~~wolf~~ wolves kill a calf after chasing a group of cows.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

After numerous trips the producer finally found the dead calf or what was left. A month later all that was left was a shoulder blade and an ear tag. Both items contained large canine marks. These items were observed at the ranch.

ACTIONS TAKEN

DATE STARTED

DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	10/14/08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD Colman	[illegible]	10/16/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

RECEIVED 2008

REPORT NUMBER: C 015

DATE COMPLAINT RECEIVED: Oct 4 08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	Oct 4 08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: [illegible]

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calves were found in Copper Basin and taken to home ranch for Vet care. Wolf sitings of up to 7 wolves had been reported in area, along with B93.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf had left ear chewed off. Calf had bite marks to neck. Calf is still alive at this time but not doing well.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 weeks

ACTIONS TAKEN: Cattle moved off range.

DATE STARTED	DATE ENDED
Oct 4, 08	Dec 10. 08

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	12-10-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L Carpenter	12/10/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 016

DATE COMPLAINT RECEIVED: Oct 4 08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	Oct 4 08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calves were found in Copper Basin and taken to home ranch for Vet Care. Wolf siteings of up to 7 wolves including B-93 had been reported in the area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf had bite marks to neck and ear, also had large puncture marks in the nose. canine spacing 2 1/8 inches. this is probable wolf damage.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 weeks

ACTIONS TAKEN

Cattle moved of range / copper Basin.

DATE STARTED	DATE ENDED
Oct 4 08	Dec 10, 08

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	12-10-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L Carpenter	12/10/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

RECEIVED OCT 9 2008 WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 012

DATE COMPLAINT RECEIVED: 10-9-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	10-9-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) Double Springs

TELEPHONE NUMBER:

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found by range rides in Unit 51 near Wet creek. Found tracks and scat, signs of strugale. Carcass had been dragged.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks to neck and hind leg. Found hemorrhage And bruising. Large bones had been broken. Confirmed Wolf Kill

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4 days

ACTIONS TAKEN: On going

DATE STARTED	DATE ENDED
10-9-08	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	10-15-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K Grimm	11/3/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

RECEIVED

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

OCT 2008

WS

REPORT NUMBER: C 009

DATE COMPLAINT RECEIVED: 10-13-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	10-13-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

BASIN BUTTE

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Cow			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Cow was found near Anderson Creek, North of Stanley, on private property. Found wolf scat, tracks, signs of struggle.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks to hind quarters and tail and to neck. Canine spacing was 2", Signs of hemorrhage and bruising

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hrs.

ACTIONS TAKEN

on going

DATE STARTED	DATE ENDED
10-13-08	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	10-15-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K Grimm	11/3/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

BASIP BOTR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

DEC 2 2008

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 014

DATE COMPLAINT RECEIVED: Nov 5 08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	Nov 10, 08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Found wolf tracks around ranch. Calf was found in irrigated pasture, unable to find tracks or signs of struggle in pasture.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks to hind quarters and to front shoulder. Canine measurements 2 inches. Damage is probable wolf damage.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10 days

ACTIONS TAKEN: Cattle moved out

DATE STARTED	DATE ENDED
Nov 10	Nov 10 08

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	12-10-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L Carpenter	12/10/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 017

DATE COMPLAINT RECEIVED: 11-24-08

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Rick Williamson

DATE INVESTIGATED: 11-24-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: [illegible]

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: BUTTE

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) Goats

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	2 guard dogs		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Dogs were injured at home ranch west of Darlington Idaho (Unit 50). 7 wolves have been seen in the Area on several occasions.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

2 Guard dogs were injured, large bite marks were found to the neck and head and also over the back. Canine spacings were 2". Both dogs survived with Vet care.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days

ACTIONS TAKEN: Fladry installed around corrals.

DATE STARTED	DATE ENDED
11-24-08	12-28-08

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	1-19-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	1/30/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

DEC 0 2008
WS

REPORT NUMBER: B 130

DATE COMPLAINT RECEIVED: 12-6-08

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Gregg Hansen

DATE INVESTIGATED: 12-6-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

B-327

TELEPHONE NUMBER: (b)(6)

COUNTY: Valley

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Roping steer			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Massive trauma and tissue damage on the inside of hind legs and groin area. Bite marks approx. 1 3/4" to 2", Bite marks and tramma Consistant with wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): Several Days

ACTIONS TAKEN

Will set traps

DATE STARTED:

DATE ENDED:

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Gregg Hansen	Gregg D. Hansen	12-8-08
NAME OF DISTRICT SUPERVISOR: Todd Grimm	Todd K. Grimm	12/11/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

PART 1 - State Office

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 101

DATE COMPLAINT RECEIVED: 12/7/08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Lee CzaPenski	12/7/08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) BITCH CREEK

TELEPHONE NUMBER: (b)(6) ?

COUNTY: Fremont

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wolf tracks around kill site in snow

2 other calve's missing, cattle were in pasture for only 5 day's before depredation's.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Puncture mark's on rear of calf
Typical of wolf, sign's of Hemorrhage around
Bite mark's

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10 HR'S

ACTIONS TAKEN

Approval To Remove 2 wolve's
1 wolf Removed 12/21/08

DATE STARTED	DATE ENDED
12/7/08	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee CzaPenski	Lee Czapenski	12/7/08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	1-5-08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

CARCASS TAKEN TO REXBURG HANGAR 2B TRANSFERRED TO IDFG

WS FORM 200 (OCT 99) COPY DISTRIBUTION: WHITE - State Office YELLOW - District Supervisor PINK- State GOLDENROD- Investigator

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 220mays

DATE COMPLAINT RECEIVED: 12-3-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	12-3-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Mays Land and Livestock
3344 N 1420 W
Arco, ID

UNKNOWN

TELEPHONE NUMBER: (b)(6) 5

COUNTY: Butte

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
3			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

3 mature ewes were found close together. A partial front foot track of a wolf was found after the band of sheep had moved past. Each kill had wool pulled in a line leading to the carcass. One had intestine pieces scattered in the line.

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All three ewes had all meat and most of the entrails eaten. One had a big bite on a ham with deep hemorrhage. Two were bit on the neck also.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 hours

ACTIONS TAKEN: ongoing

DATE STARTED	DATE ENDED
12-4-08	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		12-05-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD Gilman	Todd K. [illegible]	12/6/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1219jones

DATE COMPLAINT RECEIVED: 11-25,12-2-08

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	11-25,12-2-08

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Clay Jones (b)(6) MOYER BASIN

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A 5 year old cow put up a big bloody fight and got in a shallow ditch. There were many scrapes and pulled hair. She was seen alive at 3:30 pm and found eaten at 7 am the next day. On the 30th, a calf went missing from a fenced pasture wth no trace. On 12-2, another smaller calf carcass was found in the pasture. During this time, eleven to thirteen wolves from the Moyer Basin pack were seen in the pasture, or found with telemetry within two miles. (b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The cow was in a 10" deep ditch and all meat was eaten down to the top of the ditch. The ribs were covered in gray wolf hair. The calf had big bite over the saddle and most of the meat was eaten. The leg bones showed very large tooth marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hours

ACTIONS TAKEN

Aerial hunting was used to take two gray colored wolves on 12-4-08.

DATE STARTED	DATE ENDED
11-25-08	12-4-08

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		12-5-08
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grism	[signature]	12/9/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

unrecoverable due to snow and location

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I221Haines

DATE COMPLAINT RECEIVED: 1-30-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	1-30-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: David Haines

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) Livestock guardian dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Dog was in house at night and began barking. Door was opened and dog left. Carcass was found just over fence on BLM the next morning. Track of a small and medium wolf were found at kill site. From first blood in snow to carcass was 20 yards. Dog had fallen or rolled 4 times and urinated continuously. Pulled hair was scattered along the fight trail. Blood drops increased during the fight.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

130 pound male Great Pyrenees was laying on side and the upper ribs were exposed. Bites were found on the ham, shoulder, flank and back.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 16 hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing	1-31-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		2-3-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
[illegible]	Todd Adams	3/16/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

MAR 1 2009

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: C 018

DATE COMPLAINT RECEIVED: 1-31-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	1-31-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found on private ranch. Found wolf tracks, hair and blood. Calf had been dragged. Found struggle site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks to hind quarters. Canine measurements 2", found signs of hemorrhage. Evidence found suggests this calf was killed by wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hrs

ACTIONS TAKEN: Snares set

DATE STARTED	DATE ENDED
1-31-09	3-3-09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	3-4-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD CRIMM	Todd K. [illegible]	3/10/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1221Haines

DATE COMPLAINT RECEIVED: 1-30-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	1-30-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [X] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [ ] CATTLE [X] OTHER (Specify) Livestock guardian dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Dog was in house at night and began barking. Door was opened and dog left. Carcass was found just over fence on BLM the next morning. Track of a small and medium wolf were found at kill site. From first blood in snow to carcass was 20 yards. Dog had fallen or rolled 4 times and urinated continuously. Pulled hair was scattered along the fight trail. Blood drops increased during the fight.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

130 pound male Great Pyrenees was laying on side and the upper ribs were exposed. Bites were found on the ham, shoulder, flank and back.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 16 hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing	1-31-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		2-3-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
[signature]	TODD [signature]	3/16/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MAR 1 " 2009

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 018

DATE COMPLAINT RECEIVED: 1-31-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	1-31-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found on private ranch. Found wolf tracks, hair and blood. Calf had been dragged. Found struggle site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks to hind quarters. Canine measurements 2", found signs of hemorrhage. Evidence found suggests this calf was killed by wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hrs

ACTIONS TAKEN: Snares set

DATE STARTED	DATE ENDED
1-31-09	3-3-09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	3-4-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K. [illegible]	3/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 222Arrizubieta

DATE COMPLAINT RECEIVED: 2-3-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	2-3-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-876-4402 (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A pregnant ewe was killed 100 yards from the house. Tracks of two wolves were found in the snow. Struggle scrapes and a bloody drag were present. Pulled wool was laying around.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The ewe had bites on the remaining ham, with deep hemorrhage, plus bites on the ribs and a shoulder.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6 hours

ACTIONS TAKEN

A black adult female wolf was taken by aerial hunting on 2-4-09, and another black adult female was taken on 2-28-09, ending the control action.

DATE STARTED	DATE ENDED
2-4-09	2-28-09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		3-13-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: Todd K Grimm	DATE: 3/16/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

delivered to Salmon IDFG

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 129

DATE COMPLAINT RECEIVED: 2-22-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	2-22-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

~~Pau~~ hoof marks in ground where mother cow pawed the ground
fresh wolf tracks present
telemetry signal from applejack pack
blood present at attack site - Shafer Creek -

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf was mostly eaten, trauma found on leg bone.
leg bone ends chewed on --

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6-8 hrs

ACTIONS TAKEN

DATE STARTED	DATE ENDED
2-23-09	

Control action started
- Hunted from ground
- Will hunt aerially

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	2-23-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[signature]	2/23/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 177

DATE COMPLAINT RECEIVED: 2-20-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	2-20-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Scat present
Producer checked cows at 6:00pm the night before and cattle were fine.
Next morning fresh backbone found.
- Shafer creek -

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

backbone with a few ribs and partial leg bones.
leg bones chewed on ends

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10 hrs

ACTIONS TAKEN

None taken

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	2-23-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K Grimm	2/23/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 022

DATE COMPLAINT RECEIVED: 2-16-09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Rick Williamson

DATE INVESTIGATED: 2-17-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Found large amount of wolf tracks, scat, blood and signs of struggle.
(note found alot of blood on snow) this was a new born calf. Idaho F+G Co reported seeing 9 wolves in this area,

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No carcass found, Found drag marks and wolf tracks. Carcass may have been completly consumed. This calf was 1 day old.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hrs

ACTIONS TAKEN

Ranche ran wolves away from cattle on 2-16-09. Reported seeing tracks past several days.
2-16-09 8:30 P.M. Rancher found black wolf chasing calves in corral. Rancher shot wolf.

DATE STARTED: 2-16-09
DATE ENDED: 2-17-09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	2-17-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L. Carpenter	2/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

Wolf carcass in posession of F+G.

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 222Arrizubieta

DATE COMPLAINT RECEIVED: 2-3-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	2-3-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A pregnant ewe was killed 100 yards from the house. Tracks of two wolves were found in the snow. Struggle scrapes and a bloody drag were present. Pulled wool was laying around.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The ewe had bites on the remaining ham, with deep hemorrhage, plus bites on the ribs and a shoulder.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6 hours

ACTIONS TAKEN

A black adult female wolf was taken by aerial hunting on 2-4-09, and another black adult female was taken on 2-28-09, ending the control action.

DATE STARTED	DATE ENDED
2-4-09	2-28-09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		3-13-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: [signature]	DATE: 3/16/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

delivered to Salmon IDFG

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WILDLIFE SERVICES

FEB 2009

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 022

DATE COMPLAINT RECEIVED: 2-16-09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Rick Williamson

DATE INVESTIGATED: 2-17-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Found large amount of wolf tracks, scat, blood and signs of struggle.
(note found alot of blood on snow) this was a new born calf. Idaho F+G Co reported seeing 9 wolves in this area,

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No carcass found, Found drag marks and wolf tracks. Carcass may have been completly consumed. This calf was 1 day old.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hrs

ACTIONS TAKEN

Ranche ran wolves away from cattle on 2-16-09. Reported seeing tracks past several days.
2-16-09 8:30 P.M. Rancher found black wolf chasing calves in corral. Rancher shot wolf.

DATE STARTED: 2-16-09
DATE ENDED: 2-17-09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	2-17-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L. Carpenter	2/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

Wolf carcass in posession of F+G.

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 129

DATE COMPLAINT RECEIVED: 2-22-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	2-22-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

~~Fro~~ hoof marks in ground where mother cow pawed the ground
fresh wolf tracks present
telemetry signal from applejack pack
blood present at attack site - Shafer Creek -

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf was mostly eaten, trauma found on leg bone.
leg bone ends chewed on -

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6-8 hrs

ACTIONS TAKEN

Control action started
- Hunted from ground
- Will hunt aerially

DATE STARTED	DATE ENDED
2-23-09	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Gregg Hansen	Gregg D. Hansen	2-23-09
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	[illegible]	2/23/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 177

DATE COMPLAINT RECEIVED: 2-20-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	2-20-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Scat present
Producer checked cows at 6:00pm the night before and cattle were fine.
Next morning fresh backbone found.
-Shafer creek-

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

backbone with a few ribs and partial leg bones.
leg bones chewed on ends

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10 hrs

ACTIONS TAKEN

None taken

DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Gregg Hansen	Gregg D. Hansen	2-23-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	Todd K Grimm	2/23/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

RECEIVED MAR 2009

REPORT NUMBER: C 019

DATE COMPLAINT RECEIVED: 3-3-09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Rick Williamson

DATE INVESTIGATED: 3-3-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found on private property same location as last calf, (see report C 018). Found signs of struggle, hemmorrhage and wolf tracks.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks on hind quarters and over the back. Found signs of hemorrhage bruising. This calf was killed by a wolf.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hrs

ACTIONS TAKEN: Scares set around calving area.

DATE STARTED: 3-3-09

DATE ENDED: ongoing

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	3-9-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd Grimm	3/19/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 327

DATE COMPLAINT RECEIVED: 3-4-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	3-4-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: [illegible] Ranch

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Found wolf tracks, blood, signs of struggle. Calf had been dragged. Calf was found on calving grounds on home ranch. Have had several reports of wolves in past few weeks.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks with bruising. Canine measurements 2", and signs of hemorrhage. Evidence suggests this calf was killed by wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hrs

ACTIONS TAKEN

DATE STARTED	DATE ENDED
3-4-09	on going

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	3-10-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Wilman	[illegible]	3/10/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

MAR 17 2009
WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 021

DATE COMPLAINT RECEIVED: 3-4-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	3-4-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Butte

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found on home ranch and was mostly consumed. Cattle had tromped out tracks. Wolf had been seen in the area by neighbors. Feeding suggests wolves.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass was mostly consumed. Feeding patterns suggested wolves. Found blood and site where calf had been dragged.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 hrs.

ACTIONS TAKEN

DATE STARTED	DATE ENDED
3-4-09	Ongoing

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	3-10-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	3/10/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 020

DATE COMPLAINT RECEIVED: 3-7-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	3-7-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found on private ranch same place as last calf. Found signs of struggle, blood, and wolf tracks.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks to flank and hind quarters. Found bruising and hemorrhage.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hrs.

ACTIONS TAKEN

flew area with fixed wing. Removed 1 wolf, check and re-set snares.

DATE STARTED	DATE ENDED
3-7-09	ongoing

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Rick Williamson	Rick Williamson	3-10-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	Todd K Grimm	3/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 023

DATE COMPLAINT RECEIVED: 3-9-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
[redacted] Wolf	Rick Williamson	3-9-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Butte

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found on Ranch, Found Wolf tracks signs of hemorrhage and struggle site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks to hind quarter. Canine measurements of 2 11. Calf had been dragged. this calf was killed by wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hrs

ACTIONS TAKEN

Fly area with fixed wing. Use call. Control action on going

DATE STARTED	DATE ENDED
3-9-09	ongoing

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
DICK WILLIAMSON	Rick Williamson	3-10-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd K M	3/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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MAR 16 2009

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER	C 312
DATE COMPLAINT RECEIVED	3-9-09
SPECIES	Wolf
NAME OF INVESTIGATOR(S)	Gregg Hansen
DATE INVESTIGATED	3-9-09
NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE	(b)(6)
TELEPHONE NUMBER	(b)(6)
COUNTY	Gem

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			1 calf

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Numerous wolf tracks present in field and around carcass.
Wolves had consumed most of calf carcass.
Coyote tracks also present near carcass.
OLA, ID

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No puncture marks present in calf remains, (that had hemorrhaging)
slight bruising on ankle of calf

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ~ 2 days

ACTIONS TAKEN

None taken

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR: Gregg Hansen	SIGNATURE: Gregg D. Hansen	DATE: 3-9-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: Todd K. Grimm	DATE: 3/16/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 17/31009

DATE COMPLAINT RECEIVED: 3/10/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	3/10/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

2 sets of wolf tracks entered his pasture and led to a two day old calf carcass. Struggle site was minimal due to the size of calf. Carcass was drug around as it was fed on.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All meat was eaten on the quarters, but there was bruising that bled into the bones that indicated the calf probably was alive when fed on.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 5 hours

ACTIONS TAKEN

DATE STARTED	DATE ENDED
3/10/09	On going

Traps set to radio collar 1 wolf

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	3/10/09
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	Todd K Grimm	6/10/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I223Bodenhamer

DATE COMPLAINT RECEIVED: 3-11-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	3-11-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The kill site had bloody drags and tracks of two wolves were found.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The 3 week old calf had a bite on a ham, the ribs, and across the saddle. All showed the usual deep hemorrhage. The neck was skinned and had no bites.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED
3-11-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		3-13-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	3/16/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1224JrBaker

DATE COMPLAINT RECEIVED: 3-17-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	3-17-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks of 5 wolves were found in a fresh skiff of snow. There was a bloody drag mark leading to the carcass. Pulledcalf hair was scattered along the drag.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The 5 week old calf was mostly consumed. There was a large bite on the hide above the ribs. The bones showed wolf tooth marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 5 hours

ACTIONS TAKEN

Snares were set and run. Aerial hunting was used several times and 4 wolves were taken wth the fixed wing on 4-6-09.

DATE STARTED	DATE ENDED
3-17-09	4-6-09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson.		4-17-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	4/17/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

APR 0 2 2009

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 199

DATE COMPLAINT RECEIVED: 3/18/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	3/19/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☒ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Injured	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Looked at the horse in question at a location in Vale, OR.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Several large puncture marks in the right hindleg and face. The injuries were not caused by canine teeth. The other horse with the injured one has not been found to date. The cause of injuries are unknown

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3-4 Weeks

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	3/20/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD Gilman	[illegible]	4/6/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

APR 1 7 2009

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 314

DATE COMPLAINT RECEIVED: 3-19-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	3-19-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found on home ranch. Found blood, signs of struggle and tracks of single wolf. Calf had been dragged.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found puncture marks to hind quarters, with 2" canine spacing. Found signs of hemorrhage. Large bones had been chewed off. Evidence showed this calf killed by wolf.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 hrs

ACTIONS TAKEN: On going. Traps and snares set. Fly area with aircraft.

DATE STARTED	DATE ENDED
3-19-09	

NAME	SIGNATURE	DATE
Rick Williamson	Rick Williamson	4-5-09
NAME OF DISTRICT SUPERVISOR: Todd Coffman	Todd Coffman	4/17/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 283

DATE COMPLAINT RECEIVED: 25-MAR-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	25-MAR-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: ADAMS

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
SAGE & PASTURE CALVING GROUND - WOLF TRACKS AT KILL SITE
COWS BAWLING & BUNCHED - 80 LB. CALF PARTLY CONSUMED

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
PUNCTURE WOUNDS CONSISTENT WITH WOLF TEETH SPACING IN HIDE - HEMORRHAGE AND PUNCTURE WOUNDS IN UPPER HIND LEG AND NECK

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 HRS

ACTIONS TAKEN
NONE TAKEN AT INVESTIGATION - FIXEDWING TOOK 1 OF 2 WOLVES LOCATED ON 30 MAR 09

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	30-MAR-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd Grimm	4/3/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1225JuddWhitworth

DATE COMPLAINT RECEIVED: 4-2-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	4-2-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks of 5 wolves were found in the area of the kill in fresh snow. The calf was killed on the bedding ground and cows had rubbed out nearby tracks and signs.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The 6 week old calf had most of the meat eaten. Deep bites and hemorrhage were found on a ham and shoulder. Normal wolf tooth marks were seen on several bones.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hours

ACTIONS TAKEN: ongoing

DATE STARTED	DATE ENDED
4-2-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		4-17-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: Todd K	DATE: 4/17/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 315

DATE COMPLAINT RECEIVED: 4-7-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	4-7-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found on home ranch, about ½ mile from confirmed depredation. Found blood and hair.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf had been mostly consumed. Not enough left to clearly identify cause of death. Feeding patterns suggest wolf had fed on this carcass. This is a probable wolf kill.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN: On going.

DATE STARTED	DATE ENDED
4-7-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	4-10-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Crimm	Todd K. Crimm	4/17/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: C 313

DATE COMPLAINT RECEIVED: 4-7-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	4-7-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Found calf on home ranch. Found tracks, signs of struggle, drag marks.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks over back and on hind quarters. Large bones were chewed off. Found canine spacing of 2". Found hemorrhage. Evidence found shows this calf Killed by a Wolves

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 18 Hrs

ACTIONS TAKEN

Traps and snares had been set. Fly area with aircraft. On going

DATE STARTED	DATE ENDED
4-7-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	4-10-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd Grimm	4/17/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 151

DATE COMPLAINT RECEIVED: 4/9/09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Justin Mann

DATE INVESTIGATED: 4/9/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Valley

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) Dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A set of wolf tracks approached the dog owner's home from the south ending within 50 yards of the home. A set of dog tracks headed south from the home. From where the wolf tracks & dog tracks met, the dog tracks vanished and the wolf tracks went E-SE up the ridge to the east of the home. Blood at the spot where the dog tracks & wolf tracks met had been mostly obscured by rain.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Using a spotlight the owner witnessed the dog/wolf confrontation in her backyard. She watched helplessly as the wolf carried of her dog as the dog cried in pain and agony, never to be seen again.

The dog was a papered Red Tri-colored miniature toy Australian Sheppard.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 15 hr

ACTIONS TAKEN

DATE STARTED	DATE ENDED
4/9	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Justin Mann	Justin B. Mann	4/10/09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	[illegible]	4/17/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1226 McRea

DATE COMPLAINT RECEIVED: 4-22-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	4-22-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 dead 1 injured			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Dogs warned of wolves in the middle of the night. A spotlight showed 2 wolves in a pen of cows and calves adjacent to the house. A calf was being attacked. Another was trampled by the panicked cows. Wolves left before a clear shot could be taken.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The dead calf was a registered red angus 4 week old steer. It had a bite over the saddle and another on the flank, letting intestines slide out. A veternarian did surgery and the calf died two days later.

The injured calf has a crooked neck, arched back, and bad limp. It has lost all market value. It was a full brother to the dead calf.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED
4-23-09	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Eric Simonson		
NAME OF DISTRICT SUPERVISOR: Todd Grimm	Todd K [illegible]	4/24/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I227Ziegler

DATE COMPLAINT RECEIVED: 4-22-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	4-22-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A bit of blood and bone chips were in the grassy pasture around the carcass. Wolves had been heard howling across the road several times in the past week. An active control action was started by a calf kill at the neighbor's house a few weeks earlier.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The 10 day old bull calf had a bite with deep hemorrhage on one shoulder, on the ribs of one side, and over the loins above the ribs. The bite over the top had canine holes leading into the spine and lungs. The meat from the quarters and loins was eaten, along with the hooves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 9 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED
4-22-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: Todd K. M	DATE: 4/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 333

DATE COMPLAINT RECEIVED: 4/26/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	4/27/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Washington

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The calf carcass was brought to the barn after it was found. (Another calf, in 2008, ~~was~~ had confirmed wolf damage in the same area.) The calf was barely alive when found. The specific attack site is unknown.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf canine puncture marks were found in the left hip with corresponding hemorrhaging and a large hole in the tissue. A lot of other biting occurred on the hindquarters and areas of the lower legs, but were not penetrating bite marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2-3 Days

ACTIONS TAKEN

DATE STARTED	DATE ENDED
4/27/09	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Doug Hansen	Doug Hansen	4/28/09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	[illegible]	4/29/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 126

DATE COMPLAINT RECEIVED: 4-29-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	4-29-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 ewe 1 Lamb			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Carcasses had been dragged down the hill 20-30 yards from Bed grounds
Wolf tracks present
Herder saw one gray wolf

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Ewe and Lamb had bite marks in the throat
Puncture marks were approx. 2 inches wide. Severe hemorrhage and tissue damage were present around bite marks - consistent with a wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4-5 hours

ACTIONS TAKEN: traps set

DATE STARTED: 4-29-09

DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	5-4-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd K. [illegible]	5/7/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I227challiscreek

DATE COMPLAINT RECEIVED: 5-2-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	5-2-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Challis Creek Cattle
4100 Pahsimeroi Rd
May, ID 83253

TELEPHONE NUMBER: 208-833-5505

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

At first light, two wolves were seen feeding on a calf in the milling, upset cattle. They were chased out. The dead calf was at the end of a large bloody drag. Clumps of pulled hair were scattered along the line.

Another calf was noticed laying 50 yards away, looking hurt. It was examined and showed signs of being trampled by the panicked cattle, dusty hoofprint on the side with smeared manure. The calf was medicated as a precaution, but died that night.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The dead calf had the entrails and half the meat eaten. One leg was missing and not located. There were numerous large bites and large tooth marks on the bones.

The trampled calf was stiff and sore and walked with much difficulty.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED
5-2-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: [signature]	DATE: 7/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I228drake

DATE COMPLAINT RECEIVED: 5-4-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	5-4-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Six week old heifer calf was found with intestines strung out in pieces for 20 yards. Pulled hair was along the drag. The flank and a front leg were missing.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

There was a bite on the flank and tooth marks on several exposed bone ends. The skin side of the hide showed a wolf paw print on the rump. Wolf hair was on a rib end.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing	5-4-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: [signature]	DATE: 5/7/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

MAY 20 2009

REPORT NUMBER C 316

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

DATE COMPLAINT RECEIVED: 5-5-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	5-5-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Found signs of struggle + blood, fresh wolf tracks. Witness saw wolf leaving pasture.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found puncture marks and hemorrhage to hind quarters and neck, large bones had been broken. Canine measurements 1 7/8". Confirmed wolf kill

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hrs.

ACTIONS TAKEN

Fly area with aircraft, use call.

DATE STARTED	DATE ENDED
5-5-09	ongoing

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	5-26-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	5/29/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

MAY 20 2009

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: C 317

DATE COMPLAINT RECEIVED: 5-5-09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Rick Williamson

DATE INVESTIGATED: 5-5-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found in same area as confirmed #C316. Carcass had been mostly consumed.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass mostly consumed, not enough left to confirm. Calf was in same pasture as past confirmed wolf kill. This is a probable wolf kill.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hrs.

ACTIONS TAKEN

DATE STARTED	DATE ENDED
5-5-09	ongoing

NAME	SIGNATURE	DATE
Rick Williamson	Rick Williamson	5-26-09
Todd Grimm	Todd Grimm	5/29/09

NAME OF WS INVESTIGATOR: Rick Williamson
SIGNATURE: Rick Williamson
DATE: 5-26-09

NAME OF DISTRICT SUPERVISOR: Todd Grimm
SIGNATURE: Todd Grimm
DATE: 5/29/09

NAME OF STATE REPRESENTATIVE:
SIGNATURE:
DATE:

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C1714809

DATE COMPLAINT RECEIVED: 4/8/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	4/8/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Highly vegetated area no tracks found. Blood, hair, & drag marks in a steep ravine where carcass was fed on. Rancher saw 1 grey wolf in cattle herd for the last 2 days. Wolf was scared out both times.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Puncture mark & hemorrhage on neck & back. ~ 20 lbs of meat were eaten on front & back quarters.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6 hours

ACTIONS TAKEN

Permission to remove 1 wolf was given. 1 wolf was shot while chasing cattle in same area the next day.

DATE STARTED	DATE ENDED
4/8/09	4/9/09

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	SIGNATURE: [signature]	DATE: 4/9/09
NAME OF DISTRICT SUPERVISOR: TODD Grimm	SIGNATURE: [signature]	DATE: 6/10/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 318

DATE COMPLAINT RECEIVED: 5-10-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf		5-10-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) (Pancheri Inc.) 3446 N. 1400 W Howe Id 83244

TELEPHONE NUMBER: (b)(6)

COUNTY: Butte

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf (1)	1 calf (2)		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

(1) Found wolf tracks, signs of struggle. (b)(6) saw wolf standing over kill.
(2) Calf mostly consumed, Cattle had stomped out tracks.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

(1) Found bite marks to base of tail and hemorrhage, large bones had been chewed off. Confirmed wolf kill.
(2) Carcass mostly consumed, not enough left to confirm. Probable wolf kill.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 18 Hrs

ACTIONS TAKEN: Fly area with fixed wing, check area for tracks.

DATE STARTED	DATE ENDED
5-10-09	ongoing

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	5-26-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	5/29/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 160

DATE COMPLAINT RECEIVED: May 10, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	May 11, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks and Scat were found all Around The mostly eaten Carcass.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The Carcass had definatly been ~~eaten~~ eaten by wolves. It was past the point of determining the Cause of Death. Confiemnation & Control Action Authorization was based on the Attached eye witness Statement.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ~ 2 days

ACTIONS TAKEN

May 11, Traps were set
May 12, one Male Adult wolf Collared
June 18, one Adult wolf Shot

Control Action ongoing

DATE STARTED	DATE ENDED
May 11	

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
for Justin Mann (George Graves)	George Graves	7 Oct. 2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	George Graves	7 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 335

DATE COMPLAINT RECEIVED: 5/10/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	5/11/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Washington

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Calf	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Coyote tracks and scat were found in the area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf carcass was mostly consumed. The pieces of hide that remained contained coyote canine puncture marks. The cause of death could not be determined.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4-5 Days

ACTIONS TAKEN: None.

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	5/14/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	5/27/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 334

DATE COMPLAINT RECEIVED: 5/10/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	5/12/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch, 1095 Calf Pen Rd., Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008

COUNTY: Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Heifer			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The injured heifer was moved to the (b)(6) for doctoring. Five wolves had been seen in the area 7-10 days earlier.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The inside portion of the hind legs, just below the anus, was tore up. Wolf canine marks were found on the hide around the wound and down the right hind leg to the hock. Other canine marks were found on and behind the front, right shoulder. Other trauma included a deep, penetratin canine puncture within the large wound and a part of the udder was missing.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 5-6 Days

ACTIONS TAKEN

DATE STARTED	DATE ENDED
5/12/09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	5/14/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[signature]	5/27/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 350

DATE COMPLAINT RECEIVED: 5/14/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	5/15/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch
(b)(6)
1095 Walt Pen Rd.
Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008

COUNTY: Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 Calves			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolves had been sighted and reported previously. Earlier in the week one heifer was confirmed injured by wolves. The Ox hired man heard wolves attack one of the calves. On the night of the 13th, the same night of the depredation, a gray, male wolf was removed under the 10j rule.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf canine puncture marks were found in the hides and some of the bones. Bone ends and sockets were chewed off. A lot of the calves were consumed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hrs

ACTIONS TAKEN

5/14/09 - 1 gray, male. 10j
5/17/09 - 1 gray, male. 10j
5/18/09 - 3 gray, females. WS

DATE STARTED	DATE ENDED
5/15/09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	5/20/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	5/27/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

ALL WOLVES LEFT AT SITE AFTER TISSUE SAMPLES TAKEN

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 171 5 1/09

DATE COMPLAINT RECEIVED: 5/19/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	5/19/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) 3

TELEPHONE NUMBER: (b)(6) 2

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

1 set of wolf tracks found at kill site. This calf was drug and fed on at the same time. Most of meat was consumed therefore more than one wolf was probably involved.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

This kill site was ~1 mile from the other kills on adjacent property. Feeding pattern was consistant with most wolf patterns. 1 Black wolf was seen by neighboring rancher 2 days prior.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6-8 hours

ACTIONS TAKEN

DATE STARTED	DATE ENDED
5/19/09	ongoing

Trying to get a collar on a wolf

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	5/19/09
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	[signature]	6/10/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASSES/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 230Udy

DATE COMPLAINT RECEIVED: 5-25-09

SPECIES: Gray wolf

NAME OF INVESTIGATOR(S): Eric Simonson

DATE INVESTIGATED: 5-26-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found bitten in a pasture. The bite was on the left side, high behind the ribs.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had intestines hanging out, partially dehydrated and covered with maggots. The intestines were reinstalled in the original location, maggots were cleaned off, and the calf was doctored. Each day more maggots are removed.

Another calf a few weeks earlier, not reported, was bitten in the same spot and in the same pasture. And, a calf on the neighboring ranch had the exact same bite confirmed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): Three days

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		5-26-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: [signature]	DATE: 6/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 229Wojciechowski

DATE COMPLAINT RECEIVED: 5-25-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	5-26-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [X] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The 300 lb steer calf was killed in sage near a county road. Numerous wolf tracks from 3 or 4 different wolves were found. From the kill site to the carcass was a 35 yard bloody drag. There was pulled calf hair and some wolf hair found.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf had the flank ripped open and the intestines eaten. Another deep bite was found on a ham and one more over the back. Most of the meat was consumed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 30 hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		6-11-09
NAME OF DISTRICT SUPERVISOR: TODD Gottman	SIGNATURE: Todd K. [illegible]	DATE: 6/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 17152809

DATE COMPLAINT RECEIVED: 5/28/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	5/28/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was in grassy meadow & no tracks were found. Calf was dying while fed on. Three of the quarters were consumed, most likely more than 1 wolf was involved.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Hemorrhage over back & neck was found.
This kill site is adjacent to other kills earlier this month.
Rancher shot & miss 1 black wolf in cattle earlier this week.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6-8 hours

ACTIONS TAKEN

DATE STARTED	DATE ENDED
5/28/09	ongoing

1 wolf killed near depredation site the following week. Efforts to remove 1 more wolf is ongoing.

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	5/28/09
NAME OF DISTRICT SUPERVISOR: Todd Cochran	Todd K Cochran	6/1/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 301

DATE COMPLAINT RECEIVED: 5-28-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	5-29-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 ewe 1 lamb			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Herder saw wolf, he shot at wolf but missed,

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Canine puncture marks in throat Region.
Large diameter holes ~~at~~ 2 inches between puncture marks.
bruising and hemorrhage consistant with wolf attack.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3-5 days

ACTIONS TAKEN

Hunted from the ground.

DATE STARTED	DATE ENDED
5-29	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Gregg Hansen	Gregg Hansen	6-1-09
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	[illegible]	6/10/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 337

DATE COMPLAINT RECEIVED: 5/30/09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Doug Hansen

DATE INVESTIGATED: 6/1/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch
1095 Calf Pen Rd.
Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008

COUNTY: Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks in the area. Several small pools of blood and drag marks in the grass were found at the site. Other confirmed cases occurred in the same area two weeks prior.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Both hind legs, a strip of hide, and a front shoulder was all that remained. Wolf canine marks were found in the hide, bone, and tissue. Signs of trauma/hemorrhage could not be found in conjunction with the bite marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 Days

ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR: Doug Hansen	SIGNATURE: Doug Hansen	DATE: 6/1/09
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	SIGNATURE: Todd K Grimm	DATE: 6/4/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 210

DATE COMPLAINT RECEIVED: JUNE 1, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR; LEE CZAPENSKI	JUNE 2, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: FREMONT

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
11 DEAD	3 WOUNDED		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

WOLF TRACKS ENTERING/LEAVING PASTURE AND TRAVELING WITHIN. WOLF HAIR FOUND IN BRUSH AT 2 CARCASS. BLOOD ON SOIL AT SOME CARCASSES. CARCASSES SCATTERED THROUGH PASTURE, NO PATTERN TO KILL SITES

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ALL CARCASSES EXIBITED NUMEROUS BITES ON SIDE OF NECK, BACK OF HIND LEGS. SOME BITTEN ON SHOULDER AND TESTICLES. EXTENSIVE TRAUMA AND HEMMORHAGE AT BITES ON NECK & HIND QRTRS. 1 BUCK FED ON, APPROX 1/2 CONSUMED, TYPICAL WOLF FEEDING PATTERNS WOUNDED ANIMALS LIKELY TO DIE FROM INJURY. ALL ADULT BUCK SHEEP

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 TIME PERIODS; FROM 4-5 DAYS — 30 HRS

ACTIONS TAKEN

~~THESE~~ CONTROL ACTION INITIATED TO COLLAR 1 IND. AND REMOVE UP TO 2 MORE.

ACTION LATER EXTENDED TO PACK REMOVAL DUE TO ADDITIONAL PREDATION ON ADJACENT LIVESTOCK.

EST. PACK SIZE 5 WOLVES, ALL GREY; ASSOC WITH BISCUIT BASIN COLLAR

DATE STARTED: JUNE 2

DATE ENDED:

RECEIVED AUG - 3 2009 WS

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	Jonathan Farr	7/11/2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 339

DATE COMPLAINT RECEIVED: 6/3/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	6/4/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch, 1095 Calf Pen Rd., Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008

COUNTY: Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Calf	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The same area of previously confirmed depredations.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

A possible puncture and canine mark were found on the inside of one of the thighs. The hock on the same leg was swelled and the calf was favoring that leg.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 5-7 Days

ACTIONS TAKEN: None.

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/12/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	6/15/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 231 Whittier

DATE COMPLAINT RECEIVED: 6-5,8-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	6-5,9-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A dead buck lamb was found on the allotment on 6-5 and necropsied. Another was found on 6-8 and necropsied 6-9. The band of sheep and vegetation hid kill site evidence, except for a few wolf tracks and pulled wool.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The first lamb was bit over the saddle, breaking the back. Another bite over the neck broke the neck bones on each side of the wolf's jaws. The attack happened at 11 A.M. in heavy fog, and the rancher heard the LGDs barking.

The second lamb was bit over the saddle and the neck, and most of the meat was consumed, along with the ribs and entrails. All bites on both showed the deep hemorrhage and also incredible bite force.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 7 hr and 24 hr

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		6-11-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: Todd K Grimm	DATE: 6/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

JUN 22 2009

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 236

DATE COMPLAINT RECEIVED: 6-7-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Ashmead Tett	6-7-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) Platau Farms P.O. Box 695 Hagerman Id. 83332

TELEPHONE NUMBER: (b)(6)

COUNTY: Blaine Co.

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 ewes 1 Lamb			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

struggle site with Blood on ground and Brush wolf track near attack site sheep Herders heard wolfs howling in trees above sheep. before attack took places.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

massive bite to hind legs and neck on the sheep. feeding pattern typical wolf with bone left on. massive hemorrhage with Bite area on sheep.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 18 hrs.

ACTIONS TAKEN

set traps 6-7-09
1 wolf caught 6-8-09 carcasses taken to F&G. Sawtooth Hatchery.
1 wolf caught and collared & released

DATE STARTED	DATE ENDED
6-7-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Tett Ashmead	Jeff M. [illegible]	6-8-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L Carpenter	6/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 302

DATE COMPLAINT RECEIVED: 6-7-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	6-8-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 ewes 7 lambs	2 lambs		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks and Wolf scat present
Sheep were kill right close to bed ground

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Canine puncture marks in throat, massive trauma and hemorrhage present. attack consistent with wolf

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN: traps set

DATE STARTED	DATE ENDED
6-8-09	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Gregg Hansen	Gregg D. Hansen	6-11-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	Todd K. [illegible]	6/15/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 340

DATE COMPLAINT RECEIVED: 6/7/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	6/8/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch, 1095 Calf Pen Rd., Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008

COUNTY: Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
3 Calves			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Documented wolf depredations, wolf scat with calf hair, and various ages of wolf tracks were found.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

One calf, alive, had wolf canine bite marks on its throat, shoulders, and hindlegs. Another calf was mostly consumed except for the head, spine, and pelvis. The hide on the head contained several wolf canine punctures. Not far from the consumed calf another calf was found dead with its cow standing over it. The ground around this pair was torn up. The cow had been defending the calf and had accidently stepped on the calf killing it.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2-5 Days

ACTIONS TAKEN

DATE STARTED	DATE ENDED
6/8/09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/12/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	6/15/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 211

DATE COMPLAINT RECEIVED: JUNE 8, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	JUNE 8 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: USSES / UNIV of IDAHO ATTN (b)(6)
OFFICE LOOP
DUBOIS ID 83423

TELEPHONE NUMBER: (b)(6)

COUNTY: CLARK

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☒ OTHER (Specify) ARS

TYPE OF LIVESTOCK/PROPERTY: ADULT BUCKS ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
5 DEAD 1 INJURE			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
SNOW COVERED GRND, 1 SET WOLF TRACK ENTERING/LEAVING PASTURE, VISITING EACH CARCASS. GREY WOLF HAIR IN BRUSH AROUND KILLS & ON FENCE AT POINT OF ENTRANCE.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
POINT OF ATTACK = HIND LEGS, SCROTUM, NECK. DEEP AND WIDESPEAD HEMORRAGE TYPICAL OF WOLF M.O. CANINE PUNC INDESCERNABLE. 2 CARCASSE FED UPON HEAVILY 60-70% CONSUMED. TYPICAL FEEDING PATTERN OF WOLF.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 36 HRS

ACTIONS TAKEN
CONTROL ACTION INITIATED TO REMOVE 1 WOLF FROM SAGE CRK PACK (MT).

DATE STARTED	DATE ENDED
JUNE 8	

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	Jonathan Farr	7-11-2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/29/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

JUN 15 2009

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 338

DATE COMPLAINT RECEIVED: 6/8/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	6/9/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		~~1 Calf~~	1 Calf - Coyote

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

There were no tracks or scat found within the pasture.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf's organs and rib ends were consumed. Coyote canine marks were found on the hide in the areas of the hindlegs, ribs, and flanks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 Days

ACTIONS TAKEN: None.

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/12/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	6/15/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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REPORT NUMBER C 324

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

DATE COMPLAINT RECEIVED 6-9-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	6-9-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Lava Lake

TELEPHONE NUMBER (b)(6)

COUNTY Blaine

LAND OWNERSHIP ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			1 Guard Dog Killed, 1 injured

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Guard dog was found off Hailey Creek in Sheep Creek drainage. Found wolf tracks, signs of struggle and dog had been fed on, also found a lot of blood and attack site. Herders reported seeing a gray wolf near dead guard dog.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found puncture marks to the neck.
This dog was Killed by wolves.
Second dog was found near sheep, had bite marks to hind quarters and shoulder, taken to vet care.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours) 12 Hrs

ACTIONS TAKEN

Sheep were moved out of area and herders were issued cracker shells.

DATE STARTED	DATE ENDED
6-9-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	7-3-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

JUL 1 - 2009

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 284

DATE COMPLAINT RECEIVED: 10-JUN-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	10-JUN-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: VALLEY

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

OPEN PASTURE - RUNNING CATTLE AND SKID MARKS ON IRRIGATED GROUND - TRACKS
WOLF TRACK IN MANURE

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

700# STEER LAYING HEAD DOWN IN DITCH - HIND END FED ON - NECK FRACTURED WITH HEMORRHAGE AROUND BACK BONE - TOOTH MARKS CONSISTENT WITH WOLF ON FRONT LEGS AND FRONT FLANKS

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4 HRS

ACTIONS TAKEN: SET TRAPS

DATE STARTED	DATE ENDED
10-JUN-09	/

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	13-JUL-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K. Grimm	7/14/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I232JWhittaker

DATE COMPLAINT RECEIVED: 6-13-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	6-13-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [X] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			other - sickness

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

300 lb. black steer was in a wet meadow with the back half eaten. There was line of blood and pulled hair for 20 yards. There were scrapes and hoof marks.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The back half was eaten and the skin showed one large bite on the rump. Another bite on the uneaten shoulder showed deep hemorrhage and tissue destruction. Large tooth marks were evident on the bones.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing	6-13-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		6-30-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: [signature]	DATE: 6/30/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 341

DATE COMPLAINT RECEIVED: 6/14/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	6/15/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch, 1095 Calf Pen Rd., Council, Id. 83612

TELEPHONE NUMBER: (b)(6)

COUNTY: Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

On the same day that the calf was found an Ox employee saw a wolf in the same pasture that the cattle were in.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The injured calf had teeth marks/scrapes on both sides of his head - cheeks and upper neck area. Clear and definite canine spacing could not be found. The calf's throat/neck had internal injuries. There was a large lump and the calf had difficulty swallowing. The tongue continually hung out due to these injuries.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2-3 Days

ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Doug Hansen	Doug Hansen	6/19/09
NAME OF DISTRICT SUPERVISOR: Todd [illegible]	[illegible]	6/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 303

DATE COMPLAINT RECEIVED: 6-15-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	6-15-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	2 lambs		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Middle fork of Payette River

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

puncture marks in throat

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

Several Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	6-24-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	6/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 102

DATE COMPLAINT RECEIVED: 6/15/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Lee Czapenski Jon Fann	6/15/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) 5 Monuments North Hend

TELEPHONE NUMBER: (b)(6)

COUNTY: Jefferson

LAND OWNERSHIP: [ ] STATE [X] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
15 Lamb Ewe	18		3 ~~1 Guard dog~~

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

1 guard dog 7-19-09
Wolf Trucks around Kill site #109
#102 #105

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Signs of Hemorrhage around Bite mark's in Hind Quarter's & neck's. with Large Puncture wound's. Some Lambs were still alive But Had to Be destroyed Because of wound's. 1 Gaurd dog was also killed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 HRS

ACTIONS TAKEN

Traps set (on going)

DATE STARTED: 6/15/09 DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee Czapenski		6/18/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/9/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

PART 2 - District Supervisor

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

JUL 16 2009

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 104

DATE COMPLAINT RECEIVED: 6/15/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Lee Czapenski Jon Fank	6/15/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: 5 monuments South Heard

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Jefferson

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
10 Lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wolf Tracks around Kill site

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Signs of Hemorrhage around Large Puncture marks in The Back's & necks of Lambs

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 HR

ACTIONS TAKEN

Traps Set

DATE STARTED	DATE ENDED
6/15/09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee Czapenski	Lee Czapenski	6/18/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

PART 1 - State Office

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1233 beyeler

DATE COMPLAINT RECEIVED: 6-19-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	6-19-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Beyeler Ranches LLC
(b)(6)
POBox 62
Leadore, ID 83464

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

While gathering, a calf was seen with a massive bite under a rear leg. The bite location matched several previous wolf bites investigated.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

There was a huge bite with a few pounds of meat ripped out. The bite extended from the upper thigh around inside with the muscle pulled dowm from the hip joint area. Tooth rake marks were seen ruuning towards the hole.
The calf died 12 days later.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED
6-19-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		6-30-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: [signature]	DATE: 6/30/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 305

DATE COMPLAINT RECEIVED: ~~6-22-09~~ 6-22-0

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	6-22-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
4 lambs 1 ewe	8 ewes 1 lamb		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

(b)(6) (b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Canine puncture marks in throat 2 inches wide
Massive tissue damage and trauma consistant with wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day on most recent

ACTIONS TAKEN: traps will be set

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	6-24-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	6/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 364

DATE COMPLAINT RECEIVED: 6-20-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	6-21-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	~~3 lambs~~	3 lambs	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

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N. Fork of Rabbit Creek

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcases completely eaten, chunks of hide were only things left.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): about 5-6 days

ACTIONS TAKEN

No action taken

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	6-21-09 ~~7-30-09~~
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/3/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 360

DATE COMPLAINT RECEIVED: JUNE 22, 09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON PARR / LEE CZAPENSKI	JUNE 22, 09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)
GOAT MTN. RANCH
3618 HWY 32
ASHTON ID 83420

TELEPHONE NUMBER: (b)(6)

COUNTY: FREMONT

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ~~☒ OTHER~~ (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) GOAT & DOG

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
WOLF TRACKS IN AREA. HOWLING IN IMMEDIATE AREA.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
BRUISES ON HIDE INDICATE ATTACK POINT WAS HIND QTRS AND NECK. NEARLY ALL OF CARCASS CONSUMED INCLUDE MEAT AND BONES. DOG SHOWS BITES INSIDE HIND LEGS, SHOULDER, NECK, FACE ALL TYPICAL OF WOLF

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 HRS

ACTIONS TAKEN
ONGOING ADJ TO AREA WHERE SHEEP CONFIRMED PREDATION BY WOLVES (LIKELY BISCUIT BASIN GROUP)

DATE STARTED	DATE ENDED
ongoing	

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON PARR	[signature]	7/27/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullin	Todd Sullin	7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 306

DATE COMPLAINT RECEIVED: 6-12-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	6-23-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
4 lambs 1 ewe	7 ewes 6 lambs		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Numerous wolf tracks present

(b)(6) (b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Canine puncture marks in throat 1 3/4 inches wide
Massive trauma and tissue damage consistent with wolf attack.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days and longer

ACTIONS TAKEN: Traps will be set

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	6-24-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD Gaiman	Todd K. [illegible]	6/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT WS

REPORT NUMBER: C 171082409

DATE COMPLAINT RECEIVED: 6/24/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	6/24/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Camas

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Predation took place in grass Feild no tracks were seen, Much of the grass was matted down in area of carcass which indicated a struggle site. Calf was fed on as it was drug through the grass. Rumen + intestines were pull out ~30 ft.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Hemorrhage was on both sides of girth, throughout the neck, head, and nose. The neck was broken and a small portion of the hind quarters were fed on. Solder Mtn. Rock rendezvous site is within 4 miles.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 36 hours.

ACTIONS TAKEN

Permission to remove 1 wolf was issued. 1 wolf was removed.

DATE STARTED	DATE ENDED
6/24/09	7/13/09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jared Hedelius	[signature]	6/24/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	7/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 351

DATE COMPLAINT RECEIVED: JUNE 25, 09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	JUNE 26, 09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: CLARK

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
3	1		2 INJURED

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

HERDER SAW A WOLF IN CLOSE PROXIMITY TO SHEEP HERD. A SINGLE ADULT WOLF TRACK TRAVELING ROAD TO & FROM DEPREDATION SITE. ATTACKS OCCURED DURING NIGHT WHILE SHEEP BEDDED; NO PATTERN TO CARCASS LOCATIONS (RANDO SURROUNDING BED GROUNDS).

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

POINT OF ATTACK ON LAMBS, NECK, SLIGHTLY BEHIND JAW; ON EWES HIND LEGS & NECK. SUB-CUTANEOUS TRAUMA WIDESPREAD, DEEP MUSCLE HEMORRHAGE. CANINE SPACING MATCH WOLF, VERY LITTLE FEEDING FIRST NIGHT, SUBSEQUENT NIGHTS CARCASSES NEARLY COMPLETELY CONSUMED IN TYPICAL PATTERN OF WOLVES.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 HRS

ACTIONS TAKEN

CONTROL ACTION INITIATED TO LETHALLY REMOVE 1 ADULT FROM 'HUMPHREY MALE' GROUP

DATE STARTED	DATE ENDED

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	Jonathan Farr	July 7, 09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 352

DATE COMPLAINT RECEIVED: JUNE 28, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	JUNE 28, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: CLARK

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
4	1		1 INJURED

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

WOLF TRACKS COMING/GOING FROM SHEEP < 1/4 MILE FROM PRIOR DEPREDATION (REPORT C 351)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

SEE REPORT C 351
LAMBS BITON NECK, EWES ON NECK AND HIND LEGS
ATTACK TYPICAL M.O.U. FOR WOLVES EXT. DEEP TISSUE DAMAGE

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 12 HRS

ACTIONS TAKEN: ON GOING

DATE STARTED	DATE ENDED

RECEIVED AUG - 4 2009 WS

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	Jonathan Farr	July 7, 09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 158

DATE COMPLAINT RECEIVED: June 28, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	June 29, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Idaho Co

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 injured			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks were on the Road and Trails leading To and Away from The injured Calf. Scat was found within 150yds and a wolf was seen leaving the calf as I arrived To Conduct the Necropsy

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

A piece of skin ~ 6" in diameter was Torn from Rib Cage. The front Shoulder was severely injured. Canine spacing ~ 2 1/4". The Right hind quarter was injured & Pieces of flesh Torn Away

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 24

ACTIONS TAKEN

June 29 Set Traps. This is further damage done by the same pack that was Responsible for W.S. Investigation Report C160

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin Mann	Justin S Mann	July 30, 2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	George Graves	9 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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DISPOSITION OF CARCASS/PARTS

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WS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 237

DATE COMPLAINT RECEIVED: 6-30-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Ashmead Tett	6-30-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Faulkner L&L. Gooding Id.

TELEPHONE NUMBER: 208-934-4956

COUNTY: CAMAS

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Buck injury			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

There was wolf track in pasture with Buck sheep. sheep Herder saw 2 gray wolfs attacking 1 Black faced Buck ran wolfs away and doctored Buck with LA 2000 meds. sheep will live

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Buck sheep was bitten in shoulder and Hind leg. hide was ripped from bite areas.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

ACTIONS TAKEN: None.

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Tett Ashmead	Jeff M. Carmel	6-30-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L Carpenter	7/20/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C171 63009

DATE COMPLAINT RECEIVED: 6/30/09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Jared Hedelius

DATE INVESTIGATED: 07/1/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: ELMORE ~~Canyon~~

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	4		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The sheep herders heard wolves howling 3 nights in a row prior to the kills. Wolf tracks were found on trails not far from the kills. All signs were trampled out around the carcasses.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

2 carcasses were completely eaten, but had hemorrhage out around the neck area's. The other 2 carcasses had been decomposed too much in the heat to be sure of the cause of death.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days

ACTIONS TAKEN

Control actions in that area are ongoing. 3 wolves have been removed and efforts to remove 1 more has been authorized.

DATE STARTED	DATE ENDED
ongoing	ongoing

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	7/1/09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	Todd K Grimm	7/9/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 105

DATE COMPLAINT RECEIVED: ~~7/1/09~~ 6/30/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolF	Lee Czapenski	7/1/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Jefferson

LAND OWNERSHIP: [x] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [x] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calF			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wolF Track's around Kill Site

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Signs of Hemorrhage around Puncture marks on Back of calF

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hr

ACTIONS TAKEN

none

DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Lee Czapenski	Lee Czapenski	7/6/09
NAME OF DISTRICT SUPERVISOR: Todd Sullivan	Todd Sullivan	7-13-09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

PART 2 - District Supervisor

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1234Whittaker

DATE COMPLAINT RECEIVED: 7-2-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	7-2-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

400lb steer was on the edge of a meadow. There were scrapes and drag marks leading to the carcass.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The steer was bitten on the neck, shoulder and flank. Each bite showed the normal deep hemorrhage and tissue damage. A little meat was eaten from the rump and anus area.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 36 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		7-14-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Gaiman	[signature]	7/15/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 092

DATE COMPLAINT RECEIVED: 07-04-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray Wolf	A.J. Kriwox	07-04-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Blaine

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
Sage Brush - grass - scatter conifers - fairly steep hillside - wolf tracks @ kill site and @ feeding site - at least 2 different wolves - (also wolf tracks @ Cr. crossing 1/4 mi north of kill site - herder saw 1 black wolf - guard dogs pursued unknown animal south of band - talked w/ 4 adult campers 1/2 mile west of kill, all reported seeing 1 black wolf and 1 grey wolf at kill site or very close - said guard dog chased black wolf short distance & returned to band - wolf howling @ night in close proximity to sheep

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.) Approx. 100 lb lamb - 25-30 lbs eaten from neck, shoulders & brisket, foreward ribs chewed off - most of neck meat eaten - neck was broken @ forward of shoulders large canine holds in neck skin left and some bruising on back and rt. hip only canine punctures available on remaining skin - 2" wide - lungs missing from carcass - lamb carcass had been drug or worried 100yds downhill from attack site - photos taken of kill!

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12-18 hrs.

ACTIONS TAKEN: None

DATE STARTED	DATE ENDED

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
A.J. Kriwox	A.J. Kriwox	07-04-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Charles Carpenter	Charles L Carpenter	7/6/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 344

DATE COMPLAINT RECEIVED: 7/3/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	7/6/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) -- Broken Circle Border Collies
2270 Kilborn Lane
Mesa, Idaho 83643

TELEPHONE NUMBER: (b)(6)

COUNTY: Adams - Twin Sisters

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) Specialized Border Colli

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Border Collie			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Two wolves had been heard howling. Wolf tracks in abundance. Wolf hair found near the dog carcass. The dog carcass had been drug around and had been repeatedly licked.

(The dog had been missing for several days while gathering cows before being found on 7/6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf canine spacing was found in the hide on the back and ribs. Deep trauma occurred across both shoulders. Lighter bruising occurred on the ribs, base of the tail, and nose.

ESTIMATED TIME SINCE PREDATION DAMAGE OCCURRED (Days/hours): 6 Hrs

ACTIONS TAKEN	DATE STARTED	DATE ENDED

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	7/9/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd Grimm	7/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 106

DATE COMPLAINT RECEIVED: 7/4/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Lee Czapenski	7/5/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (Quinnel meadows)

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Fremont

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☑ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 yearling			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wolf Tracks around kill site

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Signs of Hemorrhage around Puncture mark's in arm Pit & Hind Quarter area.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 36 Hr

ACTIONS TAKEN

none

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee Czapenski	Lee Czapenski	7/7/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7-13-09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 343

DATE COMPLAINT RECEIVED: 7/3/09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Doug Hansen

DATE INVESTIGATED: 7/6/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Adams - South Grays Cr.

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			2 Calves - Bear: Probable

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The two calves were two hundred yards from each other. Bear scat and tracks were evident throughout the draw. No wolf sign was found.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Several lower legs and one pelvis was all that remain. Bear had consumed the two carcasses.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 Days

ACTIONS TAKEN

No actions were taken.

DATE STARTED	DATE ENDED

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	7/9/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	7/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 308

DATE COMPLAINT RECEIVED: 7-6-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	7-7-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) Dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			1 Jack Russel Terrier - killed by Dog

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

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CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Puncture marks in throat, Not much trauma bite marks in ~~side~~ abdomin, and on hind end, thigh area looked like it had been in a dog fight and was killed

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 Day

ACTIONS TAKEN

None taken

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	7-7-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd K. [illegible]	7/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 353

DATE COMPLAINT RECEIVED: JULY 7, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	JULY 7 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: CLARK

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
4			SEVERAL WOUNDED MINIMUM OF 6 WITH INJURY LIKELY TO NOT SURVIVE

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

HERDER SAW 2 WOLVES AT SHEEP.
RANDOM PLACEMENT OF KILLS AROUND BED GROUNDS.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

EWES WITH DEEP HEMORRAHGE IN HIND QTRS & ALONG SIDES OF NECK. LAMBS WITH BITES ON NECK/HEAD TOOTH SPACEING EQUAL TO WOLVES. MINIMAL FEEDING. 1 LAMB ≈ 20 LBS CONSUMED INCLUDING LONG BONES & PELVIS.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ON GOING		

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	Jonathan Farr	July 27, 09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 107

DATE COMPLAINT RECEIVED: 7/7/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Lee Czapenski	7/7/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (Squirrel meadows) (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Fremont

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 yearling			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wolf Tracks, Hair & scat around kill site

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Signs of Hemorrhage around Puncture mark's in Face and Hind Quarter's

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hr

ACTIONS TAKEN: Set Traps To collar

DATE STARTED: 7/7/09

DATE ENDED:

RECEIVED AUG - 3 2009 WS

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee Czapenski	Lee Czapenski	7/20/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

PART 1 - State Office

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 310

DATE COMPLAINT RECEIVED: 7-7-09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Gregg Hansen

DATE INVESTIGATED: 7-7-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 ewe 1 lamb	1 ewe 1 lamb		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

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(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Canine bite marks in throat
2 inches wide massive trauma and hemorrhage consistent with wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN: Traps set

DATE STARTED: 7-7-09

DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	7-7-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	7/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 309

DATE COMPLAINT RECEIVED: 7-7-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	7-7-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: [redacted] (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Lamb	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

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CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Herder Reported bite marks in throat

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 weeks

ACTIONS TAKEN: None

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	7-7-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd K. [illegible]	7/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: C 1717809

DATE COMPLAINT RECEIVED: 7/8/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	7/8/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore ~~Gooding~~

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
6 lamb	2 lamb		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Multiple wolf tracks were found around kill sites and on trails that went through the area. Herders saw 5 adult wolves at one of the kill sites. Herders heard wolves howling each night of the kills. Herders shot rifles in the air each time wolves how

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Bite marks were present on head & neck regions of the lambs. Lambs were killed instantly, therefore, no struggle sites were found. Two lambs were consumed & a 3rd was partially eaten on hind quarters.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24-48 hours.

ACTIONS TAKEN

permission to collar 1 wolf & remove 2 wolves.

DATE STARTED	DATE ENDED
7/8/09	ongoing

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	7/8/09
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	[illegible]	9/2/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASSES/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 17 7 9 09

DATE COMPLAINT RECEIVED: 7/9/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Jared Hedelius	7/9/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: ELMORE ~~Gooding~~

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
4 lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Kill site was ~ 1/4 mile from the kills that took place on 7/8/09. Same sheep & herders, wolves howling again all night. Shots fired in air. No struggle sites due to small lambs. Wolf tracks around kills.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

Neck regions & shoulders had hemorrhage & bite marks present. 2 lambs were partially eaten on flanks & hind quarters. Feeding patterns are consistant to wolf.

ACTIONS TAKEN

DATE STARTED	DATE ENDED
ongoing	

1 wolf was collared with a GPS collar.

Efforts to remove 2 wolves is ongoing.

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	7/9/09
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	Todd K Grimm	9/2/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 171 710.09

DATE COMPLAINT RECEIVED: 7/10/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	7/10/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BIRDS ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

1 single set of wolf tracks were found on a nearby rd. Carcass was in heavy vegetation therefore, no track found by carcass. teeth marks + punctures were on hind quarters, tail was chewed off and teeth marks down both legs.

CARCASS/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Nothing was consumed at all, severe hemorrhage down hindquarters and down both hind legs, all the way down to the ankles.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 hours

ACTIONS TAKEN

permission to remove 2 wolves in the area.

DATE STARTED	DATE ENDED
ongoing	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	7/10/09
NAME OF DISTRICT SUPERVISOR: Todd Coleman	[illegible]	9/2/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 329

DATE COMPLAINT RECEIVED: 7-10-09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Rick Williamson

DATE INVESTIGATED: 7-10-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 yearling			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Cow was found in upper Bady creek. found wolf tracks, blood and scat.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found puncture marks to shoulder and hind quarter. Canine measurements 1 7/8". Found signs of hemorrhage.
Evidence found, this cow was killed by wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 15 Hrs

ACTIONS TAKEN

Traps were set and used call.

DATE STARTED: 7-10-09

DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	8-23-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K[illegible]	8/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I235 Whittaker

DATE COMPLAINT RECEIVED: 7-10-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	7-10-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

350 lb steer calf was on a sidehill below a water tank. The calf had been bitten elsewhere and died here, but tracks of two wolves were found and a rider had seen a wolf in the area recently.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had been bitten high inside the hind legs at the crotch. A fist sized chunk of meat was pulled out and the calf died some days later. The wound was infected but still showed deep muscle damage from the single bite.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 72 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		7-14-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: [signature]	DATE: 7/15/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 281

DATE COMPLAINT RECEIVED: 11-JUL-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	11-JUL-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: VALLEY

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

OPEN PASTURE - WOLF TRACKS IN MUD IN PASTURE - TRACKS ON ROAD ABOVE PASTURE

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

900 LB. HIEFER HEAD DOWN IN CREEK.
HEAVY FEEDING ON HIND END - BITE MARKS ON TAIL AND LOWER LEG CONSISTENT WITH WOLF - NO HEMORRHAGE VISIBLE DUE TO FEEDING AND DECOMPOSITION

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 72 HRS

ACTIONS TAKEN

SET TRAPS

DATE STARTED	DATE ENDED
11-JUL-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	17-JUL-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	7/16/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

PART 1 - State Office

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 307

DATE COMPLAINT RECEIVED: 6-23-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	7-14-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Gem

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Hound		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Numerous wolf tracks present
bite marks on tracking collar with 2 in spacing

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

~~days~~ Collar found 3.5 days after turning Dogs out

ACTIONS TAKEN: None taken

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	7-14-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K. [illegible]	7/14/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 354

DATE COMPLAINT RECEIVED: JULY 14, 2009

DATE INVESTIGATED: JULY 14, 2009

SPECIES: WOLF

NAME OF INVESTIGATOR(S): JON FARR

NAME AND ADDRESS OF LANDOWNER: (b)(6)

TELEPHONE NUMBER:

COUNTY: CLARK

LAND OWNERSHIP: [ ] PRIVATE [X] FS [ ] STATE [ ] BLM [ ] TRIBAL [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [X] SHEEP [ ] CATTLE [ ] OTHER (Specify) [ ] HORSE [ ] BEES

LOSSES AND/OR PROPERTY DAMAGE (See criteria on back side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
5			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

ROCKY TERRAIN & BRUSH PREVENTED OBS OF TRACKS. IN SAME AREA AS OTHER WOLF DEPREDATION

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 36 HRS

ATTACK @ NECK ON LAMBS & EWES. CANINE MARKS EQUAL TO WOLF. HEMORRAGE AT BITES. CANINE PUNCTURES DEEP INTO MUSCULATURE 2½ INCHES. SOME BROKEN VERTEBRAL PROCESSE.

FEEDING TYPICAL WOLF M.O.

ACTIONS TAKEN: ON GOING

DATE STARTED	DATE ENDED

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NAME OF WS INVESTIGATOR: JON FARR	SIGNATURE: Jonathan Farr	DATE: JULY 27, 20
NAME OF DISTRICT SUPERVISOR: Todd Sullivan	SIGNATURE: Todd Sullivan	DATE: 7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 109

DATE COMPLAINT RECEIVED: 7/13/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Lee Czapenski	7/13/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (Squirrel meadows)

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Fremont

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wolf Tracks & scat around kill site

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Signs of Hemorrhage around Puncture marks in Hind Quarters & Stomach of calf

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hr

ACTIONS TAKEN: Traps set

DATE STARTED: 7/13/09 DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee Czapenski	(b)(6), (b)(7)c	7/20/09
NAME OF DISTRICT SUPERVISOR: Todd Sullivan		7-31-09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 361

DATE COMPLAINT RECEIVED: 7-15-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	7-15-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 ewe 1 Lamb		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Reported in area with previous wolf predation. Reported that sheep had bite marks consistent with attacks from other Confirmed wolf predation.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): Several Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	7-15-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K M	7/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 362

DATE COMPLAINT RECEIVED: 7-15-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	7-15-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 ewes			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Canine puncture marks with 2in. spacing
Massive amounts of trauma and hemorrhage in throat region of both ewes. trauma consistent with wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN

Traps set

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	7-15-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	7/29/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I236Whittaker

DATE COMPLAINT RECEIVED: 7-15-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	7-16-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [X] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The 400 lb steer calf was on a flat near a water tank. He put up a big fight, lots of drags and scrapes and hair. Tracks showed it died in the runoff from the tank and was dragged to dry ground. Wolf tracks were found.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had deep bites on the shoulders and rump. Parts of one front and rear leg were eaten.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		7-27-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: Todd K Grimm	DATE: 7/30/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 357

DATE COMPLAINT RECEIVED: JULY 16, 09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON PARR	JULY 16, 09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: FREMONT

SNAKE RIV BUTTE ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☒ OTHER (Specify) GAURD DOG

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
9 sheep, 1 guard dog			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

WOLF TRACKS AROUND SHEEP BED AREA. HERDER SAW 1 WOLF CHASING/ ATTACKING A LAMB. MULTIPLE HOWLING & FIGHTING DOGS DURING NIGHT.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

EWES & LAMBS BIT ON NECKS, EWES BIT ON HIND LEGS, TOP OF RUMP, GAURD DOG BIT ALL OVER BODY EXTENSIVE HEMORRHAGE TRAUMA. FEEDING ON ONE LAMB TYPICAL OF WOLF. LONG BONES & PELVIS EATEN ON, MEAT FROM HIND 1/4 CONSUMED.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 12 HRS

ACTIONS TAKEN

CONTROL ACTION INIATED TO REMOVE WOLVES FROM BISCUIT BASIN GROUP

DATE STARTED	DATE ENDED
JULY 16	

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON PARR	Jonathan Parr	7/27/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 009269

DATE COMPLAINT RECEIVED: JULY 16

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	JULY 16

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
USSES / U of I %
OFFICE LOOP RD
DUBOIS ID 83423

(b)(6)

TELEPHONE NUMBER
270-5201
(b)(6)
CLARK

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☒ OTHER (Specify) ARS

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
NUMEROUS WOLF TRACK @ CARCASS, HAIR ON BRUSH AROUND CARCASS, BLOOD DROPS ON ROCKS, DRAG MARKS WITH BLOOD & WOOL FROM ATTACK SITE TO CARCASS

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
FEEDING CONSISTENT WITH WOLF MO.
APPR 3/4 CARCASS CONSUMED ≈ 150 LBS MEAT & BONE

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)
24 HRS

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ONGOING		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	Jonathan Farr	10-12-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	10-27-09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

RECEIVED

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

JUL 23 2009

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 363

DATE COMPLAINT RECEIVED: 7-16-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	7-16-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
3 ewes			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 6 hrs

Ewes had been bit in ham region of back legs. 2 inch bite marks in throat Massive tissue damage and hemorrhage. Consistent with wolf attack.

ACTIONS TAKEN

Ongoing Control Action

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	7-16-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	7/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I236Whittaker

DATE COMPLAINT RECEIVED: 7-15-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	7-16-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [X] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The 400 lb steer calf was on a flat near a water tank. He put up a big fight, lots of drags and scrapes and hair. Tracks showed it died in the runoff from the tank and was dragged to dry ground. Wolf tracks were found.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had deep bites on the shoulders and rump. Parts of one front and rear leg were eaten.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		7-27-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: [signature]	DATE: 7/30/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 355

DATE COMPLAINT RECEIVED: JULY 17, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	JULY 17, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: CLARK

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☒ OTHER (Specify) DOG

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
6			1 DOG INJURED

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

WOLF TRACK & SCAT NEAR DEPREDATION SITE

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BITES ON NECK AND HIND LEGS.
TYPICAL M.O. WOLVES.
MINOR FEEDING; CONSUMING PRIMARILY MUSCLE/MEAT

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 12 HRS

ACTIONS TAKEN: ON GOING

DATE STARTED:

DATE ENDED:

RECEIVED AUG - 3 2009 WS

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	[signature]	July 27, 09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 358

DATE COMPLAINT RECEIVED: 7/18/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON PARR	7/18/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: FREMONT

LAND OWNERSHIP: SNAKE RIV. BLUFF ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ~~☒ OTHER (Specify) HERDING DOG~~

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☒ OTHER (Specify) HERDING DOG

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 lamb, 1 guard dog (2)			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

LAMB ATTACKED DURING NIGHT ON BED GROUND. HERDER SLEEPING WITH SHEEP. DOG ATTACKED AND KILLED 50 YDS FROM HERDER CAMP TRACKS OF 2 ADULT WOLVES @ SITE.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

LAMB BIT ON HIND LEGS AND BUTT. DOG BIT ALL OVER BODY. NOTHING EATEN. HERDER FIRED SHOTS IN AIR LIKELY DISPERSED WOLVES

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6 HRS

ACTIONS TAKEN: ON GOING

DATE STARTED	DATE ENDED

RECEIVED AUG - 3 2009 WS

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON PARR	Jonathan Parr	7/27/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 356

DATE COMPLAINT RECEIVED: JULY 20, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	JULY 20, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: CLARK

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
8			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

BITES ON NECK & HIND QTRS

HERDER HEARD WOLF HOWLING IN EVENING PRIOR TO DEPREDATION

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

INCREASED FEEDING 2 LAMBS 50% CONSUMED

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours):

ACTIONS TAKEN

ON GOING

REMOVAL OF PACK "HUMPHREY MALE"

DATE STARTED	DATE ENDED
	JULY 23, 09

RECEIVED AUG - 3 2009 FWS

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	Jonathan Farr	JULY 27, 09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 365

DATE COMPLAINT RECEIVED: 7/6-22-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	7/6-22-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 ewe 2 lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks on Road

Thorn Butte

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All 3 sheep had bite marks in throat

Canine puncture mark 2 inches wide. Major trauma and hemorrhaging in association to bite Marks, consistant with wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day

ACTIONS TAKEN

-Wolf pup killed on 7/6-22-09

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	[redacted] 6-22-0
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/3/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 359

DATE COMPLAINT RECEIVED: JULY 22, 09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON PARR	JULY 22, 09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: CLARK

LAND OWNERSHIP: PLEASANT VAL ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
6			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

WS AIR CREW FOUND COLLARED WOLF WITHIN 200 YDS OF SHEEP 6:30 AM
HERDER SAW COLLARED GREY WOLF NEAR SHEEP, CONTESTING WITH DOGS.
ABOUT 2 PM.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BITES ON HAMS and HIND LEGS and NECKS ON LAMBS and EWES, TYPICAL ATTACK PATTERN FOR WOLVES. 1 EWE 1/2 CONSUMED ON HIND 1/4'S.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 16 HRS – 4 HRS

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ON GOING REMOVAL OF 'HUMPHREY MALE' GROUP	JUNE 26 ~~JULY~~	JULY 23

RECEIVED AUG - 3 2009 WS

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON PARR	Jonathan Parr	7/27/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 346

DATE COMPLAINT RECEIVED: 7/23/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	7/23/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Washington

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			1 Bull - Had gotten down and could not get back up.

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The bull carcass was laying in a crater. It had been spinning around and around with its legs trying to get up. The producer mentioned that the bull's hind, left leg had been injured.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No predator damage was found or observed

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 7-10 Days

ACTIONS TAKEN

DATE STARTED	DATE ENDED

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	7/31/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	8/7/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 347

DATE COMPLAINT RECEIVED: 7/23/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	7/23/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch (b)(6) 1075 Lait Ten Rd. Council, Id. 83612

TELEPHONE NUMBER: (b)(6)

COUNTY: Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 Calves			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf scat on the roads. Two weeks earlier two wolves had been seen in the same general area that the calves had been in. The same area as previously confirmed depredations in 2009.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2-3 Days

At the time of the investigation both calves were alive, but one died the next day and the other died two days later. One calf could not stand in the front end and its right hindquarter had several wolf canine marks. The other calf had a puncture in ~~its~~ throat and could barely breath. The breathing was labored and raspy. Both calves were found together.

ACTIONS TAKEN

DATE STARTED	DATE ENDED

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	7/31/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[signature]	8/7/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 154

DATE COMPLAINT RECEIVED: July 23, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	July 24, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Idaho (b)(6) Nilgiment N.P Forest

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 injured			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Because the calf was injured and still mobile an attack site could not be located.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Large amounts of flesh was torn away from left hind leg. Canine punctures on RT front shoulder (rear edge) ~ 2¼ inches

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 5 days

ACTIONS TAKEN

Lethal control action implemented. one wolf has been taken on allotment following a further depredation.

Control action ongoing

DATE STARTED	DATE ENDED
July 24	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin S. Mann	Justin S. Mann	Aug 10, 2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	George Graves	7 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE RECEIVED
		OCT 05 2009 WS

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER B 283

DATE COMPLAINT RECEIVED 25-JUL-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	27-JUL-09

TELEPHONE NUMBER (b)(6)

(b)(6)

COUNTY: VALLEY

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
OPEN PASTURE - BLOOD TRAIL - WOLF TRACKS - MANAGER SAW 2 WOLVES BEFORE FINDING CALF

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
300 LB. CALF - BITE MARKS CONSISTENT WITH WOLF ON HIND LEGS - HEMORRHAGE ON BOTH HIND LEGS - MINIMAL FEEDING

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 HRS

ACTIONS TAKEN: SET TRAPS

DATE STARTED	DATE ENDED
27-JUL-09	

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	11-AUG-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD CARIMAN	[illegible]	8/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 372

DATE COMPLAINT RECEIVED: 26-JUL-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	27-JUL-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: VALLEY

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

2 WOLVES SEEN AT CALF ON MORNING IT DIED. CALFS BACK BROKE

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

HEMORAGE ALONG BACK BONE FROM BITE WOUNDS. NO FEEDING AFTER WOLVES CHASED FROM CARCASS MORNING OF ITS DEATH

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 30 HRS

ACTIONS TAKEN: SET TRAPS

DATE STARTED	DATE ENDED
27-JUL-09	

NAME OF WS INVESTIGATOR: KELLY PARKER	S (b)(6), (b)(7)c	DATE: 31-AUG-09
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	S	DATE: 9/2/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

AUG 1 9 2009

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 285

DATE COMPLAINT RECEIVED: 26-JUL-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	27-JUL-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: [illegible]

(b)(6)

TELEPHONE NUMBER:

COUNTY: VALLEY

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

NUMEROUS WOLF TRACKS IN AREA - RUNNING CATTLE TRACKS

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

300 LB. CALF DEAD IN POND - BITE MARKS ON BACK OF FRONT LEGS AND TAIL - CALF DROWNED AFTER BEING CHASED INTO POND

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 32 HRS

ACTIONS TAKEN: TRAPS SET ON ADJOINING PROPERTY ALREADY

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	17-AUG-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd Grimm	8/21/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 367

DATE COMPLAINT RECEIVED: 7-27-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	7-27-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

☐ STATE ☐ BLM ☐ TRIBAL
☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) Dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Dog	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Investigation per account of owner.
Wolf tracks present
Sign of struggle in dirt

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Dog carcass gone

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 Day

ACTIONS TAKEN

None taken

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	7-30-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/3/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 153

DATE COMPLAINT RECEIVED: July 26

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	July 27

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Valley (b)(6)

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A wolf chased at least two lambs off the bedgrounds & killed & partially consumed them. There was blood spilled on the ground & surrounding vegitation.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.) One lamb had been largely consumed but the other was intact enough to show massive muscular trauma on the left hind quarters & neck area. 2 1/4" canine punctures & lacerations were found in the hides of both animals.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ≈ 3 days

ACTIONS TAKEN

July 27 - Traps were set & monitored until July 31

The wolf never returned

DATE STARTED	DATE ENDED
July 27	

Control efforts ongoing

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin Mann		
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves		7 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 366

DATE COMPLAINT RECEIVED: 7-28-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	7-28-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☒ OTHER (Specify) guard dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 guard dog		2 Lambs	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

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N Fork of Rabbit Creek

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): about 1 week

guard Dog had Canine bite marks in skin on neck
Dog was treated with antibiotics and will live.

The lambs were gone - completely eaten up

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen		7-28-09
NAME OF DISTRICT SUPERVISOR	SIG (b)(6), (b)(7)c	DATE
Todd Grimm		8/5/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 348

DATE COMPLAINT RECEIVED: 7/27/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	7/28/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) 2

TELEPHONE NUMBER: (b)(6)

COUNTY: Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [X] HORSE [ ] BEES [ ] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Horse (Mare)	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The mare was found dead behind the house and barn at 6:00 A.M. on Friday the 24th. A blood trail could be seen from where the horse had lain to a small draw about 50 yards away. The blood trail began in a small thicket of trees, sticks, and thistle. Wolf tracks and/or scat was not observed at the site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The horse carcass had been previously removed and buried. The livestock owner took four digital photos. The horse had bloated from the heat, causing some of the intestines to come out of a wound between the hind legs. From the pictures it was difficult to see any canine holes/puncture marks or to find canine spacing. The trauma in the tissue around the wound could not be seen. Feeding on the carcass was not observed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4 Days

ACTIONS TAKEN

DATE STARTED	DATE ENDED

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	7/31/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/7/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 345

DATE COMPLAINT RECEIVED: 7/27/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	7/28/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
3 Ewes, 2 lambs, 3 injured lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

At least 3 individual wolf tracks were observed in the area. The herders had heard wolves howling.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The dead sheep contained canine puncture marks in the areas of the throat, necks, and shoulders. The puncture marks also contained the deep hemorrhaging of tissue damage and trauma. The three injured lambs had light biting in the throat.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	7/31/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/7/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 371

DATE COMPLAINT RECEIVED: 7-28-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	7-28-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Lamb		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

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Thorn Butte

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

bite marks on throat - per herder
Probable due to past history of ~~bee~~ confirmed Wolf predation with this band of sheep

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	7-28-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Crimm	[illegible]	8/3/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 238

DATE COMPLAINT RECEIVED: 7-28-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jeff Ashmead Rick Williamson	7-29-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Plateau Farms
PO Box 695
Hagerman Id. 83332

TELEPHONE NUMBER: 208-539-7252

COUNTY: Blaine Co.

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Lamb		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
Wolf Track at Kill site wolf track on road below kill site sheep chased off Bed ground Lamb killed below rock pile Herder saw 1 Black wolf

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
carcasses clean up no meat left feeding pattern on bones suggest wolf.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 hrs.

ACTIONS TAKEN: none

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DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jeff Ashmead	[signature]	7-29-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L Carpenter	8/3/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 171730.09

DATE COMPLAINT RECEIVED: 7/29/09

SPECIES: WOLF

NAME OF INVESTIGATOR(S): Jared Hedgins, Sam Kockenhaus

DATE INVESTIGATED: 7/30/09

NAME AND ADDRESS OF LIVESTOCK OWNER/NAME: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: ELMORE ~~Gooding~~

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ DOG ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

DEGREE AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

a. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
ewes 4 lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Multiple wolf tracks found around kill site and on a nearby trail. Rendezvous site is in 3 miles from band of sheep. Herders heard 2 different wolves howling for 3 consecutive nights. Herders fired shots in air each time wolves were heard.

CARCASS/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Bite marks on neck & head regions.
Hemorrhage on neck areas & on hind quaters of 1 ewe.
The neck was broken on several of the lambs.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24-36 hours

ACTIONS TAKEN

DATE STARTED	DATE ENDED
ongoing	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jared Hedgins	[signature]	7/30/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	9/2/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 270

DATE COMPLAINT RECEIVED: JULY 30

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	JULY 30

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: USSES

TELEPHONE NUMBER: 374-5300

COUNTY: CLARK

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☒ OTHER (Specify) ARS.

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
13			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

WOLF TRACKS AND HAIR AND SCAT.
SHEEP HARASSED INTO FENCE CORNER, EXTENSIVE DISTURBANCE OF SOIL, BRUSH and GRASS AT ATTACK SITE.
CARCASSES IN A SOMEWHAT LINEAR PATTERN AWAY FROM FENCE CORNER

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BITES ON HIND LEGS & SCROTUM & NECK
ATTACKS CONSISTENT WITH PATTERNS OF WOLF.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 12 HRS

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ONGOING		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	[signature]	10-12-09
NAME OF DISTRICT SUPERVISOR: Todd Sullivan	SIGNATURE: Todd Sullivan	DATE: 10-26-09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 155

DATE COMPLAINT RECEIVED: Aug 2 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	Aug 3, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Idaho (b)(6)

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks of Several wolves were found Around the Kill. The Calf had been Attacked & Killed leaving Struggle marks in A 10 yard diameter circle. Blood spra was on The ground And over A log. Three wolf Scats were found within 150 yd. The Carcass was found Freshly Killed on Aug 2 in The Afternoon. When I investigated The carcass, The Front half had been drug downhill ~ 75 yds & eaten

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Puncture marks & Subcutaneous hemorrhage was found on the Rear Edge of the front Shoulders ~ 2¼" Canine spacing.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 24 hr

ACTIONS TAKEN

Aug 3) Traps were set. Aug 4) 1 Adult Female wolf was Taken

Aug 5 - Aug 7) Equipment was Monitored. No wolves Returned & Equipment was Removed

Control Action ongoing

DATE STARTED	DATE ENDED
Aug 3	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin Mann	Justin S Mann	Aug 10, 2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	7 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000272

DATE COMPLAINT RECEIVED: 8/2/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	8/3/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 1-07-1255 (b)(6)

COUN: FREMONT

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
3 LAMBS 1 ADULT			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

WOLVES HOWLING NEAR SITE, HERDER SAW WOLVES AMONGST SHEEP
TRACKS ON ROAD NEAR DEPREDATION

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

FEEDING CONSISTENT W/ WOLF M. O.
ATTACK PTS.; HIND LEGS & NECK, TOOTH SIZE AND SPACING MATCH WOLF.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 HRS

ACTIONS TAKEN: ONGOING

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jon Farr	Jonathan Farr	10-26-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	10-26-09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 319

DATE COMPLAINT RECEIVED: Aug 3, 09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	Aug 3, 09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Cow			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Cow was found on private property. Found wolf tracks + blood.

(b)(6) (b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks to hind quarter Left hip. Found bite marks with 2" canine spacing to neck.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hrs.

ACTIONS TAKEN

Two wolves trapped and removed. Investigation on going

DATE STARTED	DATE ENDED
Aug 3.09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	Aug 10. 09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000271

DATE COMPLAINT RECEIVED: AUG 3

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON PARR	AUG 3

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: USSES

TELEPHONE NUMBER:

COUNTY: CLARK

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☒ OTHER (Specify) ARS

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
7			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

HAIR ON WIRE, TRACKS COMING/GOING TO PASTURE (SAME PASTURE AS ATTACKS ON JULY 30).
2 RAMS DIED FROM INJURIES RCVD ON 7/30.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BITES @ HIND LEGS, SCROTUM, NECK
MINIMAL FEEDING.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours):

ACTIONS TAKEN

ONGOING

PACK REMOVAL

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON PARR	Jon Jonathan Parr Jr	10-12-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	10-26-09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 112

DATE COMPLAINT RECEIVED: 8/3/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Lee Czapenski	8/4/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lincoln Wyo

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 dogs 13 Lamb 2 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wolf Tracks & scat around kill site

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Signs of Hemorrhage around Bite marks

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 Hrs

ACTIONS TAKEN

none

Contacted WY Game & Fish

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee Czapenski	Lee Czapenski	8/17/09
NAME OF DISTRICT SUPERVISOR: Todd Sullivan	SIGNATURE: Todd Sullivan	DATE: 8/17/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 369

DATE COMPLAINT RECEIVED: 8-3-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-4-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
4 lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

N. of meadow creek shipping corrals

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Lambs had canine puncture marks in throat region. Massive hemorrhage and tissue damage associated with bite marks. Consistent with wolf attack.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1-2 days

ACTIONS TAKEN

8-4 trap set

8-5 2 wolves trapped and Removed

8-7 1 wolf trapped collared and Released

DATE STARTED	DATE ENDED
	8-7-09

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	8-4-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 323

DATE COMPLAINT RECEIVED: Aug 4-09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Rick Williamson

DATE INVESTIGATED: Aug 4-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found on home ranch Stanley, found tracks, scat + Blood, found signs of struggle. Calf was mostley consumed but found bite marks and bruising to hind leg. this Calf was Killed by wolves.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found puncture marks to hind leg. Found signs of hemorrhage.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hrs.

ACTIONS TAKEN: S.O.S. issued

DATE STARTED: Aug 4, 09

DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	8-10-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K. [illegible]	8/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 284

DATE COMPLAINT RECEIVED: 04-AUG 09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	04-AUG-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: VALLEY

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

WOLF TRACKS IN AREA - WOLVES RUNNING CATTLE THROUGH FENCES AT NIGHT - SIGNS OF STRUGGLE AND BLOOD LOSS

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BITE MARKS ON HIND LEGS - UDDER TORE OFF 1300 LB COW - DEATH LIKELY FROM BLOOD LOSS AND SHOCK.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 HRS

ACTIONS TAKEN: TRAPS SET

DATE STARTED	DATE ENDED
04-AUG-09	

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	11-AUG-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd K. [illegible]	8/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 241

DATE COMPLAINT RECEIVED: 8-5-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
	Jeff Ashmead & Rick Williamson	8-5-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Piatrua Farms
PO Box 695
Hagerman Id.

TELEPHONE NUMBER: 539-7252

COUNTY: Blaine Co.

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 ewe	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
No tracks no struggle or attack site no scat, no wolf headlight night. Herders killed the ewe by cutting her neck.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
Large canine bite to the neck of sheep but not large enough to fit into wolf size. possible bite from guard dog.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)
12 hrs.

ACTIONS TAKEN: None

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jeff Ashmead Rick Williamson	Jeff M. [illegible]	8-10-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES A. CARPENTER	Charles L Carpenter	8/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 282

DATE COMPLAINT RECEIVED: 05-AUG-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	05-AUG-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Tribal PETER JAN

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: VALLEY

LAND OWNERSHIP: [X] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1	3		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
NUMEROUS WOLF TRACKS IN AREA - BITE MARKS AND SIGNS OF STRUGGLE ON EWE

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
HEMORRHAGE ALONG BACK OF EWE CONSISTENT WITH WOLF - LAMBS FED ON BY WOLVES AND BIRDS TO POINT OF NO HEMORRHAGE VISIBLE BUT BROKEN BONES INDICATE WOLF

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 HRS

ACTIONS TAKEN: TRAPS SET

DATE STARTED	DATE ENDED
05-AUG-09	

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	11-AUG-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD WALMM	[illegible]	8/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000309

DATE COMPLAINT RECEIVED: 8/4/09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Doug Hansen

DATE INVESTIGATED: 8/5/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Soulen Livestock, P.O. Box 827, Weiser, Id. 83672

TELEPHONE NUMBER: 208-549-1878

COUNTY: Valley

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Ewe, 1 lamb, 3 Injured lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks were found at the attack site near the bed ground.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The dead lamb had wolf canine puncture marks and hemorrhaging in the neck, shoulders, and back. The ewe was heavily fed upon. The only thing that was left was the skull, spine / pelvis, lower legs, and some hide. The hide contained wolf canine puncture marks. The 3 inju lambs had been bit in the neck/shoulder areas. These 3 lambs will probably die from the injuries.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 Days

ACTIONS TAKEN

DATE STARTED	DATE ENDED

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NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Doug Hansen	Doug Hansen	8/11/09
NAME OF DISTRICT SUPERVISOR: Todd Atkinson	[signature]	8/12/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000308

DATE COMPLAINT RECEIVED: 8/4/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/5/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: [redacted] (b)(6)

Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Injured Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The calf had been moved from the (b)(6) back to the ranch to be taken to the vet and doctored. On 7/6/09 a border collie was confirmed wolf killed in the same area. Wolf scat and tracks were found throughout the area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

On the right flank a large section of the hide had been torn off. The inside thigh of the left hindquarter had multiple wolf canine puncture marks. Wolf canine tooth marks could be seen through the hair on both hind legs and around both wounded areas.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 5-6 Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/11/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 368

DATE COMPLAINT RECEIVED: 8-5-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-5-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

West of Meadow Creek Shipping Corrals

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Puncture marks in throat region. Massive trauma and tissue damage Associated with bite marks Consistent with wolf Attack.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6-8 hrs

ACTIONS TAKEN: Traps Set

DATE STARTED	DATE ENDED
8-5-09	8-7-09

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	8-5-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K Grimm	8/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000273

DATE COMPLAINT RECEIVED: 8/5/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	8/5/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: FREMONT

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☒ OTHER (Specify) HERDING DOG

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 DOG 1 LAMB			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

WOLF TRACKS COMING TO SITE. NEAR (1/4 MILE) PREV. DEPREDATION

DOG & LAMB CARCASSES 100M APART.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BITES ON LAMB @ HIND QTRS

BITES ON DOG ALL OVER BODY, EXTENSIVE HEMORRHAGE.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 24 HR

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ONGOING		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	[signature]	10-12-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	[signature]	10-26-09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 244

DATE COMPLAINT RECEIVED: 8-5-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gary Looney	8-6-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Clearwater

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks + Scat all around. Calf got into the creek Crossing and died in the mud.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Large Canine bites in hind Legs + 1 front Leg. Considerable hemorrage. Canine puctures about 2" apart. Wolf tracks all around.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24-36 hrs

ACTIONS TAKEN

Traped + Killed 2 wolves.

DATE STARTED	DATE ENDED
8/6/2009	8/12/2009

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gary Looney	(b)(6), (b)(7)c	8/22/2009
NAME OF DISTRICT SUPERVISOR		DATE
TODD GRIMAN		9/15/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

destroyed heads + hid them down a thickly timbered slope.

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 111

DATE COMPLAINT RECEIVED: 8/7/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Czapenski Lee	8/7/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Fremont

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
18 Bucks			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks around kill site

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Signs of Hemorrhage around Bite marks, 4 Bucks were wounded Badly and still alive and Had To Be Put down.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 Hr

ACTIONS TAKEN

Traps set To capture wolf

DATE STARTED: 8/7/09

DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee Czapenski	Lee Czapenski	8/17/09
NAME OF DISTRICT SUPERVISOR	**SIGNATURE**	**DATE**
Todd Sullivan	Todd Sullivan	8/17/09
NAME OF STATE REPRESENTATIVE	**SIGNATURE**	**DATE**

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

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WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 321

DATE COMPLAINT RECEIVED: Aug 7, 09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	Aug 7, 09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-

COUNTY: Lemhi

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found in private pasture (b)(6)
Unable to find tracks in heavy grass. Calf was partially consumed.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass had been dragged (300 lb calf)
Large bones chewed off.
evidence suggests this is a probable wolf kill.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hrs.

ACTIONS TAKEN: flew area w/fixed wing.

DATE STARTED	DATE ENDED
Aug 7, 09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	Aug 10. 09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

OCT 2009

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 171 81009

DATE COMPLAINT RECEIVED: 8/10/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	8/10/09

NAME AND ADDRESS OF LIVESTOCK OWNER/CARE: Faulkner Land & Livestock, 1989 S. 1875 E. Gooding ID 83330

TELEPHONE NUMBER: 208 539-4956

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
5 lambs 2 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The sheep are moving within 1 mile of rendezvous site. Herders are hearing wolves howl each night. Wolf track on road near the camp. No signs of struggle, sheep were killed immediately. The GPS collared wolf was located ~3/4 mile away from the sheep.

CARCASS/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Most sheep had bite marks over the top of head & neck regions. 2 sheep had bite marks & hemorrage on hind quarters. Two sheep had been fed on in the front & hindquarter areas. Feeding patters are consistant for wolves

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hours

ACTIONS TAKEN: Ongoing efforts to remove 2 wolves

DATE STARTED	DATE ENDED
ongoing	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jared Hedelius	[signature]	8/10/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	20 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 427

DATE COMPLAINT RECEIVED: Aug 9 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	Aug 10 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: CUSTER

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found in Copper Basin and taken to Home Ranch for vet care, wolves from Little Wood pack have been found in Copper Basin

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks to Hind Quarter and Front Shoulder. Canines spacing 1 7/8 in.

Calf did not live,

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 7 DAYS

ACTIONS TAKEN

DATE STARTED	DATE ENDED
Aug 10 09	Sept 10, 09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	12-19-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	12/23/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 322

DATE COMPLAINT RECEIVED: Aug 10, 09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	Aug 10, 09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Blaine

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
12 Sheep	6 sheep		Guard Dog - injured

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Sheep were killed near shipping corrals, Baker Creek. Found tracks, scat, blood and signs of struggle.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found puncture marks, signs of hemorrhage, canine spacings 2". Necropsied 12 sheep, 6 sheep missing. Guard dog had bite marks to neck and front shoulder.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hrs.

ACTIONS TAKEN

6 sheep missing
12 sheep confirmed.
Sheep trailing out.

DATE STARTED	DATE ENDED
Aug 10-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	Aug 10.09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0478

DATE COMPLAINT RECEIVED: Aug 10, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	Aug 11, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The ground at the kill site was disturbed for an area of ~ 400-500 ft². wolf tracks were found in the mud on the trails leading to the calf. wolf scat was found within ½ mile of the carcass. wolf hair was found on the small trees & brush around the carcass.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The rear edge of the left front shoulder had been bitten ~ 2 1/16" canine spacing. Flank had been torn. The carcass had not been fed on.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ~ 3 days

ACTIONS TAKEN

This is yet another depredation of the Hard Butte Pack. The control action is ongoing and a continuation of WSDIR #'s C160 & C158

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin Mann	Justin S Mann	Aug 30, 2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[illegible]	7 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 242

DATE COMPLAINT RECEIVED: 8-11-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
	Jeff Ashmead	8-11-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer Co

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 cow	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

no tracks no struggle site no scat no signs of predation on animal

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No puncture marks or bites

coy or bear feeding on carcass

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3-4 days

ACTIONS TAKEN: None

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jeff Ashmead	Jeff M. Ashmead	8-12-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L CARPENTER	Charles L Carpenter	8/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 156

DATE COMPLAINT RECEIVED: Aug 11, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	Aug 11, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Idaho Marshall MT.

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 lambs 1 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The 1st sheep was chased accross the bed ground during the night, caught, disembowled, killed & partially eaten. There were scrape marks from the lambs hooves in the dirt as it struggled for it's life. It's blood was spilled over some down fall trees just up hill from where it had been fed on.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

2 1/8" canine puncture holes were found in the left hind quarter & the top of the back of the first lamb. The ewe & second lamb had 2 1/8" canine punctures associated with broken necks & severe muscular trauma & an subcutaneous hemorrhage.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ~ 24 hr

ACTIONS TAKEN

	DATE STARTED	DATE ENDED
Aug 11 - 1st lamb confirmed & equipment was set	Aug 11	
Aug 12 - 2nd lamb & 1 ewe confirmed & Black Adult wolf taken		
Aug 13 Equipment Monitored until Aug 14 & Removed		
Control Action on going		
Aug 26 Equipment set Montored until Aug 29		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin Mann	Justin S Mann	Aug 30, 2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	George Graves	7 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 000375

DATE COMPLAINT RECEIVED 8-11-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-12-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	2 ewes		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Meadow Creek

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1-2 Days

Due to the history of this band and the wolf problems they have had These ewes were classified ~~I~~ a Probable. It was reported that they had bite marks consistant will all the other wolf kills that they have had this year. I searched for 2 days and could not find the band to talk to the herder about the dead ewes.

ACTIONS TAKEN

No action taken at this time.

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	8-12-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K Grimm	8/21/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 370

DATE COMPLAINT RECEIVED: 8-11-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-12-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
lewe 1 Lamb			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Bite marks in throat. Massive tissue damage and hemorrhage associated with bite marks. damage Consistant with wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 DAY

ACTIONS TAKEN

Traps set
Wolf killed on 8-13-09

DATE STARTED	DATE ENDED
8-12-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	8-12-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	8/21/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

RECEIVED AUG 1 - 2009 WS

REPORT NUMBER: I 009376

DATE COMPLAINT RECEIVED: 8-13-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-13-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

CC: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	2 Lambs		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks and Scat present in area

(b)(6)

canines, signs of hemorrhage, etc.)

The Sheep remains were completely eaten up. Due to the evidence that wolves were in the area and The manner in which the Lambs were killed ie From the bed grounds and eaten up, was deemed as probable

ED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 DAY

ACTIONS TAKEN	DATE STARTED	DATE ENDED
None taken at this time		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	8-13-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/21/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

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REPORT NUMBER I 000312

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

DATE COMPLAINT RECEIVED 8/13/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/14/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: Ox Ranch, Casey Anderson (b)(6) 'd., Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008

COUNTY: (b)(6)

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf - Injured		1 Bull - Injured	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Two collared wolves have been staying in the area all summer. Wolf scat and tracks are frequently found. Numerous confirmed wolf kills have been documented from the same area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The injured calf had damages caused by wolf bites to the front, left leg and the left hindquarter. The damage on the front leg has left a large, hard lump around the knee. Wolf canine marks were found on the right shoulder, ribs, and right hindquarter. The bull had an injured left, hing leg. Below the hock four parallel marks/scratches could be seen.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 Weeks

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/24/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	9/2/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000377

DATE COMPLAINT RECEIVED: 8-14-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-15-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 880-2607 (b)(6) Boise

LA... [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 Lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcasses almost completely eaten up. However, there was evidence of wolf attack. Hides had bite marks in neck region about 2" between canines with hemorrhag and bruising on the skin, Consistent with wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12-16 hrs

ACTIONS TAKEN

Traps will be set

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	8-15-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/21/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 157

DATE COMPLAINT RECEIVED: Aug 17, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann & Sam	Aug 17, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Valley (Cougar Ck)

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
4 lambs 1 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks of a lone wolf found around the kills. wolf scat was found within 50 yd's of one kill. The sheep had been run off the bed ground & killed. I found blood spray on a log at one kill and all over a rock at another.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Massive tissue damage & subcutaneos hemorrhage on the necks and or hind quarters of the various sheep. Canine puncture marks were ~ 2 1/8" apart.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): <24hr

ACTIONS TAKEN

Traps were set and monitored. The wolf never returned. Action ongoing. This is the same control actions as WSPIR # C153

DATE STARTED	DATE ENDED
Aug 17	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin Mann	Justin S Mann	Aug 30, 2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	7 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 330

DATE COMPLAINT RECEIVED: 8-16-09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Rick Williamson

DATE INVESTIGATED: 8-17-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 calves	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Found WOLF TRACKS, scat, Blood, Calves Had Been Dragged. Found Gray wolf hair. also Found signs of struggle,

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found signs of hemorrhage, Bite to Hind Quarters, 2, Calves CONFIRMED 1 Calf Probable, mostly consumed,

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hr

ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
Rick Williamson	Rick Williamson	8-20-09
George Graves	[signature]	8 Oct. 2009

NAME OF WS INVESTIGATOR: Rick Williamson
SIGNATURE: Rick Williamson
DATE: 8-20-09

NAME OF DISTRICT SUPERVISOR: George Graves
SIGNATURE: [signature]
DATE: 8 Oct. 2009

NAME OF STATE REPRESENTATIVE:
SIGNATURE:
DATE:

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C17181809

DATE COMPLAINT RECEIVED: 8/18/09

SPECIES: wolf

NAME OF INVESTIGATOR(S): Jared Hedelius

DATE INVESTIGATED: 8/18/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASER: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEAR ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
9 lamb 18 ewe	35 missing		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The band of sheep was 1/4 mile from steele mtn. Pack rendezvous site. All sheep were killed within a 1/4 mile radius. Multiple wolf tracks were found around carcass & leading to & from the rendezvous site. Two sheep had been fed on in the hind quarter regions.

CARCASS/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Sheep for the most part were bit on head & neck regions. Puncture marks between canines were 2 1/4 inches. Massive hemorrhage was present on head, face, & neck of the sheep.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hours

ACTIONS TAKEN: ongoing efforts to remove 2 wolves

DATE STARTED	DATE ENDED
ongoing	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	SIGNATURE: [signature]	DATE: 8/18/09
NAME OF DISTRICT SUPERVISOR: George Graves	SIGNATURE: [signature]	DATE: 20 Oct 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 003275

DATE COMPLAINT RECEIVED: 8/18/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON PARR	8/19/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: CLARK

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			C.O.D NOT PREDATION

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

ADULT COW IN A WALLOW/SPRING, NO TRACKS OR EVIDENCE ON GROUND

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

NO SIGNS OF ATTACK. SKINNED HEAD/NECK & HIND QTRS, NO BRUISES OR BITE MARKS

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3-4 DAYS

ACTIONS TAKEN: NONE

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON PARR	[signature]	10-12-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	[signature]	10-26-09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

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WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 325

DATE COMPLAINT RECEIVED: 8-18-09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Rick Williamson

DATE INVESTIGATED: 8-18-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-588-3087

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found in Ramey Creek. Found wolf tracks, signs of struggle, a black wolf had been seen near kill.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found puncture marks, signs of hemorrhage. Calf weighed approximately 300 lbs. Calf had been killed by wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 15 hrs.

ACTIONS TAKEN: SOS issued by F+G.

DATE STARTED: 6-8-09

DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	8-23-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Gaimon	[illegible]	8/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000392

DATE COMPLAINT RECEIVED: 8-19-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-20-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6) Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 ewe	1 ewe		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

Meadow Creek

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Canine puncture marks in throat, trauma and hemorrhage consistant with wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
traps set		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	8-20-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Gamman	[signature]	8/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 101

DATE COMPLAINT RECEIVED: 8/12/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Czapenski Lee	8/20/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lincoln wyo

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	20 ewes 1 dog 18 Lambs		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wyoming Game & Fish Personel were going To confirm These Loses But did not make it in, By the Time I went in They were Dried out.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

8 ewe's were Run offa small Bunk and Pilled up in a creek The Herder saw 6 wolves Run away From The dead sheep, all other sheep were killed Between 8/10/09 & 8/19/09
anothe Group of 3 ewe's were killed Together and Herder saw 2 wolve

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days To 9 day's

ACTIONS TAKEN: Run OFF.

wyo. wildLife Services Removed 5 wolves within 1 To 2 miles of sheep.

DATE STARTED: 8/20/09 DATE ENDED: 8/22/09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee Czapenski	Lee Czapenski	8/30/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	9-4-09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

SEP 2 2009

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000071

DATE COMPLAINT RECEIVED: 8-20-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GREY WOLF	SAM KOCHERHANS	8-20-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: ADAMS

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		Unknown	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

FOREST LAND, OPEN SAGE BRUSH HILLSIDE. THE CARCUSS WAS ON THE EDGE OF A PATCH OF TIMBER. LOTS OF COYOTE TRACKS. ALSO, A BEAR HAD FOUND THE CARCUSS AND HAD DRAGGED IT INTO THE TIMBER AND EATTEN PRETTY MUCH EVERYTHING.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

THE CARCASS WAS TOTALLY EATTEN. THERE WAS SOME HIDE AND BONES LEFT. I WAS UNABLE TO DETERMINE CAUSE OF DEATH.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 DAYS

ACTIONS TAKEN

NO ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
SAM KOCHERHANS	Sam Kocherhans	9-25-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd K Grimm	9/29/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000274

DATE COMPLAINT RECEIVED: 8/19/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF / MTN LION	JON FARR	8/20/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: FREMONT

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			3 calves 1 lamb

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No tracks @ site or in surrounding area. fence crawl unders had hair but unsure if coyote or wolf.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No carcasses to investigate. 1 calf newborn = gone some wool strewn about pasture. No bones / hide / etc

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): unk

ACTIONS TAKEN

advised operator of right to protect self and property. Searched surrounding vicinity for predator activity, will continue to make periodic survey/searches.

DATE STARTED	DATE ENDED
8/20/09	8/20/09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	(b)(6), (b)(7)c	10/12/09
NAME OF DISTRICT SUPERVISOR: Todd Sullivan		DATE 10-26-09
NAME OF STATE REPRESENTATIVE		DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 243

DATE COMPLAINT RECEIVED: 8-21-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jeff Ashmead	8-21-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Camas Co.

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			1 cow

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

no evidence of wolf cow died on her back in small ditch

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

cow in small ditch no evidence of wolf cow died on her own could get up and [illegible]

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 hrs

ACTIONS TAKEN: none

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jeff Ashmead	Jeff M. Ashmead	8-22-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L. Carpenter	8/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

SEP 2009

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER C 245

DATE COMPLAINT RECEIVED 8-21-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gary Looney	8-22-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY

Clearwater

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Abundance of Wolf Tracks

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Small wounds not normally associated with wolf attack.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

3 days

ACTIONS TAKEN

None

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gary Looney	Gary Looney	8-22-2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	9/15/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 328

DATE COMPLAINT RECEIVED: 8-22-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	8-22-09

NAME AND ADDRESS OF LIVESTOCK OWNER/ LEASE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY: Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found in Fox Creek. Unable to find evidence due to heavy rain.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Front shoulder had been removed and large bones were chewed off. This calf was within 1 mile of confirmed depredation in Ramey creek aug 19th. This is a probable wolf kill.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hours

ACTIONS TAKEN

DATE STARTED	DATE ENDED
8-22-09	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	8-25-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Gaimm	[illegible]	8/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000310

DATE COMPLAINT RECEIVED: 8/23/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/25/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch
Gary Anderson
(b)(6)
Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008
(b)(6)
Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf - Injured			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Various locations of wolf scat that contained black hair were found in the area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had injuries on the left hind leg. A large lump was around the ankle with an open wound. Wolf canine marks could be seen on the right hindquarter. Other tooth marks/scratches could be seen on the left leg around the damaged area and above the hock.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 Weeks

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/27/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Orlando	Todd Orlando	9/2/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: A 1634

DATE COMPLAINT RECEIVED: 8/24/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Lee Czapenski Jon Funk	8/25/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Fremont

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) guard dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 dog		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

IT Had Rained Hard and no Tracks could Be Found
wolve's Have Been causing Trouble in area all Summer

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Guard dog Had Broken Jaw and
Puncture marks in neck & Head

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days

ACTIONS TAKEN

none

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee Czapenski	Lee Czapenski	8/30/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	9-4-09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1237CirclePi

DATE COMPLAINT RECEIVED: 8-25-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	8-26-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Circle Pi Livestock
(b)(6)
May, ID 83253

TELEPHONE NUMBER
(b)(6)

COUNTY
Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

400 lb. red calf was below a dirt tank. Most of the hind quarters was eaten. There was a trail of pulled hair and intestine pieces. A short drag led to the carcass. A wolf print was found in the mud below the kill.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The carcass had the femurs chewed through with large tooth marks. A large wolf bite with deep hemmorhage was found on the lower ribs.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)
1 day

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing	8-26-09	

NAME OF WS INVESTIGATOR: for Eric Simonson (George Graves)	SIGNATURE: [signature]	DATE: 7 Oct. 2009
NAME OF DISTRICT SUPERVISOR: George Graves	SIGNATURE: [signature]	DATE: 7 Oct 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I238DuBois

DATE COMPLAINT RECEIVED: 8-25-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray Wolf	Eric Simonson	8-26-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-879-4255 (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [ ] CATTLE [X] OTHER (Specify) goats

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1	6	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

220 lb Boer goat was in a small pen close to house. The freshly killed carcass was discovered on 8-5-09 with 40 lbs of hide and bone left. Pictures were taken. The remains were buried. The owner did not know who to call until 8-25-09. After the kill, 6 goat kids also disappeared with no trace.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The pictures showed large tooth marks on the bigger bones. At the kill site, the owner pointed out where a trail of blood, pulled intestines, and drags had been. The carcass was dug for, but had been dug up and taken by some animal earlier.

The fences were checked for crawls or hair, but none were found.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 weeks

ACTIONS TAKEN

Ongoing. Traps were set. Non lethal control was also recommended and pursued. The farm is a good location for fladry if any can be found.

DATE STARTED: 8-26-09

DATE ENDED:

NAME	SIGNATURE	DATE
for Eric Simonson (George Graves)	[signature]	7 oct 2009
NAME OF DISTRICT SUPERVISOR: George Graves	[signature]	7 Oct. 2009
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000314

DATE COMPLAINT RECEIVED: 8/25/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/26/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Cow			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks and scat were abundant in the area. The producer saw seven adult wolves in the same area four day earlier. Two locatio were found were the cow was pulled down, but had managed to get back up.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Major hemorrhaging occurred behind the right shoulder. Wolf canine bite marks/scratches could be seen on the back and hind legs. Some feeding occurred on the hams and internal organs. Around these areas on the hide distinct wolf canine puncture marks were observed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10-12 Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/31/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	9/2/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0479

DATE COMPLAINT RECEIVED: Aug 25

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	J. Mann	Aug 26, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Track were found AT the killsites. The Carcasses were ~~[illegible]~~ mostly Consumed But wool, Drag marks & blood spilled on The Tops of logs indicated That the wolves had Chased The lambs of the bedground & killed Them

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcasses were mostly Consumed by The wolves

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 36 hr

ACTIONS TAKEN

This is A Continuation of The Bear Pete Pack Atrocities. Control Action is ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin Mann	[signature]	Aug 30 2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	7 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0436

DATE COMPLAINT RECEIVED: 8-26-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Ashmead Tett	8-26-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 539-

COUNTY: Blaine Co.

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 ewe 1 guard dog			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks, struggle site where wolfs chased & caught ewe and killed it Blood on ground & Brush at attack site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ewe was bitten in hind legs and neck. massive damage from bites to sheep. alot of blood from bites to sheep. Dog was bitten all over

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hrs.

ACTIONS TAKEN: Set Traps

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Ashmead Tett	[signature]	8-29-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Charles L. Carpenter	Charles L Carpenter	9/9/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000313

DATE COMPLAINT RECEIVED: 8/26/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/27/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER: 208-355-2357

(b)(6)

Adams

LAND OWNERSHIP: ☐ STATE ☐ BL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

Y ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks and scat were found at the site and in the area. A calf was confirmed injured by wolves on 8/5/09 on this same grazing allotment.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Most of the carcass had been consumed. Wolf canine puncture marks were found in the hide that remained with some of the left over bones and in a lower section of a hind leg.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 5-7 Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/31/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	9/2/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

RECEIVED SEP 0 2 2009 WS

REPORT NUMBER: I 000315

DATE COMPLAINT RECEIVED: 8/26/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/27/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-257-3591 (b)(6)

Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Cow	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf scat was found near the site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The cow carcass was badly decomposing. There ~~was~~ were not any puncture marks or holes found in the hide. There wasn't much tissue left for observing any signs of trauma.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 Weeks

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/31/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	9/2/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: I 0437

DATE COMPLAINT RECEIVED: 8-27-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Ashmead Tett + Rick Williamson	8-27-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Plateau Farms
PO Box 685
Hagerman Id. 83332

TELEPHONE NUMBER: 539-7252

COUNTY: Blaine Co.

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [ ] CATTLE [X] OTHER (Specify) Guard dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Guard dog			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
Wolf Tracks and Blood from dog at attack site

Herders turn his telemeter on and collar wolf B-439 was present

B-470 was also in the area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
Dog was bitten all over with massive bite to its chest area.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)
7 hrs.

ACTIONS TAKEN Traps set

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Ashmead Tett	A. M. Tett	8-29-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Charles L. Carpenter	Charles L Carpenter	9/9/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000390

DATE COMPLAINT RECEIVED: 8-27-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-27-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER: 880-2607

C (b)(6) Doise

LAND: ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

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ments between

canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

Carcass had large canine bite marks in throat. Bite marks approx 2 inches wide. Trauma and hemorrhage consistant with wolf attack

ACTIONS TAKEN	DATE STARTED	DATE ENDED
Traps set		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	8-27-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD Grimm	[illegible]	9/2/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0438

DATE COMPLAINT RECEIVED: 8-31-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	Ashmead Tett	9-1-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Faulkner L & L, Gooding Id.

TELEPHONE NUMBER: 934-4956

COUNTY: Blaine Co.

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 ewe		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

tracks of 1 wolf at attack site blood present sheep were chased off mtn. side guard dogs barking at the wolf and the wolf howled once then herder started shooting in the air wolf left. Telemeter of wolf B450 - B439 where in the area that night.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

There was not much left of carcasse to look at.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jeff Ashmead	J M. Ashmead	9-1-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L Carpenter	9/1/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I239CirclePi

DATE COMPLAINT RECEIVED:

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray Wolf	Eric Simonson	9-1-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Circle Pi Livestock
HC62 Box 2295
May, ID 83253

TELEPHONE NUMBER: 208-876-4467

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
3			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

While wolf hunting for the ongoing control action, a fresh kill was found and confirmed. It was a calf. Talking to the cooperator, he had found a fresh kill and also an older kill that morning. Both were investigated and confirmed. All shared chacteristic deep wolf bites hemorrhage, drags, pulled hair, and feeding patterns.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All three carcasses had various bites on the shoulders, ribs, and hams with deep hemorrhage. The two fresh kills were 1/4 mile apart and each had 50-75 pounds eaten. The older kill was a mile farther and half eaten.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)
6 hr, 6 hr, 2 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing	8-25-09	

NAME OF WS INVESTIGATOR: for Eric Simonson (George Graves)	SIGNATURE: [signature]	DATE: 7 oct. 2009
NAME OF DISTRICT SUPERVISOR: George Graves	SIGNATURE: [signature]	DATE: 7 oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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DEC 2009

REPORT NUMBER I 0431

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

DATE COMPLAINT RECEIVED 9-1-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	RICK WILLIAMSON	9-2-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

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LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Found wolf TRACKS, signs of struggle, and Blood, Found wolf scat and Hair. calf was Found upper End of Iron cr. near Look out,

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

calf Had Been Dragea, Found puncture marks, with Bruising, Kg- 17/8

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

Calf was killed By wolves Iron cr. PACK

ACTIONS TAKEN

DATE STARTED	DATE ENDED
9-2-09	10-10-09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
RICK WILLIAMSON	Rick Williamson	12-5-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd K Grimm	12/8/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: A 1829

DATE COMPLAINT RECEIVED: 09-02-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray Wolf	A.J. Kriwox	09-03-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Flat Top Sheep Co
P.O. Box ~~88~~ 20
Carey, ID 83338
(b)(6)

TELEPHONE NUMBER
(b)(6)

County: Blaine

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☑ SHEEP ☐ CATTLE ☑ OTHER (Specify) Guard dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
12	11	9 (wounded)	Guard Dog (1) (killed)

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
remote back country - canyon - sage brush - conifer/Quaken Asp cover (4 hr. pack-in one way to site)
Area covered w/ wolf tracks, numerous scat on trails (herders report howling at night)
Appears to be as many as 12-14 wolves in area (10 have been seen at outset)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
Very little feeding, carcasses scatter over 1/2-3/4 mile of canyon - massive trauma / broken necks, backs and massive tissue damage - several older kills had been fed on and worked over by black bear (ones from 8-22-09)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days/14 days

ACTIONS TAKEN 9-4-09 - fly area, found collared ♀ in timber @ head of Bear Cr. - sheep in head of Pasture Cr. (badly scattered fly area on 09-08-09 (saw collared wolf in sheep and 1 uncollared wolf 1/2 mile so. of sheep in rough terrain (no attemp to shoot was made)

DATE STARTED: 09-04-09
DATE ENDED: 09-08-09

(Further actions of this report will be noted on Report # 1830 which started on 09-08-09 (same area, same sheep & same wolves!)

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
A.J. Kriwox	AJ. Kriwox	09-03-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Chuck Carpenter	Charles R Carpenter	9/4/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 373

DATE COMPLAINT RECEIVED: 7-SEP-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	8-SEP-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: VALLEY

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [ ] CATTLE [X] OTHER (Specify) GUARD DOG

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

WOLF TRACKS IN AREA - HORSES IN NEXT PASTURE RUN THROUGH FENCE - SHEEP SCATTERED

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BITE MARKS ON NECK AND HIND END. TEETH SPACING CONSISTENT WITH WOLF. DOG APPEARS TO HAVE BEEN STRETCHED UNTIL NECK BROKE

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 30 HRS

ACTIONS TAKEN: SET TRAPS

DATE STARTED	DATE ENDED
8-SEP-09	

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NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	17-SEP-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[signature]	9/21/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 374

DATE COMPLAINT RECEIVED: 8-SEP-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	8-SEP-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: VALLEY

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CATTLE PASTURED ON (b)(6) PROPERTY
TRAMPLED VEGETATION IN AREA BY CATTLE RUNNING -
TRACKS OF TWO WOLVES

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BITE MARKS ON HIND LEGS - BITE
MARKS ON TOP OF NECK - HEMORRHAGE
ALL AROUND NECK BONE OF 1300 # COW

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 30 HRS

ACTIONS TAKEN: TRAPS ALREADY SET BECAUSE OF PREVIOUS PREDATION

DATE STARTED	DATE ENDED

RECEIVED
SEP 18 2009
WS

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	17-SEP-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd K[illegible]	9/21/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1240Hoffman

DATE COMPLAINT RECEIVED: 9-7-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray Wolf	Eric Simonson	9-8-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-756-2110 (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A hunter found two black and two gray wolves feeding on a fresh kill. The rancher was told and covered the kill with a tarp. Wolf tracks from 2 wolves were found beside the carcass. The calf had been killed on a small mountain road. The intestines were in a pile 10 feet from the carcass.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had characteristic wolf bites on the right shoulder, rib area, and ham. There were large tooth marks on the femur.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing	9-8-09	

NAME OF WS INVESTIGATOR: Eric Simonson (George Graves)	SIGNATURE: [signature]	DATE: 7 Oct. 2009
NAME OF DISTRICT SUPERVISOR: George Graves	SIGNATURE: [signature]	DATE: 7 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

for

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

RECEIVED 2009

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: A 1830

DATE COMPLAINT RECEIVED: 09-07-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray Wolf	A.J. Kriwox	09-09-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Flat Top Sheep Co. (b)(6)
P.O. Box 88
Carey, Id. 83320

TELEPHONE NUMBER: (b)(6)

COUNTY: Blaine

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☑ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
13	0	0	0

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
back country, pack-in situation - canyon w/ sage, conifer cover w/ Quaken Asp scattering - numerous wolf tracks and occasional scats - herders (2) hearin and or seeing wolves daily - (I saw collared wolf in sheep from air on 09-08-09 - 1

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
Kills all appear intact until skining or very close examination - no feeding - several appear to be done by less than experienced wolves - (perhaps training kills by young) several legs broken besides back & neck verthbra's

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4-5 days

7 of these confirmed were chewed up and noted as "probable" on report A 1829

ACTIONS TAKEN: Aireal flight made on 09-08-09 - 2 wolves seen (collared wolf in sheep) Rode into area on afternoon of 09-08-09 - grd cr. for airplane on 09-09-09 and ✓ kills on 09-09-09 - Grd crew for airplane on 09-10-09 and tried calling - airplane saw collared wolf & 3 others 10 mi North of sheep - 1 wolf shot from airplane - 3 wolves shot from helicopter on 9-17-09 - 2 wolves shot from helicopter on 9-18-09 - (3 adults & 2 pups still in area) wolves killed cow in copper basin

DATE STARTED: 09-08-09 DATE ENDED: 09-18-09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
A.J. Kriwox	A.J. Kriwox	9-10-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Charles Carpenter	Charles Carpenter	10/28/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

REPORT NUMBER I 000316

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

DATE COMPLAINT RECEIVED: 9/8/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	9/11/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Frank Shiots (b)(6)

TELEPHONE NUMBER: 208-880-2607 (b)(6)

Adams - Council (

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) Guard Dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 Dogs - Injured			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks were found in the area. The herders reported of hearing wolv howl at different times. The Wildlife Services fixed-wing has found the two collared wolves from the Snake River Pack and the collared wolf from the Hornet Cr. Pack in the area, which has historically been used by the Lick Creek Pack.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

One dog had wolf canine puncture marks on the bridge of his nose. The other dog had puncture marks on the side of its neck.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 7-9 Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	9/14/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	9/17/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0430

DATE COMPLAINT RECEIVED

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	9-15-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

Custer

LAND OWNERSHIP: ☐ STATE ☑ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☑ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Evidence Found, Wolf TRACKS, SCAT, hair in Fence Found signs of struggle, Blood, Calf Had Been Draged (600 lbs)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Feeding PATTERN wolves Had Feed ON Carcass of Calf #1 and #2 K9-2 in Found signs of hemorrhage, and Bruising,

Calves had Been Killed By wolves (Copper Basin)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hr.

ACTIONS TAKEN

DATE STARTED	DATE ENDED
9-15-09	OPEN

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	9-30-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	12/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1241SWhitworth

DATE COMPLAINT RECEIVED: 9-16-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray Wolf	Eric Simonson	9-16-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-876-4226 (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The 500 lb calf was in a swale. There was a long line of pulled hair. There were scrapes and scuffle marks in the grass. The intestines were in pieces in a long line, followed by a bloody drag. The liver was 20 yards away.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The hindquarters, intestines, and brisket were mostly consumed. The ends of each femur were bitten off with large tooth marks present. A wolf bite with deep hemorrhage was on the shoulder.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
Ongoing from other control actions in the area		

for NAME OF WS INVESTIGATOR: Eric Simonson (George Graves)	SIGNATURE: [signature]	DATE: 7 Oct. 2009
NAME OF DISTRICT SUPERVISOR: George Graves	SIGNATURE: [signature]	DATE: 7 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 17191709

DATE COMPLAINT RECEIVED: 9/17/09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Jared Hedelius

DATE INVESTIGATED: 9/17/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE:
Copper Basin Cattle Assoc.
Care of:
(b)(6)

TELEPHONE NUMBER:

COUNTY: Blaine

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ DEER ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Little Wood River wolf pack was located at the kill site. 8-10 wolves were seen feeding on & nearby carcass. Radio collared wolf was also seen feeding on carcass. Multiple cattle were still in the area.

CARCASS/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass was mostly consumed, therefore most of the meat & hide was eaten & no bite marks & hemorraghe was visible. This wolf pack had killed many sheep prior to this calf. Control actions are in place.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24-36 hours

ACTIONS TAKEN

DATE STARTED: Sept.

DATE ENDED: 9/17/09

6 wolves were authorize to be taken. All six were taken & control actions ended.

NAME OF SIS INVESTIGATOR: Jared Hedelius

SIGNATURE: [signature]

DATE: 9/17/09

NAME OF DISTRICT SUPERVISOR: George Graves

SIGNATURE: [signature]

DATE: 20 Oct. 2009

NAME OF STATE REPRESENTATIVE:

SIGNATURE:

DATE:

DISPOSITION OF CARCASS/PARTS:

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000319

DATE COMPLAINT RECEIVED: 9/17/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	9/17/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-355-2318 (b)(6) Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

STOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wildlife Services aircraft found 3-4 wolves on the calf carcass. Wolf sign found throughout the area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf's head, legs, and some of the hide was all that remained. Large canine holes were found in the hide.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hrs

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	9/21/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	9/25/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

OCT 2009

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: CT191909

DATE COMPLAINT RECEIVED: 9/19/09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Jared Hedelius

DATE INVESTIGATED: 9/19/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	2 ewes		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks were seen on nearby trail, and on the kill sites. Two wolves were heard howling that night & the night before. The herders are shooting rifles randomly at night. The hind quarters of 1 sheep was eaten.

CARCASS/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The carcasses were decaying & puncture mark, hemorrhage, and measurements were not visible. Radio collared wolf has been within 3-4 miles prior to kill all summer. Radio collared wolf was in same drainage the day of investigation.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days

ACTIONS TAKEN

Efforts to remove stock are ongoing.

DATE STARTED	DATE ENDED
ongoing	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	9/19/09
NAME OF DISTRICT SUPERVISOR: George Graves	George Graves	20 Oct. 2009
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 009378

DATE COMPLAINT RECEIVED: 9-17-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	9-21-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER: 208-71-7

CC (b)(6)

Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 ewe		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Reported as bite marks in throat
Wolf sign in area

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

4-5 days

ACTIONS TAKEN

Ongoing Control Action.

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	9-21-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Coleman	[illegible]	9/1/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I242Whittier

DATE COMPLAINT RECEIVED: 9-20-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	9-21-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

$135 ewe was found in a green hay field. There was a long line of pulled wool. A fresh wolf scat was found nearby. A wolf kill was confirmed on the neighboring ranch a few days earlier.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The carcass was half eaten. The big femurs were both cracked, showing large canine tooth marks consistent with wolf feeding.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		12-24-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: Todd Grimm	DATE: 12/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C17192209

DATE COMPLAINT RECEIVED: 9/22/09

SPECIES: wolf

NAME OF INVESTIGATOR(S): Jared Hedelius

DATE INVESTIGATED: 9/22/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Camas

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Buck		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

1 set of wolf tracks were seen at the kill site.
1 set of tracks were leading too & away from the
Carcass on a trail ~ 100 yrds away.
Two wolves have been heard howling periodically by the herders.

CARCASS/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The carcass had been fed on and drug
thru the brush. The carcass was missing
the hind quarters. This is consistant to wolf
feeding patterns. This is the same area where other predation has occurred

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days.

ACTIONS TAKEN

efforts to remove
1 wolf.

DATE STARTED	DATE ENDED
ongoing	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jared Hedelius	[signature]	9/22/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	20 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000379

DATE COMPLAINT RECEIVED: 9-22-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	9-22-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 880-31-07

C((b)(6) Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 ewes			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Canine bite marks in throat trauma and tissue damage and feeding patterns consistant with wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day

ACTIONS TAKEN

traps set

2 wolves shot 9-22-09

Control Action ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	9-22-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K[illegible]	10/1/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

RECEIVED

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

OCT 16 2009

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0430

DATE COMPLAINT RECEIVED [redacted] SepT 24

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Justin Mann	[redacted] SepT 24 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

COUNTY: Idaho Co

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The Bull was found injured so the exact attack site is unknown. The suspected attack site indicated that there was quite a struggle a lot of ground was torn up.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The Bull ~~was~~ had it's scrotum torn mostly off & it's testicles exposed & bitten. A patch of hide about 8" in diameter was torn from ~~the~~ the bulls right hind quarter 2"-2¼" canine spaced lacerations were found on the hind quarters & remaining scrotum

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ~ 5 days

ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Justin S. Mann	[signature]	Oct 4, 2009
NAME OF DISTRICT SUPERVISOR: George Graves	[signature]	16 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER C 375

DATE COMPLAINT RECEIVED: 24-SEP-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	25-SEP-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: VALLEY

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
WOLF TRACKS IN AREA AND UP AND DOWN ROAD - RUNNING CATTLE TRACKS ON ROAD AND TIMBERED SIDE HILL

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
INTERNAL ORGANS SCATTERED THROUGHOUT AREA - 1000 # COW LAYING ON CHEST WITH HIND LEGS EXTENDED BACK - UDDER TORE OPEN - LOWER STOMACH TORE OPEN - BITE MARKS ON HIND LEGS MINIMAL FEEDING - COW DIED FROM BLOOD LOSS AND SHOCK

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 HRS

ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	28-SEP-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	9/29/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

OCT 2009
WS

REPORT NUMBER: C 17192509

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

DATE COMPLAINT RECEIVED: 9/25/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Jared Hedelius	9/25/09

NAME AND ADDRESS OF LIVESTOCK OWNER/CARER: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ MULES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	2 Ewes		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Multiple wolf tracks found on kill site & on trails that are nearby. This kill took place ~ 1/2 mile away from the last kill 9/19/09 one week prior. Every night the herders & hearing 1-2 wolves howling by the sheep.

CARCASS/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The kills were decomposed enough that hemorrhage & bite marks were not visible. 1 sheep had been fed on. ~ 20 lbs. of meat was eaten off hind quarter. Feeding pattern is consistent to wolf.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days

ACTIONS TAKEN: Efforts to remove whole wolf pack.

DATE STARTED: ongoing

DATE ENDED:

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	SIGNATURE: [signature]	DATE:
NAME OF DISTRICT SUPERVISOR: George Graves	SIGNATURE: [signature]	DATE: 20 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

OCT 20 2009

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 17192709

DATE COMPLAINT RECEIVED: 9/27/09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Jared Hedelius

DATE INVESTIGATED: 9/27/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Camas

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEEF ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
16 ewes	11 ewes		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, escape, etc.)

One set of wolf tracks were found at kill site & on trails & roads nearby carcasses. All dead sheep were within 1/4 mile of each other. This kill site is ~ 1/2 mile from the kill site on 9/22/09.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Sheep were killed very fast due to the closeness of the carcasses. Most sheep had 1 bite mark on neck or head with hemorrahage. Only one sheep had been fed on. ≈ 15 lbs of meat eaten off hind quarters

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 hours

ACTIONS TAKEN

Efforts to remove 1 wolf.

DATE STARTED: ongoing

DATE ENDED:

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius		
NAME OF DISTRICT SUPERVISOR: George Graves		20 Oct. 2009
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0 318

DATE COMPLAINT RECEIVED: 9/29/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	9/29/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Weldon Branch (b)(6)

TELEPHONE NUMBER: 208-355-2308 (b)(6) Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

STOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Cow		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

USDA Wildlife Services aircraft found 7 wolves near the carcass of the cow. Wolf tracks were found around the cow and throughout the area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The head, hide, and some of the bones were all that remained of the cow. Large canine puncture marks were found in the hide.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 5-7 Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	10/9/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	16 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1252LWhittier

DATE COMPLAINT RECEIVED: 3-14-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	3-14-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Dogs woke the owner, who saw two wolves on the calf. He chased them off but they returned three more times before dawn, and they were chased each time. The calf had a line of pulled hair and intestines, and a long blood drag leading to it.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had the usual bites with deep hemorrhage on the ribs and one shoulder. Most of the entrails were eaten, and some of the hindquarters.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 9 hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Eric Simonson	Eric Simonson	3-31-10
NAME OF DISTRICT SUPERVISOR: Charles L. Carpenter	Charles L. Carpenter	4/20/10
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1247WBaker

DATE COMPLAINT RECEIVED: 2-13-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	2-13-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Two month old calf was killed on bedding grounds. Two wolf tracks, pulled hair, and a bloody drag leading to the carcass were found. Wolf hairs were on a log beside the carcass.

CARCASSES/PROPERTY DAMAG canines, signs of hemorrhage, etc.)

Most of the entrails a were eaten, showing hemorrhage was seen

...s/i e.. puncture marks, feeding patterns, measurements between ...heads

Old farms that need expenditure Solms

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hours

ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson	Eric Simonson	2-22-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L. Carpenter	3/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1246WBaker

SPECIES: Gray wolf

NAME OF INVESTIGATOR(S): Eric Simonson

DATE COMPLAINT RECEIVED: 2-5-10

DATE INVESTIGATED: 2-5-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Wayne Baker
HC 68 Box304
Clayton, ID 83227

TELEPHONE NUMBER: 208-838-2440

(b)(6)

Custer

(b)(6)

HIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Fresh tracks of 3 wolves were found in snow at the kill. Pulled hair and struggle and scrape marks were found.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The 2 month old calf had the meat from the back half eaten. Bites with deep hemorrhage were found on the shoulder and neck. The end of the femurs were chewed off, showing large tooth marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)
6 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson	Eric Simonson	2-18-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Charles L Carpenter	Charles L Carpenter	3/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0422

DATE COMPLAINT RECEIVED: 10-5-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	10-5-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer.

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☑ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Cow			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Carcuss was Found on Private Land Near goat Fall's cr. Found Wolf Tracks, Scat, Blood. and Signs of Struggle,

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Bite marks To Hind Quarters, and Sholder's, Canines measurement 1 7/8 wolves Had Fed on Carcass, Found Bruising around Bite marks

Cow was Killed By Wolves

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hr.

ACTIONS TAKEN

DATE STARTED	DATE ENDED
10-5-09	Open

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	12-5-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K Grimm	12/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 152

DATE COMPLAINT RECEIVED: 3/18

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	J. Mann	3/18

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The kill site was in a feed lot. Cows tromped out any tracks around the kill. Wolf scat was found in a draw within 65yds of one kill. Wolf tracks were found in areas of the feed lot that the cows were not using.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

2 1/8"-2 1/4" Puncture marks were found with associated subcutaneous hemorrhage on: 1) Left Foreleg, 2) Small of Back-Forward of Pelvis, 3) Left Rear Ham, 4) Punctured Ribs below sternum. The tail was gone off of one calf.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 20 hr

ACTIONS TAKEN

The ranches lojed 2 wolves - one of which had swallowed the calfs tail whole.

DATE STARTED	DATE ENDED
3/18	

Depredation Control Action still ongoing

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin Mann	Justin S. Mann	4/5/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Jared Hedelius	[illegible]	5/5/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

RECEIVED NOV 1 2010 WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1248SDowton

DATE COMPLAINT RECEIVED: 2-18-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	2-18-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The red bull calf was in trees near bed ground. Tracks and a bloody drag were found.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., canines, signs of hemorrhage, etc.)

A bite with deep hemorrhage was seen o
were eaten, and most of the meat was co

TIME SINCE PREDATION/DAMAGE (days/hours)

New forms need expeditued
Copies have been made & sent to specialist.

ACTIONS TAKEN

ongoing

DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson	Eric Simonson	2-22-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Charles L Carpenter	Charles L Carpenter	3/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 090317

DATE COMPLAINT RECEIVED: 10/1/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	10/2/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch
(b)(6)
Council, Id. 83612

TELEPHONE NUMBER: 719-752-2000
(b)(6)
Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks at the site. Wolves have been reported of being seen in the area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf canine marks were found on the calf's nose and mouth. Ball joints had teeth marks and chewed off. Canine marks were found on the hide in various places. A large area of the skull had been bit open. The brain and part of the neck had been eaten. This area of the head had signs of hemorrhaging.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 Day

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Doug Hansen	Doug Hansen	10/9/09
NAME OF DISTRICT SUPERVISOR: George Graves	[signature]	16 Oct. 2009
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

RECEIVED OCT 16 2009 WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0431

DATE COMPLAINT RECEIVED: Oct 4, 2009

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	Oct 4, 2009

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The ground at the kill site was scuffed up, both by the struggling calf and by mother cows trying to chase the wolves away. Wolf tracks were found in dirt out of the hay field.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Bite marks on the right hind leg had ~2¼" canine spacing. The front shoulder had been fed on. A patch of hide off the ribs had been torn away. The patch was ~12" in diameter. Subcutaneous hemorrhage on hindquarters. Scarring on hindquarters indicated this calf had been attacked & escaped wolves about a month earlier.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 20hr

ACTIONS TAKEN

	DATE STARTED	DATE ENDED
Oct 4, Traps were set.	Oct 4	
Oct 6, one Adult Female Wolf was Taken IFG BGMR # C073732		
Lethal Control Action ongoing		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin Mann	Justin S Mann	10-4-2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	George Graves	16 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

RECEIVED DEC 2009 WS

REPORT NUMBER: I 0422

DATE COMPLAINT RECEIVED: 10-5-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	10-5-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer.

[ ] STATE [ ] BLM [ ] TRIBAL [ ] HORSE [ ] BEES

[✓] PRIVATE [ ] FS [ ] OTHER (Specify)

[ ] SHEEP [✓] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Cow			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Carcuss was Found on Private Land Near goat Fall's cr. Found Wolf tracks, scat, Blood. and Signs of struggle,

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Bite marks to Hind Quarters, and Sholders, Canines measurement 1 7/8 Wolves Had Fed on Carcass, Found Bruising around Bite marks

Cow was Killed By Wolves

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hr.

ACTIONS TAKEN

DATE STARTED	DATE ENDED
10-5-09	Open

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	12-5-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K Grimm	12/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000320

DATE COMPLAINT RECEIVED: 10/5/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	10/9/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch (b)(6) Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008 (b)(6) Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Hunters observed three wolves "herding" a group of cattle, including the injured calf.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf sustained injuries to both hindquarters. Multiple wolf puncture marks were found in both legs. These punctures ~~were~~ are very deep and penetrating, have infection, and have a foul odor. The Ox is trying to doctor the calf, but the calf can barely stand and walk.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 Week

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	10/13/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	16 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000388

DATE COMPLAINT RECEIVED: 10-8-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	10-9-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 584-3290

CC (b)(6) Valley

LAND O: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 cow 1 calf	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcasses appeared to have been fed on by wolves

Wolf activity noted in area by cooperator.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): approx. 3 weeks

ACTIONS TAKEN

None taken

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	10-9-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	16 oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: I 090321

DATE COMPLAINT RECEIVED: 10/10/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	10/11/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: [redacted] (b)(6)

TELEPHONE NUMBER: 208-355-1894 (b)(6)

Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

[redacted]OPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf sign was found in the area earlier. At the time of the investigation snow had covered the site. An adult cow was confirmed killed by wolves on 8/26/09.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Feeding had only occurred on the left shoulder.
Biting/wolf canine puncture marks were found on the nose, ears, neck, shoulders, and hindquarters. Hemorrhaging was found with the associated marks and bites.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 Week

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	10/13/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	16 oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000320

DATE COMPLAINT RECEIVED: 10/5/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	10/9/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch
(b)(6)
Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008
(b)(6)
rooms

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Hunters observed three wolves "herding" a group of cattle, including the injured calf.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf sustained injuries to both hindquarters. Multiple wolf puncture marks were found in both legs. These punctures ~~were~~ are very deep and penetrating, have infection, and have a foul odor. The Ox is trying to doctor the calf, but the calf can barely stand and walk.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 Week

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	10/13/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	16 Oct. 2009
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 299

DATE COMPLAINT RECEIVED: 10-15-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gary Looney	10-16-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

46.47055 116.26639

COUNTY: Clearwater

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks and scat. Rain had washed away much evidence. Testimony of others gave good description of Attack site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass mostly consumed. Size of crunched bones consistent with wolf feeding practices. Video taken 1 day after death and wolf tracks are evidence that wolves ate cow.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 7 or 8 days

ACTIONS TAKEN: None

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
~~Gary Looney~~ Gary Looney	Gary Looney	10-27-09
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: Todd Grimm	DATE: 11/6/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

2009

WS

REPORT NUMBER: I 0482

DATE COMPLAINT RECEIVED: 10/16/09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Justin Mann

DATE INVESTIGATED: 10/17/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify) Mule

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks and hair was found at the Carcass & wolf Tracks were found in the General Area. Several People Reported of hearing wolves howl from before the mule was missing until present.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

wolves had certainly feed on the Carcass but the Cause of death could not be determined

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ~ 18 days

ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Justin S. Mann	Justin S Mann	10/22/09
NAME OF DISTRICT SUPERVISOR: Todd Coleman	[illegible]	11/2/09
NAME OF STATE REPRESENTATIVE		

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER 2009I 0433

DATE COMPLAINT RECEIVED: 10/19/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	10/19/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks were in the General Area. Time & Rain at the Carcass Site Removed most of the tracks there. Older wolf Scat was found both Adult Size & Puppy Size. The Carcass is very Close to the denning Area of this Pack.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): Several Weeks

The Carcass had been eaten and dismembered by wolves. Most of the remains were scattered wolf chewed bones & hide. The Cause of death Could not be determined. Small Vertibra found at the site indicated it was Carrying an unborn Calf.

ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin Mann	Justin S Mann	10/22/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd R. Grimm	11/2/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000323

DATE COMPLAINT RECEIVED: 10/18/09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	10/19/09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch, 1095 Calf Pen Rd., Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008

COUNTY: Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			1 Calf - Vehicle Collision

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The calf was found near a Forest Service road in an area where multiple calves have been confirmed wolf kills.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Hemorrhaging occurred on the right side. Bruising started from the neck and went to the hindquarter ~~covering~~ covering the whole side. No puncture marks / holes were found.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 36 Hrs

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	10/23/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000400

DATE COMPLAINT RECEIVED: 10-30-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	10-30-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-589-7118 (b)(6)

Custer

PROPERTY: ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

☑ SHEEP ☐ CATTLE ☐ OTHER (Specify) ☐ HORSE ☐ BEES

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. C
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of

Found signs of struggle, hair in Fence and Blood Near Kill,

Sent a Copy to Marie Rosenkranz upon Rick's request. a copy to Rick's case file on 15 Mar 2010. (HC)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

K9 measurement 1 7/8 Found Signs of hemorrhage, Feeding. Pattern, Lag Bones had Been Broken,

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hr-

ACTIONS TAKEN

Set Traps, use Call Box wolf has not Returned,

DATE STARTED	DATE ENDED
10-30-09	11-5-09

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	11-10-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Orman	Todd K	12/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 249

DATE COMPLAINT RECEIVED: 11-2-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gary Looney	11-3-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Clearwater

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Site degraded by Time + Livestock.
Many Wolf tracks

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass eaten up by wolves. Just bones Left.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 week

ACTIONS TAKEN	DATE STARTED	DATE ENDED
None		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gary Looney	Gary Looney	11-13-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD Grimm	[illegible]	11/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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REPORT NUMBER I 0435

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

DATE COMPLAINT RECEIVED

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	11-4-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY: Custer

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

LIVESTOCK/PROPERTY ☐ HORSE ☐ BEES

☐ SHEEP ☑ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Cow			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks Found at Kill, Found signs of Struggle, Found Running Cow Tracks with Running Wolf Tracks, and Blood, and SCAT,

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found Bite marks to hind Quarters, and neck, Found signs Of hemorrage and Bruising, Cow was Killed by Wolves

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

15 Hr -

ACTIONS TAKEN

DATE STARTED	DATE ENDED
11-4-09	ongoing

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	12-5-2009
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Gaines	[illegible]	12/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 009386

DATE COMPLAINT RECEIVED: 12-11-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	12-11-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 315-9181 (b)(6) Payette

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

ground was frozen

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The carcase had bone ends chewed on, consistant with [redacted] a wolf. [redacted] This was deemed probable because the calf was approx 350 lbs and in good shape. The damage on the calf was not consistant with coyote.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 - 7 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
None at this time		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D Hansen	[redacted] 12-11-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Tom Grimm	[signature]	12/28/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C171122809

DATE COMPLAINT RECEIVED: 12/28/09

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Jared Hedelius

DATE INVESTIGATED: 12/28/09

NAME AND ADDRESS OF PROPERTY OWNER/CLAIMANT: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 sheep			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

4 sets of tracks went through their pasture. Two sets of tracks entered the corral & killed 1 ewe. Dogs started barking and owners went outside & saw 2 grey wolves eating on the ewe.

CARCASS/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Puncture marks on top and bottom of neck and side of face. A small portion of the front shoulder was eaten.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4 hours

ACTIONS TAKEN

Trying to collar 1 wolf

DATE STARTED	DATE ENDED
12/28/09	ongoing

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jared Hedelius	[signature]	12/28/09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[signature]	1/19/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

ENTERED

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 093

DATE COMPLAINT RECEIVED: 12-30-09

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray Wolf	A.J. Kriwox	12-31-09

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Butte

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☑ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Field by barn / caluing grounds — snow cover (4")
Wolf tracks (2 individuals) on and around caluing grounds - cow had protruding placenta — no calf found - tracked wolves to pasture fence and found fresh calf hair on top barb wire where wolf jumped the fence - wolf was sighted in South pasture, 8:30am on day of incident

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

calf/newborn was packed off

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day

ACTIONS TAKEN: None at this time

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
A.J. Kriwox	A.J. Kriwox	12-31-09
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L CARPENTER	Charles L Carpenter	1/4/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0486

DATE COMPLAINT RECEIVED: 1/7/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	J. Mann	1/7/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☒ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
The ground had ~ ½" solid ice on it with ~ 1"-1½" of snow on top of that. The tracks & blood spray indicated that ~5 wolves grabbed the horse (Adult Mare) which could neither run nor fight back on the icy ground. The wolves pulled it down & proceeded to eat it. The horse died shortly there aft.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
There were bite marks on the neck & throat 2¼" canine spaced punctures on the left rear quarter and behind the right fore leg. Remain of the mare's ~ weekold foal was found a short distance away. The rancher had seen both mare and foal alive and well just a few days before.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ≤ 24 hr

ACTION TAKEN

DATE STARTED	DATE ENDED
1-7-10	

1/7 Snares were set

This is an on going quest to remove the White Bird Pack

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin S Mann	Justin Mann	3/16/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Gregg D Hansen	Gregg D. Hansen	3/24/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000383

DATE COMPLAINT RECEIVED: 1-20-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	1-20-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 584-2700 (b)(6) Gem

LAND: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present all over feed lot

RECEIVED 2010 WS

feed lot

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Massive trauma and tissue damage in the Armpit Regions of the Calf. Bite Marks and trauma in groin Region of Calf. Attack Consistant with wolf Attack.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN: Will fly and set equipment

DATE STARTED	DATE ENDED
1-20-10	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	1-20-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	2/2/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

EMAIL

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER	I 244 WBaker
DATE COMPLAINT RECEIVED	1-22-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray Wolf	Eric Simonson	1-22-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY

Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks of 5 or 6 wolves were in fresh snow. Heifer calf was dead in hay field with a 10 yard bloody drag leading to it. Pulled hair was found along with blood.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf showed characteristic wolf bites with deep hemorrhage in underlying tissue. Part of the hindquarter and part of the entrails were eaten, possibly showing feeding was interrupted.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

9 hrs.

ACTIONS TAKEN

Ongoing

DATE STARTED	DATE ENDED
1-22-10	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson	Eric Simonson	2-1-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L Carpenter	2/17/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000384

DATE COMPLAINT RECEIVED: 1-25-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	1-25-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: C (b)(6)

Gem

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present in feedlot in fresh snow

feed lot

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Massive trauma and tissue damage in Armpits and groin region. Canine bite marks in groin area approximately 1 3/4" to 2". Attack consistant with wolf attack.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN: 2 wolves killed 1-25-10

DATE STARTED	DATE ENDED
1-20-10	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	1-25-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd K M	2/2/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000381

DATE COMPLAINT RECEIVED: 1-27-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	1-28-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Calf - (b)(6)

RECEIVED FEB 1 2010 WS

TELEPHONE NUMBER: 582-2844

CC (b)(6) Gem

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [X] OTHER (Specify) Cattle Dog

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf [redacted]	1 cattle Dog		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

On the 28th I observed a wolf in the feedlot from 1/2 to 3/4 of a mile away.

Ola - (b)(6) feedlot

CARCASSES/PROPERTIES (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

Massive trauma and tissue damage in arm pits and groin region of calf. Groin region had canine bite marks approx 2" wide.

(b)(6) lives about 1/2 mile from feed lot - occurred at night - Dog barking ran out towards feedlot never came back

ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	1-28-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[signature]	2/2/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000380

DATE COMPLAINT RECEIVED: 1-29-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	1-29-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 594-3EM (b)(6) Gem

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Numerous wolf tracks present in snow

OLA feed lot (b)(6)

CARCASSES/PROPERTY DAMAGE C canines, signs of hemorrhage, etc.)

Canine puncture and bite marks in groin area.
Massive trama and tissue damage in arm pit region of calf
Trauma and tissue damage and bite marks consistant with wolf attack.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6-8 hours

ACTIONS TAKEN

Ongoing Control Action

DATE STARTED	DATE ENDED
1-20-10	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg D. Hansen	Gregg D. Hansen	1-29-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	2/3/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I246WBaker

DATE COMPLAINT RECEIVED: 2-5-10

SPECIES: Gray wolf

NAME OF INVESTIGATOR(S): Eric Simonson

DATE INVESTIGATED: 2-5-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Fresh tracks of 3 wolves were found in snow at the kill. Pulled hair and struggle and scrape marks were found.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The 2 month old calf had the meat from the back half eaten. Bites with deep hemorrhage were found on the shoulder and neck. The end of the femurs were chewed off, showing large tooth marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6 hours

ACTIONS TAKEN

DATE STARTED	DATE ENDED

ongoing

NAME OF WS INVESTIGATOR: Eric Simonson	SIGNATURE: Eric Simonson	DATE: 2-18-10
NAME OF DISTRICT SUPERVISOR: Charles L Carpenter	SIGNATURE: Charles L Carpenter	DATE: 3/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: I [illegible] 324

DATE COMPLAINT RECEIVED: 2/10/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	2/11/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-253-4776 (b)(6)

C Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Calf	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No tracks were observed. Producer claimed of only hearing coyotes howling at night.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Feeding occurred around the hips, throat (wind pipe was totally gone), and part of the face. Canine marks were found on the hide near the hips. There were no signs of hemorrhaging any where on the carcass. There was also no puncture marks found.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1-2 Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	2/17/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[signature]	2/18/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1248SDowton

DATE COMPLAINT RECEIVED: 2-18-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	2-18-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The red bull calf was in trees near bed ground. Tracks and a bloody drag were found.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

A bite with deep hemorrhage was seen on the rib area. The pelvis and femurs were eaten, and most of the meat was consumed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson	Eric Simonson	2-22-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Charles L Carpenter	Charles L Carpenter	3/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1249JDowton

DATE COMPLAINT RECEIVED: 2-22-10

SPECIES: Gray wolf

NAME OF INVESTIGATOR(S): Eric Simonson

DATE INVESTIGATED: 2-22-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Twin day old bull calves were found 50 yards apart in pasture. One had the side bitten out and some intestines removed. The othe was at the end of a clearly visible drag in the heavy frost.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The newborns had walked and nursed. One had a bite on the flank and a 6" hole opened. Some intestines had been eaten. It had been killed with a bite over the saddle, breaking the spine. The other was bitten over the saddle and also had a broken spine, plus a bite on one shoulder showing deep hemorrhage on both. There were scattered pieces of entrails along the drag. Most of the meat was consumed on the second calf.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR: Eric Simonson	SIGNATURE: Eric Simonson	DATE: 2-23-10
NAME OF DISTRICT SUPERVISOR: CHARLES L. CARPENTER	SIGNATURE: Charles L. Carpenter	DATE: 3/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0495

DATE COMPLAINT RECEIVED: 2-27-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	2-28-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

CO: Gem

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			1 calf killed by coyotes

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Coyote tracks present

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcase eaten in neck/throat region. Trauma not consistant with wolf.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

ACTIONS TAKEN

Flew for coyotes

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	3-10-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	3-10-10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0496

DATE COMPLAINT RECEIVED: 3-6-10

SPECIES: Wolf

NAME OF INVESTIGATOR(S): ~~Steve Dobson~~ Gregg Hansen

DATE INVESTIGATED: 3-6-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			1 Calf stillborn and deformed

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf was ~~[illegible]~~ deformed and still born. It appeared that a coyote ate on it a little bit. Due to the deformity the producer thought it ~~was~~ had more trauma/damag that was really there.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours):

ACTIONS TAKEN

None

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	3-10-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	3-10-10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0452

DATE COMPLAINT RECEIVED 3-20-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	3-21-10

RECEIVED MAR 2 2010 WS

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Jackass creek E of Horseshoe Bend
Calderwood pack

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf had massive tissue damage to right thigh, in between hindlegs. Large Canine tooth Scratch marks on hide around the wound. Canine tooth Scratch marks on neck. Damage consistent to wolf attack.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2-3 days

ACTIONS TAKEN

Will fly and set traps

DATE STARTED	DATE ENDED
3/22	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	3-22-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	3-24-10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0497

DATE COMPLAINT RECEIVED 3-31-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	4-1-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

RECEIVED APR 2010 WS

TELEPHONE NUMBER

(b)(6)

C Boise

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Several sets of wolf tracks in mud

Schafer Creek

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Canine Scratch bite markes in groin region and shoulder/armpit area. As the skin was removed during necropsy under neath Canine marks revealed massive trauma and tissue Damage. Damage was absolutely wolf damage.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 Day

ACTIONS TAKEN

DATE STARTED	DATE ENDED
4-2	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	4-2-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	4-2-10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

APR 2 - 2010

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: 1251WBaker

DATE COMPLAINT RECEIVED: 3-12-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	3-12-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

None. Calf was found sick and bleeding from the nose in a hayfield which had confirmed recent wolf kills. It was taken to a barn and died soon after.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had one huge bite over the back, with tooth holes in front of and behind the diaphragm. The bite showed characteristic deep hemorrhage and bruising.

There was no attempt at feeding.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 30 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson	Eric Simonson	3-31-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Charles L. Carpenter	Charles L. Carpenter	4/20/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000325

DATE COMPLAINT RECEIVED: 4/8/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	4/8/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

C(Washington

LAND OWNERSHIP: [X] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Heifer	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No wolf tracks or scat were present. Tracks would be difficult to find due to the grassy hillside. Observed six coyotes in the area while doing the necropsy.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No puncture marks or signs of hemorrhaging were found. Feeding had occurred on the hind legs, some of the organs, throat, and head.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1-2 Days

ACTIONS TAKEN: None

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	4/12/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 247

DATE COMPLAINT RECEIVED: 3-29-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf ?	Gary Looney	3-30-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Gene Eastman
1117 Fourmile Rd.
Weippe, ID 83553

TELEPHONE NUMBER:

COUNTY: Clearwater

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☒ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
Rain had washed out tracks + other sign, although a good sized blood stain Remained. Owner + IdFG Co observed large track.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
2" spacing between Canine teeth. Marks + punctures in throat. Enough hemorage + bleeding to indicate horse was Killed by large animal, but no clear indication of what the predator was.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
None		

(b)(6)

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gary Looney	Gary Looney	4-1-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Jared Hedelius	[illegible]	5/5/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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Appendix A

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 10300

DATE COMPLAINT RECEIVED: 4-26, 2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	R. Williamson	4,26, 2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☒ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks, Signs of struggle and blood, Found At Kill, sight,

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found signs of hemorrhag, Bite marks 2 in canines. Calf Had Been Dragged and Fed on.

Calf was Killed By wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hr -

ACTIONS TAKEN

Traps set, Trapped F/m wolf (Collared)
Trap and Killed F/m wolf
Shot male wolf,
Traps set at This Time

DATE STARTED	DATE ENDED
4-20-2010	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Jared Hedeliss	Jared Hedeliss	5/24/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1256LWhittier

DATE COMPLAINT RECEIVED: 4-28-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	4-28-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The kills happened in a pasture close to the house. The yearling ewe had a long bloody drag leading to it. The entrails were dumped out along the way. There were clumps of pulled wool.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The lamb had one large bite over the pelvis and tail, showing large canine tooth holes and deep hemorrhage characteristic of wolf bites. The meat was eaten, along with most of the skeleton.

The ewe also had a large bite over the tail with deep hemorrhage, and the udder was bitten off, showing large canine tooth holes. Most of the meat and rib bones were eaten, with gray wolf hair left stuck on the ribs.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Eric Simonson	Eric Simonson	4-30-10
NAME OF DISTRICT SUPERVISOR: [illegible]	Jared Hedelius	5/10/10
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I257JWhittaker

DATE COMPLAINT RECEIVED: 4-28-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	4-28-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The calf was killed in a hayfield. Wolf tracks were found across the fence nearby. Pulled hair and a bloody drag led to the carcass.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had a large bite on the rump with deep hemorrhage and tissue damage. The meat of one hind leg was eaten. The pelvis and femur were chewed off, showing large tooth marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Eric Simonson	Eric Simonson	4-30-10
NAME OF DISTRICT SUPERVISOR: Jared Hedelius	Jared Hedelius	5/10/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000325

DATE COMPLAINT RECEIVED: 4/8/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	4/8/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: [illegible] (b)(6)

C Washington

LAND OWNERSHIP: [X] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Heifer	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No wolf tracks or scat were present. Tracks would be difficult to find due to the grassy hillside. Observed six coyotes in the area while doing the necropsy.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No puncture marks or signs of hemorrhaging were found. Feeding had occurred on the hind legs, some of the organs, throat, and head.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1-2 Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
None		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	4/12/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0484

DATE COMPLAINT RECEIVED: 4/11

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	4/12

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
3			5 missing

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks were found in the mud within ~3yd of the Kill. Wolf hair was found on the brush around the Kills. These were Longhorn Calves. The wolf grabbed ~~the~~ a calf and would carry it into a thorn brush thicket. The thorn trees were too thick for the mother cows, with ~6ft. Horn spreads, to enter the thicket and defend their calves

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

2 1/4" canine spacing spanning the small of the back the spine was severed just in front of the Pelvis. Carcasses were partially consumed. Femor bones were smashed into shards about the size of pop cicle sticks & the marrow eaten. Massive subcutaneous hemorrhage around the spine above the abdomen

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 36 hr

ACTIONS TAKEN

Snares were set

Control Action still on going

DATE STARTED	DATE ENDED
4/12	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin S. Mann	Justin S. Mann	4/27/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Jared Hedelius	Jared Hedelius	5/5/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1254WBaker

DATE COMPLAINT RECEIVED: 4-19-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	4-19-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The bull calf was found dead by a fenceline and willows. Wolf hair was found on the fence and a stick. Pieces of dried intestine were on the rocky ground leading to the carcass. Pulled hair was scattered widely.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The rear half of the calf was eaten. Large canine punctures were seen on the hide. There was a bite on one shoulder with deep hemorrhage and tissue damage, characteristic of wolf bites. The femur heads and pelvis were chewed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Eric Simonson	Eric Simonson	4-20-10
NAME OF DISTRICT SUPERVISOR: Jared Hedelius	Jared Hedelius	5/4/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1253DEdwards

DATE COMPLAINT RECEIVED: 4-19-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	4-19-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

250 lb steer calf was killed in a pen beside a barn near the house. Wolves had been seen at night within 40 yards of the house the night before. The dried manure in the pen showed scuff marks from a struggle.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All meat on the 250 lb carcass was eaten. The hide showed large bites with large tooth holes on the rib and shoulder areas. The pelvis and the end of the femurs were chewed and eaten. All entrails were eaten.

The following night the wolves returned and harassed the cattle and at least five in two groups were heard howling.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 16 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED
4-20-10	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Eric Simonson	SIGNATURE: Eric Simonson	DATE: 4-20-10
NAME OF DISTRICT SUPERVISOR: Jared Hedelius	SIGNATURE: Jared Hedelius	DATE: 5/4/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1255JWhittaker

DATE COMPLAINT RECEIVED: 4-21-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	4-21-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The yearling heifer was found in a hay field. Cattle had stamped out tracks but pulled hair was found. Recent confirmed depredations had occured within a few miles.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The heifer had the rump eaten out and the pelvis was chewed off, leaving large tooth marks. Two large bites on a shoulder, showing deep hemorrhage characteristic of wolf bites, were found. Another large bite was seen on the rib close behind the shoulder.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Eric Simonson	Eric Simonson	4-27-10
NAME OF DISTRICT SUPERVISOR: Jared Hedelius	Jared Hedelius	5/4/10
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 102

DATE COMPLAINT RECEIVED: 4/29/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Lee Czapenski	4/29/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Butte

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No wolf Tracks or Scat could Be Found around kill site. Adult cow's Had Been around Dead calf.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

~~ca~~ Large amount of calf was missing and was Laying By water Trough's where owner Frequented ~~Day~~ Daily. To much was missing To Find evidence of Puncture marks or Hemorrhage.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hr

ACTIONS TAKEN: None

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee Czapenski	Lee Czapenski	5/10/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	6/5/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000072

DATE COMPLAINT RECEIVED: 5-13-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	CHARLES L. CARPENTER A.J. KRIWOX	5-14-10 - 5-17-10

RECEIVED 2010 WS

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: BLAINE

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
3 2 BUCK SHEEP 1 EWE			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

5/14/10 CHECKED TWO BUCK SHEEP. NUMEROUS WOLF TRACKS AROUND KILLS. BUCKS WERE KILLED WITHIN 60 YARDS OF RANCH HOUSE. THERE WERE SIGNS OF STRUGGLE AND LOTS OF BLOOD. 5/17/10 - CONFIRMED ONE EWE - SAME AREA AS BUCKS. FEEDING PATTERN TYPICAL OF WOLF PREDATION. FOUND WOLF SCAT APPROXIMATELY 200 YARDS SOUTH OF KILL SITE. WOLF TRACKS IN AREA OF EWE.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 HOURS

5/14/10 BOTH BUCKS WERE BITTEN IN THROAT AREA, BEHIND THE FRONT LEGS, AND ON BACK LEGS TYPICAL OF WOLF PREDATION. PUNCTURE WOUNDS WERE LARGE WITH LOTS OF TRAUMA IN AREA OF BITES. MOST OF ONE BUCK WAS CONSUMED AND ABOUT ¼ OF THE OTHER. 5/17/10 THE EWE HAD BITES IN THROAT AREA AND BEHIND THE FRONT LEG. THE EWE WAS FEED ON THE HIND LEGS AND INSIDES. PUNCTURE WOUNDS IN EWE WERE CONSISTANT OF WOLF BITES WITH LOTS OF TRAUMA. LIVESTOCK OWNER WITNESED ALL ATTACKES BY WOLVES.

ACTIONS TAKEN

FIXED-WING FLEW ON 5/14/10. PLANING TO FLY AGAIN AS SOON AS WEATHER PERMITS. WILDLIFE SPECIALISTS WILL START SETTING TRAPS ON 5/15/10. PROJECT IS ONGOING.

DATE STARTED	DATE ENDED
5-14-10	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L Carpenter	5/14/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L Carpenter	5/14/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0456

DATE COMPLAINT RECEIVED 5-24-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	5-24-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Ada

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
7 lambs 1 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present in Snow
blood smears at each attack site

RECEIVED JUN - 1 2010 WS

(b)(6)

CARCASS/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

large Canine bite Marks in throat, armpits, across spine and hamstrung. Each bitten area had bruising and hemorrhaging consistant with wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2-3 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	5-24-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0455

DATE COMPLAINT RECEIVED 5-17-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	5-17-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER (b)(6)

County: Ada

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 ewe 2 lambs		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

RECEIVED JUN - 1 2010 WS

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcasses completely eaten up, some trauma visible on hide. Noted as probable because physical evidence eaten, however there was confirmed wolf Predation before and after this

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2-4 Days

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	5-17-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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Appendix A

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 301

DATE COMPLAINT RECEIVED: 5/11/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	5/11/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 526-15

COUNTY: Butte

LAND OWNERSHIP: ☐ STATE ☑ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Rain Had Washed away Tracks, Found Bite Marks to Hind quarters, and Front Leg, Calf Had Been Dragged,

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcasses, Most Consumed, Canine 2 in spacing. Hind Leg.

Calf was Probable wolf Kill

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hr -

ACTIONS TAKEN

Check Area For Wolf Sign, Larg Bones Had Been Chewed off.

DATE STARTED	DATE ENDED
5-11	5-11-2010

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	5/12/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Jared Hedelius	[illegible]	5/24/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0453

DATE COMPLAINT RECEIVED 5-8-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	5-9-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

COUNTY: Ada

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 ewe 1 Lamb			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 DAY

ewe had Large canine puncture Marks in throat with lots of hemorrhaging. Ewe had been hamstrung with Massive trauma and tissue damage.

Lamb was 100 yards uphill from ewe with Large canine bite marks in throat, with trauma consistant with wolf attack.

ACTIONS TAKEN

Ongoing control Action

DATE STARTED	DATE ENDED
5-9-10	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	5-9-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Jared Hedelius	[signature]	
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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REPORT NUMBER I 0454

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

DATE COMPLAINT RECEIVED: 5-4-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	5-5-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Ada

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Herder saw 1 gray uncollared wolf leaving site.

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ewe had bite marks in throat region, about 2 inch spacing between canines. Large amount of hemorrhage in area around bite marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 Day

ACTIONS TAKEN: Will Have Fixed-wing fly area.

DATE STARTED: 5-6-10

DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	5-5-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
[illegible]	Jared Hedelius	5/24/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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Appendix A

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: II7105071O

DATE COMPLAINT RECEIVED: 5/7/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	5/7/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Lots of rock mixed with grass pastures, no tracks were found. Calf was eaten while it was drug around ~ 50 yards. Hard to see a struggle site. I believe the calf was killed very quickly. Wolves have been in that area for several years. Spring 2009 rancher shot a wolf in his cattle. Summer 2009 rancher shot a wolf when attacking his dog.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf was bitten over top of head & ears. neck was broke at base of head. All flesh was consumed and most of the hide. Carcass being consumed & drug & pulled apart is consistant to wolf predation.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 36 hours.

ACTIONS TAKEN: Efforts to collar 1 wolf

DATE STARTED: 5/7/10

DATE ENDED:

Feb. Winter 2010 hunter shot a wolf near that area during hunting season.
FY 2009 WS killed 2 wolves in area during control actions.

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jared Hedelius	Jared Hedelius	5/14/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Jared Hedelius	Jared Hedelius	5/14/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I261Peterson

DATE COMPLAINT RECEIVED: 5-25-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	5-26-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found in a pasture. Wolf tracks were found. There were skid marks and a short bloody drag. Gray wolf hair was on the ribs and pelvis. The kill was 150 yards from a previous kill and 400 yards from a trap where a wolf was collared last week.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had a bite with deep hemorrhage on the shoulder and another on the rump. The ribs were bitten off and the femur heads were cracked open showing large canine tooth marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1.5 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson	Eric Simonson	6-4-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/17/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 003327

DATE COMPLAINT RECEIVED: 5/21/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	5/25/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch (b)(6) 1010 Cain Ten Rd. Council, Id. 83612

TELEPHONE NUMBER: 208-253-3038 (b)(6)

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Heifer/2 Calves	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The producer found the two calves close together. The grass around the carcasses had been beat down like the cows had been trying to defend them. The heifer had been dead for several weeks. This is the same area where multiple confirmed wolf kills were found in 2009.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Very little of the calf carcasses remained. Of what remained there was no signs of hemorrhage or puncture marks. The bones from the heifer were broke open or chewed in half. And, the ball joints were chewed off or chewed on.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4 Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/1/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
	George Graves	8 Jun 2010
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

JUN 1 2010
WS

REPORT NUMBER: 1259JrBaker

DATE COMPLAINT RECEIVED: 5-13-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	5-13-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The calf was killed in a wet, irrigated pasture, near an active control action. Wolf tracks were found nearby. The water and cattle had obliterated any drags or blood.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

There were bites wth deep hemorrhage on the rump and shoulder. Both femurs were cracked apart and chewed, showing large canine tooth marks. One lower leg had all hair licked off. Most of the meat was eaten, along with all of the intestines.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 18 hours

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED
5-13-10	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Eric Simonson		5-24-10
NAME OF DISTRICT SUPERVISOR: Doug Hansen	SIGNATURE: Doug Hansen	DATE: 6/17/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I258JWhittaker

DATE COMPLAINT RECEIVED: 5-12-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	5-12-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The bull calf was killed in a hayfield. There was a very long and bloody drag leading to the carcass. There was wolf hair on the exposed bone ends. Numerous confirmed depredation had been investigated wthin 3 miles recently, and wolves had been taken during control actions.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

There were large bites with chacteristic deep hemorrhage on one shoulder and ribs. The pelvis was chewed and the femurs were cracked and eaten. The intestines had been pulled out along the drag, and eaten. Most of the back [illegible] was ea[illegible]

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10 hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		5-24-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/17/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

RECEIVED

REPORT NUMBER: 1260Peterson

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

DATE COMPLAINT RECEIVED: 5-20-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson WS	5-21-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Three wolves had been observed in the cattle on the three previous days. One wolf was trapped and collared 150 yards from the kill site two days before. The calf was bitten and run into a brush pile where it died. Scrapes and scuff marks were found leading to the brush.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had bites on the flanks, one on a shoulder, and the rump. All bites showed deep hemorrhage characteristic of wolf bites. The calf was not eaten.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day

ACTIONS TAKEN: ongoing

DATE STARTED	DATE ENDED
5-21-10	

ENTERED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Eric Simonson		5-24-10
NAME OF DISTRICT SUPERVISOR: Doug Hansen	SIGNATURE: Doug Hansen	DATE: 6/17/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

Appendix A

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 17152510

DATE COMPLAINT RECEIVED: 5/25/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	5/25/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6) Elmore

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 sheep			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

1 set of wolf tracks going down a cattle trail near the kill site. Tall sage brush & rocky hillside, therefore, no tracks were seen at kill site. Sheep die quickly and no struggle was seen.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass was drug & eaten across about 50 yards. Sheep neck was broken with severe hemorrhage around neck. 1 calf was listed as a "probable" two weeks prior in the same area.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 hours

ACTIONS TAKEN

Efforts to remove 1 wolf & Collar 1 wolf.

DATE STARTED	DATE ENDED
5/25/10	ongoing

ENTERED

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	5/25/10
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	[signature]	7/25/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

RECEIVED JUL 2 2010 WS

REPORT NUMBER: I 000282

DATE COMPLAINT RECEIVED: May 12

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	May 12

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208 356-4550

(b)(6)

MADISON

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE calf ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
0		1	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

None found. Pasture contained cattle still in act of calving. Lots of cattle tracks around carcass obscuring any evidence. Multiple reports of a wolf being seen in the area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Spine and ribcage and skull present and in tact. All hide was absent except for covering on face. All legs and remainder of hide missing and unaccounted for. All meat cleaned from bones. No obvious signs of feeding typical to wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3 days

ACTIONS TAKEN

no control action
advised operator of rights to protect livestock
monitor area for wolf activity

DATE STARTED	DATE ENDED
May 12	May 12

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jonathan Farr	JON FARR	21 JUNE 2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7-23-10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

RECEIVED AUG 31 2010 WS

REPORT NUMBER: RW0010

DATE COMPLAINT RECEIVED: 6-21-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	6-22-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

Challis Creek Cattle Co
PO BOX 10
Challis Id 83226

TELEPHONE NUMBER

(b)(6)

Custer

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 cow			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Cow was found on BLM Grazing Allotment on Big Creek of Pahsimeroi. Found wolf tracks, fresh scat, Blood and signs of struggle. Had seen wolf tracks in this Area one week prior.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks to neck and hind quarters with deep bruising. Canine spacing at 1 7/8". All evidence suggests this cow was Killed by Wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day

ACTIONS TAKEN

Traps Were set. Checked area for wolf sign Cat creek to Big Creek. Wolves had moved.

DATE STARTED	DATE ENDED
6-21-10	7-20-10

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	8-22-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8-27-10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: 1263WBaker

DATE COMPLAINT RECEIVED: 6-3-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	6-4-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Two calves were found 5 yards apart. There were wolf tracks all around the kills. Wolf hair was found on the brush. There were several scrapes and drags, showing struggles.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Both calves showed characteristic wolf bites with deep hemorrhage and tissue damage. One calf had bites on the rump, shoulders and rib. The other was bitten on the rump, rib and flank. The femurs were shattered, pelvises broken and chewed, intestines and some meat were eaten. Bones showed large tooth marks consistent with wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 30 hours

ACTIONS TAKEN: ongoing

DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson	Eric Simonson	
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/17/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

RECEIVED

REPORT NUMBER: I 000283

DATE COMPLAINT RECEIVED: June 7

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	June 7

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208 374 5281 (b)(6) CLARK

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE (CALF) ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Site adjacent to carcass = ground torn up, sage brush broken and trampled down in approx 50'x50' section. Wolf tracks and cattle tracks both in torn up soil. Running cattle tracks on trails coming to and from site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Approx 1/3 of carcass eaten (300lb calf). Feeding pattern typical of wolf, femur and pelvis 1/2 consumed. Nearly all meat from hind quarters eaten. No hemorrhage or bite marks found on remaining portions of hide or musculature, although places typical of wolf attack points were gone/eaten.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN

Begun intensive search for wolf activity/sign

Advised operator of right to protect property/livestock

DATE STARTED	DATE ENDED
June 7	June 7

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	Jonathan Farr	6/21/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7-24-10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

JUL 2 5 2010

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000284

DATE COMPLAINT RECEIVED: JUNE 13

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
WOLF	JON FARR	JUNE 14

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6))

TELEPHONE NUMBER: 208 356-6808 (b)(6)

JEFFERSON

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			1 non-predation

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

running cattle tracks near carcass. ground torn up, grass matted down
some coyote scat and tracks near carcass

Near (3-4 miles) to other reported depredation see form I-000282

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass intact, minus hide except face and feet.
eviscerated but still contained most of meat on bones
no evidence of hemorrhage, bite marks or other signs of predation on carcass, minimal feeding - not wolf patterned.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours):

ACTIONS TAKEN

None

advised operator of right to protect livestock

DATE STARTED	DATE ENDED
June 14	June 14

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
JON FARR	Jonathan Farr	6-21-2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	7-24-10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

RECEIVED JUL 30 2010 WS

REPORT NUMBER	I266LWhittier
DATE COMPLAINT RECEIVED	6-29-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	6-30-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE	TELEPHONE NUMBER
(b)(6)	(b)(6)
	COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The 200 lb steer calf was found in an irrigated pasture. There were scuffs and scrapes and a bloody drag leading to the carcass. Pulled hair was scattered in the fight area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The carcassshowed wolf bites with characteristic deep hemorrhage on the right shoulder, right rib area, and over the small of the back. The flanks, entrails, and most of the rear quarters were eaten. The large bones showed large canine tooth marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

2 days

ACTIONS TAKEN

ongoing

DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson	Eric Simonson	7-23-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd Grimm	8/2/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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Appendix A

RECEIVED JUL 23 2010 WS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 171 6240

DATE COMPLAINT RECEIVED: 6/2/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	6/2/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 lamb 2 sheep			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

1 set of wolf tracks were seen on nearby road and around all dead sheep carcasses. sheep herders heard 1 wolf howling the night before + the night of the predation.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Necks on all sheep were broken with severe hemorrhage in neck region. Two sheep had bite marks + hemorrhage on hind quarters + other area. 1 lamb had been mostly consumed

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hours

ACTIONS TAKEN

Efforts to remove 2 wolves + Collar 1.

DATE STARTED	DATE ENDED
6/2/10	ongoing

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jared Hedelius	[signature]	6/2/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[signature]	7/23/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

JUL 22 2010

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000252P

DATE COMPLAINT RECEIVED: 25-JUN-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	25-JUN-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 308-283-4892 (b)(6)

VALLEY

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
OPEN PASTURE BORDERING TIMBERED HILLS. WOLF TRACKS IN GENERAL AREA

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
800# YEARLING STEER STILL ALIVE BUT SCROTUM TORE OPEN - BITE MARKS ON UPPER HIND LEGS. CALF TREATED W/ANTI-BIOTICS BUT DIED JULY 9

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 HRS

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	13-JUL-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	7/28/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000251P

DATE COMPLAINT RECEIVED: 14-JUN-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	15-JUN-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-382-4892 (b)(6)

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
OPEN PASTURE BORDERING TIMBERED HILLS. WOLF TRACK ALONG IRRIGATION DITCH.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
700# YEARLING CALF LAYING HEAD DOWN ON SIDE OF IRRIGATION DITCH - BITE MARKS ON UPPER HIND LEGS AND BETWEEN LEGS. TOOTH SPACING CONSISTENT W/WOLF. APPEARS CALF DIED FROM BLOOD LOSS & SHOCK.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 18 HRS

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	13-JUL-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	7/22/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

RECEIVED JUN 17 2010 WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: A 1975

DATE COMPLAINT RECEIVED: June 7, 2010

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Todd Sullivan, Jeremy Johnson

DATE INVESTIGATED: June 7, 2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Bonneville

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Calf	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

lots of mud and rain. Coyote scat found in close proximity to carcass, No tracks, Cows and mud ~~[illegible]~~ degraded any evidence.
Producer said he shot at coyote night before.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No puncture marks, No trauma to skin.
Skull missing. Some bones chewed on
Birds had been feeding on carcass

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 hrs.

ACTIONS TAKEN

DATE STARTED: 6-7-10 DATE ENDED: 6-7-10

None. Producer told to keep an eye out and call WS if any more problems

NAME OF WS INVESTIGATOR: Todd Sullivan / Jeremy Johnson	SIGNATURE	DATE
NAME OF DISTRICT SUPERVISOR: Todd Sullivan	SIGNATURE: Todd Sullivan	DATE: 6-10-10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

left on site

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0426

DATE COMPLAINT RECEIVED: 6-14-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	6-14-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

Custer

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found same area as calf on 6-13-10 (Report #200) Found Blood, Scat, Calf had been dragged.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks on front shoulder and over back, large bones were broken and chewed off. Calf had been killed by a wolf.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10 Hrs.

ACTIONS TAKEN

DATE STARTED	DATE ENDED
6-14-10	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	6-14-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	15 June 2010
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

JUN 22 2010

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: B 161

DATE COMPLAINT RECEIVED: 6/2/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	6/3/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Ox Ranch (b)(6) 1095 W Calf Pen Rd. Council, Id. 83612

TELEPHONE NUMBER: (b)(6)

COUNTY: Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Calf	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

There were no tracks or scat observed at the site. This evidence has been found on the roads in the area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

There wasn't any puncture marks or signs of hemorrhaging found. The calf carcass was mostly consumed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 Hrs

ACTIONS TAKEN

DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/8/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	22 Jun 2010
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

WS FORM 200 (OCT 99)

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

JUN 2 5 2010

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0440

DATE COMPLAINT RECEIVED: 6-9-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Ashmead Jeff	6-9-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

Plateau Farms
P.O. Box 695
Hagerman Id. 83322

TELEPHONE NUMBER: 208-539-7253

COUNTY: Blaine Co.

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 ewe		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Kill site with Blood on ground and Brush struggle site! no tracks sheep moved over area covering any tracks of wolfs

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Large canine bite marks through skin in hind leg. no meat left carcasses was totaly eaten

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10 hrs

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
J. M. Ashmead	J. M. Ashmead	
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L. Carpenter	6/21/2010
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

JUL 30 2010
WS

REPORT NUMBER	1267PEdwards
DATE COMPLAINT RECEIVED	6-30-10
SPECIES	Gray wolf
NAME OF INVESTIGATOR(S)	Eric Simonson
DATE INVESTIGATED	6-30-10
NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE	(b)(6)
TELEPHONE NUMBER	(b)(6)
COUNTY	Lemhi

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The airplane saw a wolf on the cow carcass, laying in a trail. The calf was found up above the cow. The fight started 100 yards above the trail with scrapes and skids, pulled hair, and blood leading down to the carcass. Tracks of one wolf were found.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had been born and walking for about 4 hours. It had one large bite on a shoulder, with deep hemorrhage and tissue damage of a wolf bite. The entrails were eaten.

The cow had the vulva and rectum eaten. She had bites on her rear quarters. She fell off a bank onto the trail and was laying with her head tucked underneath her.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day

ACTIONS TAKEN: ongoing

DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson		7-26-10
NAME OF DISTRICT SUPERVISOR: Todd Coleman	SIGNATURE	DATE 8/12/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: r265RunningTCattl

DATE COMPLAINT RECEIVED: 6-14-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	6-14-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Running T Cattle Co
HC 67 Box2051
Challis, ID 93226

TELEPHONE NUMBER: 208-940-2645

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [X] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1	1		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A 1200 lb cow was found in a narrow spot leading to water. There was a big fight, many scrapes and scuffs, and pulled hair. Wolf hair was found on the fences nearby. Wolf tracks were around the carcass.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The cow showed a bite over the ribs with deep hemorrhage characteristic of a wolf bite. The intestines were 20 yards away and stretched back towards the cow. The large femur heads and pelvis were eaten, with very large canine tooth marks.Most of the cow was consumed. The calf could not be found and is likely eaten.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2.5 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson	Eric Simonson	6-15-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/22/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER	1264Shiner
DATE COMPLAINT RECEIVED	6-11-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	6-11-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE	TELEPHONE NUMBER
(b)(6)	(b)(6)
	COUNTY: Lemhi

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

During aerial control action, the airplane observed a collared wolf killing the calf while the cow tried to prevent it. Ground investigation found scrapes and pulled hair and a short bloody drag.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had multiple bites with deep hemorrhage and tissue damage. The back quarters and entrails were mostly eaten.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

NAME OF WS INVESTIGATOR: Eric Simonson	SIGNATURE: Eric Simonson	DATE: 6-15-10
NAME OF DISTRICT SUPERVISOR: Doug Hansen	SIGNATURE: Doug Hansen	DATE: 6/22/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: r262RockyMtnL&L

DATE COMPLAINT RECEIVED: 6-2-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	6-2-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Rocky Mountain Land & Livestock
PO Box 82
Lemhi, ID 83465

TELEPHONE NUMBER: 208-303-0110

COUNTY: Lemhi

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [ ] CATTLE [X] OTHER (Specify) Bison - domesticated

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A wolf had been seen in the bison pasture recently. There was pulled hair from the carcass and there were scuff and skid marks indicating a struggle.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The yearling bison had numerous large deep bites with characteristic deep hemorrhage and tissue damage. There were bites on the rump, flanks, ribs, lower rear leg, and shoulder. The penis sheath was ripped off. The intestines were hanging out, with pieces leading to the carcass.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 12 hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED
ongoing		

ENT

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Eric Simonson	Eric Simonson	6-7-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	6/17/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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Appendix A

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 200

DATE COMPLAINT RECEIVED: 6-13-2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	6-13-2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

Custer

☐ STATE ☐ BLM ☐ TRIBAL
☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was found [illegible] Found (b)(6)
Scat, blood, signs of struggle [illegible] dragged
20 yards.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found bite marks to front shoulder and hind quarter, large bones were chewed off. Evidence found suggests this calf was killed by wolf.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 Hr

ACTIONS TAKEN

DATE STARTED	DATE ENDED
6-13-2010	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
R. Williamson	Rick Williamson	6-13-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
George Graves	[signature]	15 Jun 2010
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000393

DATE COMPLAINT RECEIVED: 03-JUL-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	03-JUL-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-31<-11.11 (b)(6)

VALLEY

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
PATCHY TIMBER AND MEADOW GROUND OFF [illegible] LAKE RD. (b)(6)
WOLF TRACKS ON BOTH SIDES OF HIGHWA, [illegible] AREA
WHERE BULL WAS FOUND

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
1600 # BULL - BITE MARKS ON HIND LEGS AND FRONT SHOULDERS - BULL CHASED INTO BOGGY WILLOWS WHERE IT MIRED IN MUD.
DURING CONFRONTATION W/WOLVES BULL BROKE ITS BACK.
BULL WAS EUTHANIZED.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6

ACTIONS TAKEN
TRAPS SET JULY 8th

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	13-JUL-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K T	7/22/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000330

DATE COMPLAINT RECEIVED: 7/12/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	7/13/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Ox Ranch
1095 Calf Pen Rd.
Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008

COUNTY: Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf		1 Calf	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Confirmed wolf predation on 7/10/2010 within a few miles from this site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf bite marks/canine scratches on neck and shoulders. The same kind of biting occurred on the left hind leg. The calf (Possible/unknown) had been dead longer than the other. There was no signs of hemorrhaging, but the carcass had been fed upon.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hrs.

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	7/15/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	7/16/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000329

DATE COMPLAINT RECEIVED: 7/9/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	7/10/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Ox Ranch
1095 Calf Pen Rd.
Council, Id. 83612

TELEPHONE NUMBER
208-253-3008
(b)(6)
rowns

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A gray wolf had been seen near some cows and calves about two miles from this site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf canine marks were found on the throat/neck area and on a hindquarter. The stomache had been eaten out.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24-36 Hrs.

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	7/15/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd Grimm	7/15/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0442

DATE COMPLAINT RECEIVED 7-9-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Ashmead Teff	7-9-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Plateau Farms
3016 S. 1000 E.
Hagerman Id. 83332

TELEPHONE NUMBER 208-

COUNTY Blaine Co

LAND OWNERSHIP ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
Wolf scat at attack site with Blood on Brush & ground in area of struggle herder heard guard dogs down the right & wolf howling just above Band of Sheep

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
Large canine Bite to neck & left hind leg with signs of massive hemorrhage Bite marks were massive deep and massive damage. feeding pattern was typical wolf alot of bone was feed on.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours) 6-8 hrs.

ACTIONS TAKEN set traps

DATE STARTED	DATE ENDED
7-9-10	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Teff Ashmead	Jeff M Ashmead	7-10-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L CARPENTER	Charles L Carpenter	7/16/2010
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

RECEIVED JUL 1 2010 WS

REPORT NUMBER I 0443

DATE COMPLAINT RECEIVED 7-14-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Ashmead Tett	7-15-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Faulkner Land & Livestock
1900 S. 1850 E.
Gooding Idaho. 83330

TELEPHONE NUMBER 208-934-4956

COUNTY Camas Co.

LAND OWNERSHIP ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Lamb	1 ewe		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
Wolf tracks chasing lamb off into side to the bottom and killed it. Alot Blood on ground and Brush at attack site

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
Large canine bite to the neck and front shoulder deep massive bite marks with alot hemorrhage

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)
18 hrs

ACTIONS TAKEN set equipment

DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Tett Ashmead	[signature]	7-16-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L CARPENTER	Charles L Carpenter	7/16/2010
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

RECEIVED JUL 9 2010 WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0474

DATE COMPLAINT RECEIVED 7-6-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	7-6-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COL Boise

LAND OWNERSHIP ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 lamb			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

(b)(6)

canines, signs of hemorrhage, etc.)

OCCURRED (Days/hours) 12 hrs

Carcass had large canine puncture marks in neck bite marks approx 2 inch apart. Massive trauma and hemorrhaging in throat region as result of being bit.

ACTIONS TAKEN

traps set

DATE STARTED	DATE ENDED
7-6-10	

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	7-6-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	7/20/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000332

DATE COMPLAINT RECEIVED: 7/20/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	7/20/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE	TELEPHONE NUMBER
(b)(6)	208-549-0291 (b)(6)

Valley

LAND OWNERSHIP: [X] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Lamb			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Last year the producer reported that wolves were around and that the herder had spent many nights protecting the band, but they did not have any losses. Previous to the depredation, the producer had again reported wolf activity around his sheep. On the night of the depredation the herder had been sleeping within the bed ground and had heard the commotion of the attack. Fresh wolf tracks and scat were throughout the area. Multiple wolves area frequenting the area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The lamb was totally consumed, except for a part of the hide. The hide contained wolf canine puncture marks. Around the puncture marks on the hide were signs of hemorrhaging, or purple discoloration.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 6-8 Hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	7/27/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	7/30/2010
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

AUG 04 2010

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: A 1613

DATE COMPLAINT RECEIVED: 7/8/2010

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Todd Sullivan, Gary Rushcane, Herb Mayes

DATE INVESTIGATED: 7/8/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Franklin

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
3 (2 ewe, 1 lamb)		1 ewe	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Herder shot what appeared to be a wolf approx. 200 yds from Camp. Dead ewe was found approx. 200 yards behind camp in aspens. Area was trampled down where animal(s) had drug and fed on ewe carcass. Several hairs that appeared to be from the "wolf" were found on several trees and branches

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass mostly consumed. Signs of hemorrhage on back of front shoulder. Some broken ribs, no bite marks, no lacerations. Difficult to determine from carcass, not classic wolf kill/feeding pattern. Due to hair and what appeared to be the dead wolf confirmation made

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 days

ACTIONS TAKEN

None. Herder shot wolf and carcass was picked up by USDA/WS. Blood & DNA samples were taken and carcass turned over to Idaho Fish and Game.

DATE STARTED: 7-8-2010

DATE ENDED: 7-8-2010

Note: later concern brought up by IDFG that it may have been a wolf hybrid. One was reported lost in the area.

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Todd Sullivan	Todd Sullivan	7-22-2010
NAME OF DISTRICT SUPERVISOR: Todd Sullivan	Todd Sullivan	7-22-2010
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

ENTERED

DISPOSITION OF CARCASS/PARTS

Turned over to IDFG

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WILDLIFE SERVICES

RECEIVED AUG 0 2 2010 WS

REPORT NUMBER C 104

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

DATE COMPLAINT RECEIVED 7/27/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Lee CzaPenski Kill's in	7/27/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Jefferson

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
10 Bucks	18 Bucks	8 Bucks	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks around kill site

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 48 Hr's

Signs Of Hemorrhage around Bite marks on Rear and neck's of Bucks. Some of The confirmed Buck's were still alive with Large Bite's To The Hind-Quartes, with Large Pieces Of Flesh missing. 18 Probable Buck's were Laying in a couple Groups close To each other But were Decompos and Had Been Dead For about 1 week. 8 Other Buck's are missin and could not Be Found. all wounde Buck's Died)

ACTIONS TAKEN

DATE STARTED	DATE ENDED
7/27/10	

Set Traps

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Lee CzaPenski	Lee Czapenski	8/2/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Sullivan	Todd Sullivan	8/6/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: RW 0011

DATE COMPLAINT RECEIVED: 7-1-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Rick Williamson	7-1-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)
Challis Creek Cattle Co.
PO Box 10
Challis Id. 83226

TELEPHONE NUMBER: 208-955-[illegible]

(b)(6)
Custer

LAND OWNERSHIP: ☐ STATE ☒ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 cow		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Injury occured on 16th June. Found wolf tracks chasing cattle Big Creek Road. Cattle had broken through fence. This cow was in Cattle Guard with Sevier injuries. Cow died 1 Week later.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Cow had been chased into Cattle Guard. Left hind leg was broken. Found bite marks to tail and Right hind quarter.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 day

ACTIONS TAKEN

DATE STARTED	DATE ENDED
7-1-10	7-20-10

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Rick Williamson	Rick Williamson	8-22-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 17172110

DATE COMPLAINT RECEIVED: 7/21/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Jared Hedelius	7/21/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 lamb, 2 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The kill site is in same area as the one a week prior. There are still multiple wolf track on trail + kill/Ridge tops. Multiple track around killed animals.

No signs of struggle, the sheep were killed fast.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The lambs had multiple bite marks on neck, the ewes had bite marks on neck and on flank/hind quater regions.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8-12 hours

ACTIONS TAKEN

Take offending wolves.

I have been staying at the sheep camp and have heard 1-3 wolves howling each night.

Herder is sleeping with sheep periodically.

There are 4 guard dogs with the sheep.

DATE STARTED	DATE ENDED
7/14/10	ongoing

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	7/21/10
NAME OF DISTRICT SUPERVISOR: Todd Grimm	Todd K [illegible]	8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 17171510

DATE COMPLAINT RECEIVED: 7/15/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Jared Hedelius	7/15/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Multiple sets of wolf tracks found leading to and away from kill site. Herders saw 1 grey & 1 black wolf near the sheep that morning. They also heard wolves howling that night & the night before. Multiple wolf tracks found on trail near sheep.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No signs of struggle, lambs died very fast. Both had bite marks on neck & over back of head. 1 lamb was patially consumed, 1 lamb was not fed on. Two inch puncture marks on hide & hemorrhage around bite.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8-12 hours

ACTIONS TAKEN

DATE STARTED	DATE ENDED
7/15/10	ongoing

Traps set. Efforts to remove 2 wolves.
There are 3-4 guard dogs with sheep.

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jared Hedelius	[signature]	7/15/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 17171410

DATE COMPLAINT RECEIVED: 7/14/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	7/14/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Multiple sets of wolf tracks on nearby trail, ridge top, & around kill site. Herders heard multiple wolves howling that night. Guard dogs barking all night.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No signs of struggle, lambs were killed over top of neck & died instantly. One lamb was mostly eaten, one lamb not fed on at all. Massive hemorrhage & bruising on the necks & around bite marks.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 4-8 hours

ACTIONS TAKEN

Traps set & efforts to remove offending wolves

There are 4 guardogs with this band.

DATE STARTED	DATE ENDED
7/14/10	ongoing

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	SIGNATURE: [signature]	DATE: 7/14/10
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: [signature]	DATE: 8/17/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: JM 82510

DATE COMPLAINT RECEIVED: 8/25/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf ?	Justin Mann	8/26/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 983

COUNTY: Idaho Co

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Cow	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
One wolf track was found ~ 25yd away. The Cow was found dead in a meadow. There was no blood spray nor signs of struggle.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.) The Carcass had been fed on by birds. the meat from the hind quarters had been consumed. The skeleton was still intact. The hide was almost entirely intact. There were no canine punctures or subcutaneous hemorrhage. There was no evidence that indicated cause of death to be predator related.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ~ 4 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin Mann	Justin S Mann	8/30/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: JM 83010

DATE COMPLAINT RECEIVED: Aug 30, 2010

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Justin Mann

DATE INVESTIGATED: Aug 30, 2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 839 2413

COUNTY: Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf injured			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was still alive & had been returned home. Attack site unknown

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

2 1/4" canine spaced punctures and tears on both hind legs. A hunk of flesh the size of a tennis ball had been torn away from the left hind quarter. A piece of muscle & hide about the size of a softball had been torn from the belly/flank/front of right hind leg. Maggots in the wound indicated injury was days old

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ~ 4-6 days

ACTIONS TAKEN: 8/30 Control action implemented

DATE STARTED	DATE ENDED
8/30	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Justin Mann	Justin S. Mann	8/31/10
NAME OF DISTRICT SUPERVISOR: George Graves	[signature]	7 Sept 2010
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER: 1268RWhitworth

DATE COMPLAINT RECEIVED: 8-26-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Gray wolf	Eric Simonson	8-27-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The 550 lb calf was near a water hole. A clear bloody drag mark with intestine pieces led to the carcass. Tracks of at least one wolf were found in the mud near the water.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The calf had large bites on the shoulder and rib area showing characteristic deep tissue damage and hemorrhage. The pelvis and femur heads both showed large tooth marks consistent with wolf teeth. The entrails, hindquarters, and loins were mostly consumed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 36 hours

ACTIONS TAKEN: ongoing

DATE STARTED	DATE ENDED
8-27-10	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Eric Simonson	Eric Simonson	8-30-10
NAME OF DISTRICT SUPERVISOR: Todd Grimm	Todd Grimm	9/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: JM 081210

DATE COMPLAINT RECEIVED: Aug 11 2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	Aug 12, 2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Idaho

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Cow		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Track & Scat were all over the Area. One black wolf was jumped off the Carcass as I approached the Kill site. While I was preforming the Necropsy 12-20 wolves were howling down wind within 200yds. Wolf hair was found on the brush around the Carcass. B274's signal was Really Close To The North of the Kill.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The Carcass was mostly Consumed by wolves. It was eaten so Rapidly That Birds didn't have A Chance To Feed on it.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ~ 3½ - 4 days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin S. Mann	Justin S Mann	8/12/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: JM 5810

DATE COMPLAINT RECEIVED: 5/7

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Justin Mann

DATE INVESTIGATED: 5/8

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lewis

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Grass was trampled down on ~ 100yd² area. Blood spray was found on the ground and on the taller grass. Injuries consistent with that of a lone wolf.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Massive muscle/tissue damage on the neck/throat area. ~2 1/8" canine spacing punctures. Internal organs & hind quarters mostly eaten.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 36hr

ACTIONS TAKEN

Control action was implemented. Wolf never returned.

DATE STARTED	DATE ENDED
5/8	7/8

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin S. Mann	Justin S. Mann	7/8/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	Todd K. G	7/15/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

RECEIVED SEP 01 2010 WS

REPORT NUMBER	SK 8-17-10
DATE COMPLAINT RECEIVED	8-17-2010
DATE INVESTIGATED	8-18-2010
TELEPHONE NUMBER	
COUNTY	TILLMORE ~~GOODING~~

SPECIES	NAME OF INVESTIGATOR(S)
GREY WOLF	SAM KOCHERHANS

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☑ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 EWE 2 LAMBS		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

FOREST AREA STEEP SIDE HILL WITH LOTS OF BRUSH. WOLF TRACKS IN AREA.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BECAUSE OF THE AMOUNT OF TIME SINCE THE SHEEP HAD BEEN KILLED I COULD'NT DETERMINE THE CAUSE OF DEATH. THERE WAS'NT ANYTHING LEFT OF THE CARCUSSES.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 5 DAYS

ACTIONS TAKEN

NO ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
SAM KOCHERHANS	Sam Kocherhans	8-18-2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	8/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

SEP 01 2010

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: S.K 8-21-10

DATE COMPLAINT RECEIVED: 8-21-2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GREY WOLF	SAM KOCHERHANS	8-21-2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

COUNTY: ELMORE ~~GOODING~~

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☑ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 EWE 7 LAMBS			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

FOREST AREA WITH LOTS OF BRUSH AND DEAD FALL. WOLF TRACKS AND SCAT. 3 CARCUSSES HAD BEEN DRAGGED 10 TO 20 YARDS FROM KILL SITE

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BITE MARKS ON BACK LEGS AND BEHIND FRONT SHOULDERS. LOTS OF HEMORRHAGING AROUND BITE MARKS. SOME FEEDING ON BACK LEGS. CHEST CAVITY OPENED UP, HEART, LIVER, AND LUNGS EATEN.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2 DAYS

ACTIONS TAKEN	DATE STARTED	DATE ENDED
8-21-2010 - SET 4 TRAPS CHECKED TRAPS EVERY 24 HOURS 8-27-2010 CHECKED AND SPRUNG TRAPS FOR THE WEEKEND.	8-21-2010	

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: SAM KOCHERHANS	SIGNATURE: Sam Kocherhans	DATE: 8-29-2010
NAME OF DISTRICT SUPERVISOR: TODD GRIMM	SIGNATURE: [illegible]	DATE: 9/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

SEP 01 2010

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: S.K. 8-8-10

DATE COMPLAINT RECEIVED: 8-8-2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GREY WOLF	SAM KOCHERHANS	8-8-2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: ELMORE ~~GOODING~~

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☑ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 LAMBS			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

FOREST ON THE EDGE OF SMALL MEADOW. WOLF TRACKS AND SCAT.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BOTH LAMBS HAD HEMORRHAGING AROUND FRONT SHOULDER AREA AND BITE MARKS. THE STOMACH HAD BEEN OPENED UP ON BOTH CARCUSSES. RIBS WERE CHEWED OFF AND HEART, LIVER, AND LUNGS WERE EATEN.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 16 hrs

ACTIONS TAKEN

8/8/2010 - SET 5 TRAPS. CHECKED TRAPS EVERY 24 HOURS. ON 8/13/2010 SPRUNG TRAPS FOR THE WEEKEND. RESET TRAPS ON 8/16/2010. CHECKED TRAPS EVERY 24 HOURS. 8/27/2010 - CHECKED AND SPRUNG TRAPS FOR THE WEEKEND.

DATE STARTED: 8-8-2010

DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
SAM KOCHERHANS	Sam Kocherhans	8-29-2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	9/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

SEP 01 2010

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

S

REPORT NUMBER: S.K. 8-7-10 B

DATE COMPLAINT RECEIVED: 8-7-2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GREY WOLF	SAM KOCHERHANS	8-7-2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: ELMORE ~~GOODING~~

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☑ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 EWE			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

FOREST WITH LOTS OF BRUSH. WOLF TRACKS AROUND THE CARCUSS AND ON THE TRAIL. BLOOD AND WOOL AT THE SPOT OF THE KILL. THE CARCUSS HAD BEEN DRAGGED ABOUT 20 YARDS FROM THE SPOT OF THE KILL.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BITE MARKS BEHIND THE FRONT SHOULDER WITH LOTS OF HEMORRHAGING. ALSO, BITE MARKS AROUND THE NECK AREA. THE CARCUSS HAD BEEN OPENED UP AND THE HEART, LIVER, AND LUNGS HAD BEEN EATTEN. ALSO THE RIBS HAD BEEN EATTEN ON.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hrs.

ACTIONS TAKEN: 8/7/2010 - SET 4 TRAPS. CHECKED TRAPS EVERY 24 HOURS. ON 8/11/2010 TRAPPED 1 MALE GREY WOLF. ON 8/13/2010 SPRUNG TRAPS FOR THE WEEKEND. RESET TRAPS ON 8/16/2010. CHECKED TRAPS EVERY 24 HOURS. 8/17/2010 - CALLED AND SHOT 1 FEMALE GREY WOLF 8/27/2010 - CHECKED AND SPRUNG TRAPS FOR THE WEEKEND.

DATE STARTED: 8-7-2010

DATE ENDED:

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
SAM KOCHERHANS	Sam Kocherhans	8-29-2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	9/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0469

DATE COMPLAINT RECEIVED: 8-25-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-26-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) - Cabarton Land Company, P.O. Box 428 Cascade, ID 83611

TELEPHONE NUMBER: (b)(6) Valley

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
			2 cows Not Sure cause of Death - Not predator

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No canine puncture marks, with trauma
Deaths not predator related.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): ~ 7-10 Days

ACTIONS TAKEN

None

DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	8-26-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Coleman	[signature]	8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: PW 0012

DATE COMPLAINT RECEIVED: 8-15-10

DATE INVESTIGATED: 8-16-10

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Rick Williamson

NAME AND ADDRESS OF LIVESTOCK OWNER: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Custer

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., trac

Calf was found on (b)(6)
Found wolf tracks [illegible] signs of struggle and blood. Calf had been dragged.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Found signs of brusing and hemorrhage
Large bones had been chewed off.
This calf was killed by wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hrs

ACTIONS TAKEN

Traps were set.

DATE STARTED	DATE ENDED
8-16-10	

NAME OF WS INVESTIGATOR: Rick Williamson	SIGNATURE: Rick Williamson	DATE: 8-24-10
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: [signature]	DATE: 8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000341

DATE COMPLAINT RECEIVED: 8/24/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/24/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Soulen Livestock, P.O. Box 827, Weiser, Id. 83672

TELEPHONE NUMBER: 208-549-1878

COUNTY: Idaho - Morgan Lake

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Ewe, 2 Lambs			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf scat and tracks were found in the area. Wolf scat was found near the lamb that was heavily fed upon.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All three sheep had wolf canine puncture marks. The ewe had trauma to the neck and throat. One of the lambs had the trauma and hemorrhaging to the neck/throat area and also to the right hind leg. The second lamb was mostly consumed. The bone ends were chewed off and wolf canine puncture marks were found in the remaining hide.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hrs.

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/26/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: SK. 8-7-10 A

DATE COMPLAINT RECEIVED: 8-7-2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GREY WOLF	SAM KOCHERHANS	8-7-2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: CAMAS

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☑ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 COW 1 CALF	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

COW AND CALF WERE ALONG A CREEK. IT HAD BEEN AT LEAST 2 TO 3 WEEKS SINCE THEY DIED. THERE WAS NO PREDATOR TRACKS AROUND. THE COW AND CALF WERE COMPLETELY MELTED DOWN. THE HYDES WERE LIKE LEATHER. I COULDN'T FIND ANY SIGN OF PREDATION ON EITHER ANIMAL.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

NO PUNCTURE MARKS FOUND AND VERY LITTLE EATTEN ON THE CALF. NO SIGN OF FEEDING ON THE COW.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 21 DAYS

ACTIONS TAKEN: NO ACTIONS TAKEN

DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
SAM KOCHERHANS	Sam Kocherhans	8-7-2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD [illegible]	[illegible]	9/1/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 17181810

DATE COMPLAINT RECEIVED: 8/18/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	8/18/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6) Elmore

☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 lamb	2 bucks 9 lambs		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Lamb was laying on sheep trail. 1 wolf left area on that same trail, no struggle, nothing eaten, neck broken with massive hemorrhages

Herder said he is short/missing 2 buck and 9 lambs.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

I believe the wolf heard/saw me coming up the trail & left area.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): minutes

ACTIONS TAKEN

DATE STARTED	DATE ENDED
7/14/10	ongoing

2 more wolves have been killed.

Efforts to remove additional wolves ongoing.

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	8/18/10
NAME OF DISTRICT SUPERVISOR: Todd Wilson	Todd K Wilson	8/27/10
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 17182410

DATE COMPLAINT RECEIVED: 8/24/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	8/24/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6) Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
35 lamb 3 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A single set of wolf tracks have been seen periodically on road going thru private property. Herder saw 1 grey wolf the day before. 1 set of wolf tracks going down trail away from kills. Forest Service personel have seen wolves in area twice this summer

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Every lamb & ewe was bitten on neck, all were very fast kills. No struggle sites found. Some had broken necks, some did not. 1 hind quater was eaten from 1 lamb.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8-12 hours.

ACTIONS TAKEN

Efforts to remove offending wolves, 35-40 additional lambs are still missing.

DATE STARTED	DATE ENDED
8/24/10	ongoing

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	8/24/10
NAME OF DISTRICT SUPERVISOR: Todd Grimm	Todd Grimm	8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0471

DATE COMPLAINT RECEIVED 8-26-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-26-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY

Valley

LAND OWNERSHIP ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 yearling			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Cascade

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The carcass had trauma and hemorrhaging on hind legs, massive tissue Damage along with trauma front legs had also been bitten with massive trauma.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

2 days

ACTIONS TAKEN

DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	8-26-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

Appendix A

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I : 1718710

DATE COMPLAINT RECEIVED: 8/7/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Jared Hedelius	8/7/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6) Elmore

TELEPHONE NUMBER: (b)(6)

☑ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
7 lambs 4 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks of 1-2 wolves, hearing 1-2 wolves howling at night. Sheep are in same drainage as last kills. Wolves using ATV/hiking trail frequently. Wolf tracks around carcasses.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All lambs & ewes have bite marks & hemorrhage on neck, head, and/or face areas. 1 lamb has been partially consumed. Two of the ewes have bite marks on hind quarters. Herder saw black wolf in sheep

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10-12 hours

ACTIONS TAKEN

DATE STARTED	DATE ENDED
7/14/10	ongoing

2 wolves have been killed.

Efforts to remove offending wolves ongoing.

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	Jared Hedelius	8/7/10
NAME OF DISTRICT SUPERVISOR: Todd Grimm	Todd Grimm	8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000340

DATE COMPLAINT RECEIVED: 8/22/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/23/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Ox Ranch
1095 Calf Pen Rd.
Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008

COUNTY: Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf - Injured	1 Calf - Injured		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
Multiple confirmed wolf damage from this area over the last several months.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
The confirmed calf had wolf canine scratches all over its right hind leg and a few on its left. The probable calf had scratches/cuts, but canine spacing could not be determined. The left hip had a lot of swelling and had to be lanced and drained. This calf had no use out of its left leg.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2-4 Weeks

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/24/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/25/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000339

DATE COMPLAINT RECEIVED: 8/19/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/20/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: [illegible] Wolf

(b)(6)

TELEPHONE NUMBER: 208-255-[illegible]

(b)(6)

Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

[illegible]CK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Cow		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks and scat in the area. Producers and USDA Wildlife Services have had confirmed wolf sightings. Confirmed wolf depredation on 8/13/2010.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf canine scratches were found on the cow's nose, chest, side, flank, and hind leg. The bag and intestines were the only parts eaten. The cow had been dead long enough that the hide was drying out and getting hard.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3-4 weeks

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/23/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/25/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000338

DATE COMPLAINT RECEIVED: 8/19/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/19/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Soulen Livestock
P.O. Box 827
Weiser, Idaho 83672

TELEPHONE NUMBER: 208-549-1878

COUNTY: Valley - Fisher Creek

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks at the attack site. The herder has been hearing multiple wolves howling almost every night. On 8/15/2010 a lamb was confirmed killed by wolves.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf canine puncture marks were found around the ewe's neck. Deep hemorrhaging occurred in the tissue at these marks. No feeding had been found on the ewe.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8-10 Hours

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/23/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Coleman	[illegible]	8/25/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0464

DATE COMPLAINT RECEIVED 8-19-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-19-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

C

~~Gem~~ Valley

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 cow	1 Calf		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present Around Cow

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf had bite marks in the skin on the shoulder But the calf was to decomposed to see trauma.

Cow had bite marks and trauma on the hind legs in the ham region. Also had bite marks and trauma around the udder, could not see bite marks in throat as it was eaten up in the neck area.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

1-2 days on the Cow

ACTIONS TAKEN

traps set

DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg D. Hansen	8-19-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD Grimm	[signature]	8/25/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER I 0473

DATE COMPLAINT RECEIVED 8-21-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-22-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Gem

LAND OWNERSHIP ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 calf	~~1~~	1 calf	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf was almost completely eaten up, however there was Massive trauma along top of back it looked blood shot, a lot of hemorrhage Most of Ribs had been eaten off, bones severely chewed.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

ACTIONS TAKEN

DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	8-22-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/25/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0463

DATE COMPLAINT RECEIVED: 8-21-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-22-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 584-3735

COUNTY: Gem

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf had bite marks and trauma in hind leg. Attack site consistant with wolf attack
Attack happened in same pasture as 2 calves conformed on 8-3-10 and 8-22-10 another 1 calf confirmed

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1 DAY

ACTIONS TAKEN

DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	8-22-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Galmore	[signature]	8/25/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

AUG 2 6 2010
WS

REPORT NUMBER I 0470

DATE COMPLAINT RECEIVED 8-23-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-23-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

Valley

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Cow	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

(b)(6)

C/ SE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No sign of trauma found

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

1 Day

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	8-23-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMAN	[signature]	8/26/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

WS

REPORT NUMBER I 0472

DATE COMPLAINT RECEIVED 8-23-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-23-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Valley

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
	1 Cow	1 Cow	1 Cow Larkspur - bloated

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf scat present

(b)(6) - less than 3-4 miles from confirmed wolf depredations.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Probable - had been mostly eaten up, one of the hind legs had trauma on it but no visible bite marks

Possible/unknown - to decomposed to see trauma or bite marks

other - No visible signs of predator associated with Death

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)
Probable - about 2 days
Possible/unknown - about 5-7 days
Larkspur - about 1 day

ACTIONS TAKEN

DATE STARTED	DATE ENDED

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	8-23-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Galiano	[signature]	8/25/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000394

DATE COMPLAINT RECEIVED: 20-AUG-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	20-AUG-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208 008-1002 (b)(6)

VALLEY

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

600 # STEER - CHEST DOWN - HIND LEGS EXTENDED - BLOOD TRAIL - TIMBERED PROPERTY

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

BITE MARKS ON FRONT SHOULDERS AND HIND LEGS - SCROTUM TORE OPEN - HEMORRHAGE AND FEEDING ON HIND END - ANIMAL DIED FROM BLOOD LOSS AND SHOCK

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 36 HRS

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	20-AUG-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/23/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 395

DATE COMPLAINT RECEIVED: 21-AUG-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
GRAY WOLF	KELLY PARKER	22-AUG-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 000 1592 (b)(6)

VALLEY

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

TIMBERLINE NEXT TO OPEN PASTURE - BLOOD TRAIL - TORE UP AND MATTED DOWN GRASS IN 50 YD. DIAMETER AREA - WOLF TRACKS - MOTHER COW TRACKS

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

250# HIEFER CALF - PUNCTURE MARKS AND HEMORRHAGE ON UPPER HIND LEG - FEEDING ON HIND LEG

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 36 HRS

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
KELLY PARKER	Kelly Parker	23-AUG-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	8/23/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: C 295

DATE COMPLAINT RECEIVED: 8-11-2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Gary Looney	8-12-2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Nez Perce

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks of several wolves. Signs of struggle (scrapes + tracks) at attack site Kill site about 20' from Attack site. Large amount of Blood. Carcass moved about 15' from Kill site + fed upon. That's where it was found. moved another 30' + fed upon some more. (b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass was mostly consumed, however hind Legs (lower) and one front Leg were still available. Both hind Legs and front Legs showed Considerable hemorrhage and bite marks. puncture marks seemed to be 1½-2¼".

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): About 30 hrs or Less

ACTIONS TAKEN: Set 5 Traps 8/12. T/K 2 wolves 8/13. T/K 1 wolf 8/17 T/K 1 wolf 8/20

DATE STARTED	DATE ENDED
8-12-210	8-20-10

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gary Looney	[signature]	8-20-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/23/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000342

DATE COMPLAINT RECEIVED: 8/13/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/13/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 719-201-9727 (b)(6)

Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Bull			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks were found in the area and around the carcass. The producer had seen a wolf the day before the investigation in the area of the bull carcass. Historical wolf problem area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf canine puncture marks were found in the head, neck, front legs, hind legs, scrotum, and back. Due to the advanced stages of decay signs of hemorrhage were difficult to find, but enough was found for confirmation.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 10-12 Days

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

RECEIVED AUG 2 9 2010 WS

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/16/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/20/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

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WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000334

DATE COMPLAINT RECEIVED: 8/11/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/12/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Soulen Livestock, P.O. Box 827, Weiser, Id. 83672

TELEPHONE NUMBER: 208-549-1878

COUNTY: Valley - Josephine

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [X] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Ewe	1 Lamb		

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks were found in the area. Historical wolf problem area.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The ewe had wolf canine puncture marks on the inside and outside of her right hind leg. Due to the injuries the ewe could barely walk and infection was setting in. This ewe will die within days. The lamb was mostly consumed. Large canine holes were found in some of the pieces of hide. Canine spacing could not be determined.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 1-2 Days

ACTIONS TAKEN

DATE STARTED	DATE ENDED

RECEIVED AUG 20 2010 WS

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/16/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TOD Grimm	[signature]	8/20/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000335

DATE COMPLAINT RECEIVED: 8/14/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/15/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: Soulen Livestock, P.O. Box 827, Weiser, Id. 83672

TELEPHONE NUMBER: 208-549-1878

COUNTY: Valley - Fisher Cr.

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Lamb			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Herders heard five wolves howling. Wolf tracks were observed at the attack site.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Hemorrhaging and wolf canine puncture marks were found on the neck and right hind leg.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 24 Hrs.

ACTIONS TAKEN

DATE STARTED	DATE ENDED

RECEIVED AUG 20 2010 WS

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/16/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Carman	[illegible]	8/20/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000336

DATE COMPLAINT RECEIVED: 8/14/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/16/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE:
Ox Ranch
1095 Calf Pen Rd.
Council, Id. 83612

TELEPHONE NUMBER: 208-253-3008

COUNTY: Adams

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 Calves-Injured			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf sign has been found in the area. There has been several confirmed wolf kills on this ranch this year already.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf canine stratches were found on the hind legs of both calves. One calf had more problems than the other. It had canine marks on the right front shoulder and infection and swelling in the left stifle joint and right hock.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 2-3 Weeks

ACTIONS TAKEN

DATE STARTED	DATE ENDED

RECEIVED
AUG 20 2010
WS

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/19/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[signature]	8/20/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000337

DATE COMPLAINT RECEIVED: 8/15/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/15/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 Bull	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

There has been wolf activity in the area with one recently confirmed depredation

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

It was reported that seven wolves were seen feeding on the bull carcass. I was shown a photo of the bull and due to the decay determined that I would not need to physically see the carcass.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 3-4 Weeks

ACTIONS TAKEN	DATE STARTED	DATE ENDED

ENTERED

RECEIVED
AUG 20 2010
WS

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/19/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/20/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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AUG 3 6 2010

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0460

DATE COMPLAINT RECEIVED: 8-10-10

SPECIES: Wolf

NAME OF INVESTIGATOR(S): Gregg Hansen

DATE INVESTIGATED: 8-11-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Gem

LAND OWNERSHIP: [ ] STATE [ ] BLM [ ] TRIBAL [X] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [ ] SHEEP [X] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
		1 calf	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

Carcass to decomposed to see any trauma
there were holes that could have been puncture marks on the shoulder

ACTIONS TAKEN

None taken

DATE STARTED

DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	8-11-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	Todd K. M	8/18/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

RECEIVED AUG 16 2010

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER I 0461

DATE COMPLAINT RECEIVED 8-9-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen WS	8-10-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY

Gem

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 cow 1 calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Cow and Calf had bite marks of wolves on Calf on shoulder with trauma and tissue damage
Cow had bite mark with trauma on hind legs
Attack site consistant with wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

Cow several Days Calf — less than 12 hrs

ACTIONS TAKEN

traps set
will fly

DATE STARTED	DATE ENDED
8-10-10	

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	8-10-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/18/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 000333

DATE COMPLAINT RECEIVED: 8/2/2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Doug Hansen	8/2/2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: 208-510-1201 (b)(6)

Valley

LAND OWNERSHIP: [X] STATE [ ] BLM [ ] TRIBAL [ ] PRIVATE [ ] FS [ ] OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: [ ] HORSE [ ] BEES [X] SHEEP [ ] CATTLE [ ] OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Lamb			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks were throughout the area. Another confirmed wolf killed lamb occurred on July 20, 2010.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Most of the large lamb had been consumed, except for a few bones, some of the hide, and the head and neck. The head and neck contained multiple wolf canine bite marks. These puncture marks contained the massive hemorrhaging associated with wolf bites.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 18 Hrs.

ACTIONS TAKEN	DATE STARTED	DATE ENDED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Doug Hansen	Doug Hansen	8/5/2010
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[signature]	8/6/2010
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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WILDLIFE SERVICES

AUG 05 2010

WS

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0459

DATE COMPLAINT RECEIVED: 8-3-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Gregg Hansen	8-3-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE

(b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Gem

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
2 Calves		1 Calf	

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

(b)(6)

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

both carcasses had trauma and hemorrhaging in the shoulder area one of the calves had bite marks visible in the shoulder. Trauma and hemorrhaging + bite marks consistant with a wolf attack

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours)

ACTIONS TAKEN

Flying with Fixed-wing

DATE STARTED	DATE ENDED
8-4-10	

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Gregg Hansen	Gregg Hansen	8-4-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
TODD GRIMM	[illegible]	8/9/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

1000 springs

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 0445

DATE COMPLAINT RECEIVED: 8-1-10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Ashmead Jeff	8-1-10

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE
Plateau Farms
3016 S. 1000 E.
Hagerman Id. 83332

TELEPHONE NUMBER: 208-536-

COUNTY:

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 yearling			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
Wolf Track attack site, blood on ground & Brush in the area of the struggle
Hunter heard 2 wolf howling after the attack.

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
Large canines bites to neck and left front shoulder of sheep massive hemorrhage from deep damaging bites.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8 hrs.

ACTIONS TAKEN
set traps

DATE STARTED	DATE ENDED
8-2-10	

ENTERED

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AUG 2 7 2010
WS

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Jeff M. Ashmead	Jeff M. Ashmead	8-2-10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
CHARLES L. CARPENTER	Charles L. Carpenter	
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

Appendix A

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: I 1718410

DATE COMPLAINT RECEIVED: 8/4/10

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
wolf	Jared Hedelius	8/4/10

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Elmore

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☒ SHEEP ☐ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
5 lambs 3 ewe			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

2-3 wolves are still following the band. The sheep have moved up the drainage but, are still in same general area from the kills on 7/15. ATV trail is nearby and the wolves are running that trail almost daily. Herder saw 1 grey wolf a couple day ago near sheep

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All sheep have been bitten over neck/head area. Some have bite marks on hindquarters. 1 lamb has been consumed. Feeding patterns are consistant with wolves.

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): 8-12 hours.

ACTIONS TAKEN

1 wolf has been killed. Efforts to remove 1 wolf is still in effect.

Band has 3-4 guard dog.

DATE STARTED	DATE ENDED
7/15/10	ongoing

NAME	SIGNATURE	DATE
NAME OF WS INVESTIGATOR: Jared Hedelius	SIGNATURE: Jared Hedelius	DATE: 8/4/10
NAME OF DISTRICT SUPERVISOR: Todd Grimm	SIGNATURE: [illegible]	DATE: 8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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Appendix A

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

WILDLIFE SERVICES DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: JMP8 0310

DATE COMPLAINT RECEIVED: Aug 3, 2010

SPECIES	NAME OF INVESTIGATOR(S)	DATE INVESTIGATED
Wolf	Justin Mann	Aug 3, 2010

NAME AND ADDRESS OF LIVESTOCK OWNER/LEASEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Adams

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☒ OTHER (Specify) Potlach

TYPE OF LIVESTOCK/PROPERTY: ☐ HORSE ☐ BEES ☐ SHEEP ☒ CATTLE ☐ OTHER (Specify)

LOSSES AND/OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible/Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION/PHYSICAL EVIDENCE PRESENT (i.e., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The kill site had struggle marks in the dirt and drag marks where the carcass had been moved a couple feet. Wolf hair was found ~ 23" above the ground on sage brush near the kill. 3 piles of wolf scat were found within 100 yds

CARCASSES/PROPERTY DAMAGE CHARACTERISTICS (i.e., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Massive subcuetaneous hemorrhage & bite marks on the throat/neck area. Soft organs and hind quarters were mostly consumed

ESTIMATED TIME SINCE PREDATION/DAMAGE OCCURRED (Days/hours): < 5hr

ACTIONS TAKEN

Aug 3, - snares were set
Aug 4, Traps were set
Control Action ongoing

DATE STARTED	DATE ENDED
Aug 3	—

ENTERED

NAME OF WS INVESTIGATOR	SIGNATURE	DATE
Justin S. Mann	Justin S Mann	8/5/10
NAME OF DISTRICT SUPERVISOR	SIGNATURE	DATE
Todd Grimm	[illegible]	8/27/10
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS/PARTS

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SM

→ Bradley 3/11/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0612

DATE COMPLAINT RECEIVED 2-28-09

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 3-2-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Ravalli

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 injury			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

On Feb 28 a newborn calf was drug ~~the~~ under the fence by 2 wolves. Tracks were evident in the snow by ~~the~~ manager & FWP warden. The cow went through the fence & fought the wolves off. The calf was bitten but will be ok. It was bitten on the back & shoulder. You could see in the snow where the cow fought the wolves off.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 2 days

The following night the wolves returned & went through the cows again. They didn't kill anything. FWP then wanted to try & collar either of the wolves. & I was going to set traps on Mon March 2. The wolves again came through on the night of the 1st. With a constant presence from the wolves, I urged FWP to

ACTION TAKEN

DATE STARTED 3-2-09 DATE ENDED 3-6-09

3-2-09 consider removing the wolves rather than collaring them and letting them go. They agreed that this is what we should do. I set 3 traps and also spent the evening calling & trying to locate the wolves with no luck. Control action is ongoing.

3-3-09 caught and killed 1 large male wolf near the cattle.

3-6-09 turned over to FWP collared & released 1 adult female wolf. control action complete

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	3-2-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	3/11/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

(*) 1 wolf collared and released as well.

JAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0613

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Bart Smith

DATE INVESTIGATED: 3-4-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER

COUNTY

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

I caught, collared & released 1 adult wolf by Hall, MT. A couple of wolves showed up and this was a peemptive measure for the future.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

These wolves have not been any problem to livestock yet, but this is summer range for several hundred head. It will help to know where the wolves are at for monitoring purposes, and control if need be.

ACTION TAKEN

1 wolf collared & released - Equip. pulled.

DATE STARTED: 3-3-09

DATE ENDED: 3-4-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	3-4-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubet	John Steubet	3/9/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ 5/21 Bradley Christoffersen

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0618

DATE COMPLAINT RECEIVED 5-4-09

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 5-4-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Ravalli

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The 4 day old calf was killed on pasture ground so tracks at the scene were hard to see. I found where the wolves left the pasture, as I found their tracks on a dirt road in the mud. Most of the 80-90 lb. calf was consumed. only about 25 lbs of the neck & head was left. Large 2" bite marks & "drag" marks from the wolves canine teeth

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

were found on the neck and throat area. After skinning this area out, there was an extreme amount of hemorrhage, both on the throat and top of the neck. There are 3 wolves in this pack and their signal from the collared wolf was picked up about 3-4 miles away - likely where they are denned up. I believe at least 2 of the wolves were involved in killing the calf. Too much was consumed for what one wolf could eat. The rancher also saw a large

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

8-12 hrs.

ACTION TAKEN

gray wolf 3 days ago. He lost one other calf that was just completely gone with nothing to look at.

FWP authorized the removal of 1 wolf.

5-4-09 I tried to call in the wolves today w/ no success. I set 2 traps. Plan to go back & call again on 5-6-09.

DATE STARTED 5-4-09

DATE ENDED

* 1 Trap Kill on 5/13

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	5-4-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	5/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0629

DATE COMPLAINT RECEIVED 12-11-08

NAME OF INVESTIGATOR(S) Jim Rost - Val Asher

DATE INVESTIGATED 12-11-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Park

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

NA

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
NA	NA	NA	No loss or injury

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf caught in Coyote Trap - was called to Radio Collar and release - Val Asher showed up same time - (b)(6) had called me + FWP - wolf was too sick from mange - so Val told me to euthanasic animal -

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

NA

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

NA

ACTION TAKEN

Animal Euthanasied

DATE STARTED	DATE ENDED
12-11-08	12-11-08

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Rost	Jim Rost	12-0-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	2/2/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☒ PARTS TO MFWP Val Asher

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0638

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Jim Rost

DATE INVESTIGATED: 3-13-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6) /

TELEPHONE NUMBER: NA

COUNTY: Meagher

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____ NA

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

NA

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

NA

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

Worked for Bouchard - Shot 1 wolf and radio collared 1 wolf - Refer to Bouchards IR# 1628 HD 315

DATE STARTED	DATE ENDED
3-13-09	3-13-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Rost	Jim Rost	3-13-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	10/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JHW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0705

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 10-27-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: wolf removal

TELEPHONE NUMBER

COUNTY: Sanders

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☑ OTHER (Specify) Plumb Creek

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN: removed 2 wolves from Hog Heaven pack

refer to RN - A0702 aerial

DATE STARTED: 10-27-08

DATE ENDED: 10-27-08

(b)(6)

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North	[signature]	10-27-08
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Stenbet	[signature]	11/6/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0710

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 12-3-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: wolf removal

TELEPHONE NUMBER

COUNTY: Sanders / Flathead

LAND OWNERSHIP

☑ STATE ☐ BLM ☑ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

USED Helicopter to remove 2 wolves 12-3-08, To remove 8 wolves 12-4-08, and to remove 9 wolves 12-5-08

SEE RN-A0707

DATE STARTED

DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North	[signature]	12-5-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Steuber	[signature]	12/10/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

2 wolves Unrecovered Due to Timber

☑ PARTS TO MFWP 17 wolves

☑ CARCASS TO MFWP INTACT ☑ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0715

DATE COMPLAINT RECEIVED 2-3-09

NAME OF INVESTIGATOR(S): Ted North, Stacy Carville, Shannon Clairmont

DATE INVESTIGATED: 2-3-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6) , Collar and release of wolf

TELEPHONE NUMBER:

COUNTY: SAnders

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Caught and collared wolf. Released on site.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No kill

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN: Caught and collared wolf. Released on site.

DATE STARTED: 2-3-09

DATE ENDED: 2-3-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North	[signature]	2-3-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	2/9/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

→ Herman Brady 4/10/

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0719

DATE COMPLAINT RECEIVED 3-3-09

NAME OF INVESTIGATOR(S): Ted North, Stacy Camille, Shannon Claiment, George Barre

DATE INVESTIGATED: 3-4-09

NAME AND ADDRESS OF LIVESTOCK OWNER LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Sanders

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

All Kills are Calves

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
4 Calves	3 Calves		

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

3/4/09 wolf tracks in and around calving pasture, collared wolf in area. 3/6/09 wolf tracks in field, calving pasture, collared wolf in area. 3/9/09 wolf tracks in calving pasture. Drag marks in the snow from kill site to where the wolves ate calf. 3/20/09 wolves were nearby, track with telemetry, wolf tracks around calving pasture.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

3/4/09 wolves killed and packed off 2 calves and killed 1 calf, wolf tooth punctures and hemorrhage. 3/6/09 calf completly consumed except legbones, backbone and skull, A small piece of hide on back and flank had wolf tooth rakes and hemorrhage. 3/9/09 mostly consumed, hemorrhage and tooth punctures in calf hide. 3/20/09 calf mostly consumed, tooth rakes and hemorrhage across backbone of calf.

ACTION TAKEN: Total pack removal

DATE STARTED: 3-4-09 DATE ENDED: 3-27-09

Killed 2 wolves 3/4/09 with Helicopter. Killed one wolf trap and one wolf Helicopter 3/23/09. Killed one wolf Helicopter 3/24/09. Killed one wolf 3/25/09. Heli, 5 aerial trap

Control Action ongoing.

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North	[signature]	3-27-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	3/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

→ Lynnes Bradley 12/10/8

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0784

DATE COMPLAINT RECEIVED 12/3/08

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 12/3/08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf	1 calf		

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

On Conf. calf multiple different wolf tracks @ carcass, Wolf "scent post" approx. 5yds. from carcass
At site of probable calf: numerous wolf tracks present, calf had been fed upon + scavenged by coyotes + birds to the point all confirming evidence was gone.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Necropsy revealed calf to have been attacked on Both hindquarters and the tailhead area. Severe subcutaneous hemorrhage + tissue destruction present on both hindquarters. Soft internal organs had been consumed. All signs consistent w/ wolf attacks

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 12-18 hrs

ACTION TAKEN

Necropsy 12/3
Aerial hunting 12/4 1 wolf Killed

DATE STARTED	DATE ENDED
12/3/08	12/4/08

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	12/5/08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Steuber	John E. Steuber	12/10/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JPW

→ Mustard Brady 12/16

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0785

DATE COMPLAINT RECEIVED 12/6/08

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 12/7/08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present along creek +/- 10yds from carcass and @ carcass. 3 areas of blood in meadow where calf had been pulled down

Carcass was covered to prevent scavenging

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf displayed classic wolf attack signs i.e. severe hemorrhage & tissue destruction in both hindquarters L. front was also attacked. Soft internal organs and +/- 1/2 of R. hindquarter had been eaten.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

24 - 36 hrs.

ACTION TAKEN

Necropsy

Aerial hunting

12/16 1 aerial killed

DATE STARTED	DATE ENDED
12/7/08	Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	12/10/08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	12/15/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0788

DATE COMPLAINT RECEIVED 12/6/08

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 12/7/08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Refer to IR# 785

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN Aerial hunting 12/16 1 wolf killed

DATE STARTED	DATE ENDED
12/7/08	Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	12/18/08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Steinbeck	John E. Steinbeck	12/22/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

gpm

Moore Bud 1/22/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0789

DATE COMPLAINT RECEIVED 1/5/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 1/5/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Numerous wolf tracks going + coming, Several bloody areas in snow indicating calf pulled down 4-5 times before succumbing. Several wolf scats along track trail + @ carcass Tracks indicate 5-7 wolves involved

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Hemorrhage evident subcutaneously on hide @ both hindquarters + R. front. Predation probably took place nigh of 1/3 or early 1/4. Carcass totally consumed by wolves

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 36 - 40 hrs

ACTION TAKEN

Necropsy
Traps Set } 1/5 Traps removed 1/9
Aerial hunting 1/8, 1 wolf killed 1/9

DATE STARTED 1/5/09

DATE ENDED Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	1/5/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E Stenber	[signature]	1/10/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAM

Marsh Brad 1/27/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0790

DATE COMPLAINT RECEIVED 1/16/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 1/16/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
2 killed	1 injury		

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks (5-7 animals) numerous wolf droppings on feedground - Tracks in snow indicate 1 calf was pulled down 4 different times before succuming

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

2 calves killed both displayed severe hemorrhage + tissue destruction in both hind-quarters + 1 front quarter. 1 of these calves was also severely bitten in the kidney area. Both calves very lightly (liver) fed upon. Wolves probably scared off by producer on way to feeding in AM. The injured calf was very lame in L. front shoulder indicating probable wolf attack based on attack patterns displayed in 2 calves necropsied

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

< 10 hrs

ACTION TAKEN

DATE STARTED	DATE ENDED
1/16/09	1/17/09

Necropsy 1/16

Aerial hunting 1/17 4 wolves lethally removed

This lethal control also ends control work relative to IR#'s 783+789

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	1/17/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Stenbet	John E. Stenbet	1/21/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☒ (4) CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JJW

→ Hirach Brand 4/16/09

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: A 0797

DATE COMPLAINT RECEIVED: 4/4/09

NAME OF INVESTIGATOR(S): Graeme R McDougal

DATE INVESTIGATED: 4/5/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Beaverhead

LAND OWNERSHIP: 1 conf. calf added 4/9

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf			

2 calves confirmed total

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks of 4-5(?) wolves present @ kill site w/ blood on snow where baby calf was killed. tracks + drag marks present to carcass, +/- 50 yds

Carcass was tarped "Calf added on 4/9 was killed by wolves PM of 4/7 or early AM of 4/8. Display all signs of first calf confirmed"

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All internal organs, hindquarters + most of front quarters consumed by wolves feeding on carcass. Sub cutaneous hemorrhage + numerous canine bruises on hide indicate wolf/ves bit calf in kidney area of spine + on neck shoulder region. All signs consistent w/ wolf attack of baby calf

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 36-48 hrs.

ACTION TAKEN

Necropsy 4/5

Traps set 4/6

Aerial Hunting 4/8 2 wolves killed

2nd calf confirmed wolf predation 4/9

DATE STARTED	DATE ENDED
4/5/09	Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	4/6/09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John E. Steuber	John E. Steuber	4/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☒ PARTS TO MFWP Skull of 1 wolf ravaged by birds

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

gmw FY09 → Sitz Bradley 10/8

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0826

DATE COMPLAINT RECEIVED 9-30-08 8 PM

NAME OF INVESTIGATOR(S): Chad Hoover

DATE INVESTIGATED: 10-1-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: MADISON

LAND: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☑ FS ☐ OTHER (Specify)

PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) Calf

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks evident at site. Within half mile of rendezvous site of hork mountain wolf pack. Within half mile of depredation one month earlier.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Killing pattern very typical of wolf kills. Canine scrapes on inside of legs. Rectum torn out. Large amounts of flesh eaten from hind quarters. Canine punctures and hemorrhage between legs and on hind legs.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): several hours

ACTION TAKEN: One wolf lethally removed w/ helicopter

DATE STARTED: 10-1-08

DATE ENDED: 10-2-08

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Chad Hoover	Chad Hoover	10-2-08
NAME OF WILDLIFE SERVICES ~~DISTRICT SUPERVISOR~~: John Steuber	John S Steuber	10/7/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☑ PARTS TO MFWP Mike Ross

☑ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain)

JAW

→ Matt and Bradley 11/13/8

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0831

DATE COMPLAINT RECEIVED 10-19-08

NAME OF INVESTIGATOR(S) Chad Hoover

DATE INVESTIGATED 10-20-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf died from injuries but was not consumed. Wolves have been frequenting this area.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Very typical wolf attack. The udder area had multiple punctures. After skinning hide in this area extreme trauma and hemorrhaging was evident. Calf was also bitten in flanks on both sides.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

Two days

ACTION TAKEN

ONE WOLF REMOVED VIA HELICOPTER CENTENNIAL PACK

DATE STARTED

DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: CHAD HOOVER	[signature]	10-22-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Sturbet	[signature]	10/25/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☑ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

FAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0832

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Chad Hoover

DATE INVESTIGATED

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: NA

TELEPHONE NUMBER

COUNTY

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
NA			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

NA

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

DATE STARTED

DATE ENDED

Wolf darted durring routine coyote work. One pup collared from the Jack Creek pack.

NAME OF WILDLIFE SERVICES INVESTIGATOR: Chad Hoover	SIGNATURE: [signature]	DATE: 10-23-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Stenbar	SIGNATURE: John Stenbar	DATE: 10/25/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

JOW

HD329

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0852

DATE COMPLAINT RECEIVED 8/20/09

NAME OF INVESTIGATOR(S) Graeme McDougal

DATE INVESTIGATED 8/20/0

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

Aerial Hunting 8/20
Lethal Removal 1 Wolf ends Control Action relative to
IR# 1393 (Control took place on Hairpin Ranch)

DATE STARTED	DATE ENDED
8/7/09	8/20/09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	10/7/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Stember	John E. Stember	10/14/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

HD332

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0854

DATE COMPLAINT RECEIVED 9/3/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 9/3/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

Aerial Hunting 9/3
Lethally removed 3 wolves ending control action for IR's # 1390 + 1392

DATE STARTED	DATE ENDED
7/13/09	9/3/09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	10/7/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Steuber	John E. Steuber	10/14/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW → 9/4/9 HD 324

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0940

DATE COMPLAINT RECEIVED 8-19-09

NAME OF INVESTIGATOR(S): DENNIS R BIGGS

DATE INVESTIGATED: 8-20-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: BAN 7, 234 Gravelly Rd, Ennis, MT 59729

TELEPHONE NUMBER: 406 682 4842

COUNTY: Madison

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

There was sign of Struggle, scrapes in Flank Area, Tears and bites in hind quarters

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Puncture Marks, Tears on hind quarters, feeding pattern Sign of hemorrhaging on ~~the~~ hide in flank Area 2.5" between Canines

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

Found wolf 1.5 miles South of Kill site, called and Shot 1 wolf

DATE STARTED	DATE ENDED
8-20-09	8-20-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Dennis R Biggs		8-20-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Sterbet		8/24/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☑ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

JMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0980

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Jim Hoover

DATE INVESTIGATED: 1-9-2009

NAME AND ADDRESS OF INVESTIGATED PROPERTY: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Stillwater

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) Goat

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

DATE STARTED: 1/9/2009 DATE ENDED: 1/9/2009

See IR 1426

Shot white wolf from Helicopter

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Hoover	Jim Hoover	1-9-2009
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1105

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Mike Hoggan

DATE INVESTIGATED

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER

COUNTY: Glacier

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

This finishes I.R. # 1104

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

DATE STARTED: 4-4-09

DATE ENDED: 4-21-09

on 4-13 traps were moved to Livermore den site just west of depredation area. on 4-14 a 85 lb grey female was trapped, collared and released. On 4-15 a 100 lb grey male was trapped, collared and released. ~~A~~ wolves returned to depredation site on night of 4-16. 4-17 tribe set up propane exploder near cattle. Flew area 4-20. Windy and wolves were in thick pines on the South Fork of the Milk River. On 4-21. Flew in helicopter. Shot 5 wolves 3 F 2 M all between 85 and 120 lbs.

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Mike Hoggan	Mike Hoggan	4-21-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	4-23/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

5 ☒ CARCASS TO ~~MFWP~~ Blackfeet tribe INTACT ☐ CARCASS DISPOSED OF ONSITE Don Carney ☐ OTHER (explain) _____

JMW

HD 441
→ 7/27/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1113

DATE COMPLAINT RECEIVED 7-22-09

NAME OF INVESTIGATOR(S) Mike Hoggan

DATE INVESTIGATED 7-22-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Pondera

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 Calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Riders heard the cattle bawling and as they came over the ridge saw the cattle running west and saw the Benny Hill Pack (2 blac and one grey with a collar. They had just killed a 3-400 lb calf. Video was tak of wolves and the kill.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf was grabbed by the flank and back hocks. Some of the intestines were pulled out and they had started feeding in the loin area

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

7hrs (my investigation)

ACTION TAKEN

DATE STARTED	DATE ENDED
7-22	7-23-09

Went to kill site and looked at the video. On the morning of The 23rd met the helicopter in Dupuyer. Found wolves at the kill site and shot a 100lb black 2-3 yr old male as directed by FWP

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Mike Hoggan	Mike Hoggan	7-23-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber	John Steuber	7/27/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☑ PARTS TO MFWP Head only (will go to Gary Olson

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ 9/21/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1115

DATE COMPLAINT RECEIVED 9-4-09

NAME OF INVESTIGATOR(S): Mike Hoggan - Dan Carney

DATE INVESTIGATED: 9-5-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Glacier

LAND OWNERSHIP: within Reservation

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1	2	6 missing	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks were at kill site. Did telemetry and the Livermore wolf pack was in the immediate vicinity.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 24hrs

Calf had been bit on the rear of both hind legs from the hip to the lower hocks. It was skinned and 2" bite marks were found. A grizzly had drug the 400 lb calf into the trees and it was half consumed. On 9/9 two other dead calves were found within 1/2 mi of this one but they were mostly consumed.

ACTION TAKEN

DATE STARTED: 9-5

DATE ENDED: 9-9-09

Hunted and called in area. On 9/9 called and shot 1 grey and shot a 110lb black male within 1/4 mi of the kill site

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Mike Hoggan	Mike Hoggan	9-9-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	9/17/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☑ CARCASS TO ~~MFWP~~ Blackfeet tribe INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

fsw

→ 10/9/9 12 FY 09 & 10 3

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1116

DATE COMPLAINT RECEIVED 9-19-09

NAME OF INVESTIGATOR(S): Mike Hoggan - Dan Carney

DATE INVESTIGATED: 9-19-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Glacier

LAND OWNERSHIP: Incs. rep 1115 ties into this incident

☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
3 2 calves 1 yearling	1 calf		

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

on 9-19th rancher noticed a cow bawling with a tight bag in the area of recent previous wolf depredations. An approx 300lb calf was found. It was buried by a grizzly. On 9-23 two more calves were looked at by Dan Carney, later examined remains and photos by Mike Hoggan. One calf confirmed killed by wolves the other a probable. On 9-30 remains of a calf and a yearling heifer were examined and confirmed killed by wolves

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

on 9-19 we looked at the calf remains (which was the intact hide) It was evident by the bite marks on the back leg, hip and lower neck area. Along with hemorrhaging around these bite marks. The calf had been killed by wolves. The other calves and the heifer were mostly consumed but bite marks were found in the hip and flank areas.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 36 hrs

ACTION TAKEN

Brought in helicopter. On 9/28 caught wolves in the cattle shot 9. On 9/29 flew in, wolves had cattle bunched up again, shot 3 more. On 10/1 flew in at least 6 wolves were in the same general area, shot 3 more. At this time at least 3 remain. Two grays, one black. One gray is colored. This was the Livermore Pack.

DATE STARTED	DATE ENDED
9-19	10-1-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Mike Hoggan	Mike Hoggan	10-1-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	10/6/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

Blackfeet tribe

☑ CARCASS TO ~~MFWP~~ CS INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

JBW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1202

DATE COMPLAINT RECEIVED 5-15-09

NAME OF INVESTIGATOR(S) STEVE DEMERS

DATE INVESTIGATED 5-15-09

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY LEWIS + CLARK

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 calf

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

NO SIGN OF PREDATION. CALF DIED OF UNKNOWN CAUSE. IT WAS NOT PREDATION.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

CARCASS SCAVANGED by COYOTES AND Birds

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

2 days

ACTION TAKEN

NONE

DATE STARTED N/A

DATE ENDED N/A

Take 1 wolf refer to IR# 1839

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
STEVE DEMERS	Steve Demers	5/18/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Stenbert	John Stenbert	5/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ Bangen Bradley 10/22/08

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1278

DATE COMPLAINT RECEIVED 10-19-08

NAME OF INVESTIGATOR(S): Kraig GLAzier

DATE INVESTIGATED: 10-19-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lewis & Clark C

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☐ CATTLE ☐ HORSE ☒ OTHER (Specify) Goat Gaurd Dog

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
2-Goats 2-Gaurd Dogs			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks, scat, and 4 wolves were seen at the attack site. 1-goat and 1-Gaurd dog were Killed. 1-goat, 1-Gaurd dog w injured.. Site showed signs of struggle, where wolves attacked.

1-Goat was found on 10-20. It was completely consumed with can punchures in the hide measuring 1

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

1-goat had a bite mark to the rear end. It was still alive and with the flock. 1-gaurd dog had large blood spo and bites to the right rear leg. 1-dead goat was completely consum The hide had bite marks measuring 1 3/4 inchs on the neck with hemorr on the hide. The Killed gaurd dog had bite measuring 1 3/4" inches on the neck back and left rear l

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 8-16 hours.

ACTION TAKEN: Set equipment to collar and release 1 wolf and lethelly remove 1 wolf.

This is the 3rd confirmed predation event by this pack this ye

DATE STARTED: 10-19-08 DATE ENDED: 10-20-08

Trapped 1 and collared 221.720 10/20/08
Shot 1 wolf at Kill site. 10/20/08

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
[signature]	Kraig GLAzier	10-19-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
Kraig GLAzier	[signature]	10-20-08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PJW HD 332

7/23/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1286

DATE COMPLAINT RECEIVED June 29 2009

NAME OF INVESTIGATOR(S) Kraig Glazier

DATE INVESTIGATED June 29th 2009

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

Beaverhead

LA

☒ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1-calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Several sizes of wolf tracks at the Kill site. Signs of Struggle and drag mark of Blood 20 feet long. Marking scrap of wolves at the Kill site.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf Bite marks 1 3/4 inches and 2", to the left ear, side of face, neck, left Front shoulder, and bo hind legs. Hemorrhage at bite locations. Wolves feed on the left hind leg

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

8 hours

ACTION TAKEN

DATE STARTED June 29th DATE ENDED 7-10-09

Collar 1, remove 2, Shot on site permit for produce

- Set traps and collared

Adult grey male 221.138 on 6-30

Removed 1 wolf on 7-8-09 calling and one on 7-10-09 aerial

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Kraig Glazier		7-10-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Stenber		7/20/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1328

DATE COMPLAINT RECEIVED 5-4-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 5-4-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: Ninemile, MT.

TELEPHONE NUMBER:

COUNTY: Missoula

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ USFS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN: Caught WOLF, Drug and collared, released. See RN-A00722; Pulled TRAPS control Action ended.

DATE STARTED: 5-4-09

DATE ENDED: 5-4-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North		5-4-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steubet		5/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

HD 103

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1335

DATE COMPLAINT RECEIVED 7-21-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 7-21-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: Removed wolf Pleasant Valley, March MT.

TELEPHONE NUMBER:

COUNTY: Lincoln

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☑ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

Used D.O.L Helicopter to remove wolf, refer to Report Number A1333

DATE STARTED	DATE ENDED
7-21-09	7-21-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North		7-21-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Stenbar		7/29/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

7/30/9

HDW03

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1338

DATE COMPLAINT RECEIVED 7-23-09

NAME OF INVESTIGATOR(S) Ted North

DATE INVESTIGATED 7-24-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

County: ~~Lincoln~~ Sanders

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 cow			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Cow brought off Range to headquarters. I spotted wolves near cattle that were bunched up and upset while flying in helicopter hunting wolves.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Tooth Rakes on both hams, flank, and base of tail. Rectum Tore out. Vet says there is nothing he could do for the cow.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

Several Days

ACTION TAKEN

Will remove 2 wolves. Removed 1 wolf 7/28/09

DATE STARTED	DATE ENDED
7-24-09	7-28-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North	[signature]	7-24-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Stenbet	[signature]	7/29/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

fmw

HD #

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1339

DATE COMPLAINT RECEIVED 8-7-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 8-8-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lincoln

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			2 cows 3 calves

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calves eatten, decomposed, and scattered. No way of Telling what happened. ~~[illegible]~~ wolves in area.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Both cows injured But no signs of wolf Predation or attack. Calves eatten and to decomposed to Tell.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): over a month of dead

ACTION TAKEN: set traps. caught and collared wolf.

DATE STARTED: 8-8-09

DATE ENDED: 8-10-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North	[signature]	8-10-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber	[signature]	9/1/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

HD 120

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1340

DATE COMPLAINT RECEIVED 8-11-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 8-11-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: Wolf removal

TELEPHONE NUMBER:

COUNTY: Lincoln

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN: Removed one wolf with D.O.C Helicopter

DATE STARTED: 8-11-09

DATE ENDED: 8-11-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North		8-11-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Stember		9/1/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

Whole Carcass

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☑ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

HD#

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1341

DATE COMPLAINT RECEIVED 8-23-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 8-23-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: CSKT Tribe / Collar & release Valley Creek

TELEPHONE NUMBER:

COUNTY: Sanders

LAND OWNERSHIP

☐ STATE ☐ BLM ☑ TRIBAL

☐ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf collar and release

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

Caught wolf in trap up Valley Creek. Collar and release.

DATE STARTED: 8-23-09

DATE ENDED: 8-23-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North		8-23-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber		9/1/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

HD 101
→ 10/6/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1344

DATE COMPLAINT RECEIVED 8-31-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 9-1-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: LINCOLN

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
2 CALVES			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Pack in area, Tracks & SCAT on lease and Private Property. Wolves on Carcass Feeding. Signs of struggle from where attack started to kill site.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Tooth RAKes and punctures & hemorrhage to Both hams, Shoulders, FLANK & Base OF TAIL. Wolves Fed on and were caught Feeding on CARCASSES.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

1st CALF 3 DAYS, 2nd CALF 8 hrs.

ACTION TAKEN

Removed 2 wolves with Helicopter, 9-10-09.

DATE STARTED	DATE ENDED
9-1-09	ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North		9-11-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubet		9/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

1 carcass disposed of on site
1 carcass CSKT freezer (FWP o.k.)

☐ PARTS TO MFWP _____

☑ CARCASS TO ~~MFWP~~ CSKT INTACT ☑ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

→ 10/6/9

CSKT Reservation

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1345

DATE COMPLAINT RECEIVED 9-5-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 9-6-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Sanders

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
2 Calves			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Saw wolves feeding on carcass, radio signal of collared wolf nearby. Sign of struggle from attack site to kill site. Wolf tracks and scat near both carcasses.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Tooth rakes, punctures & hemorrhage to neck, both hams, ribs, flank and soft spot behind front shoulder.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

1st calf 2 days 2nd calf 10 hrs.

ACTION TAKEN

Set traps 9-6-09. Caught wolf trap 9-7-09, removed. Used helicopter to remove 1 wolf.

DATE STARTED	DATE ENDED
9-6-09	Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North	[signature]	9-11-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubert	[signature]	9/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS ~~TO MFWP~~ CSKT 1 wolf skull

☑ ~~CARCASS TO MFWP~~ skull CSKT INTACT ☑ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

JMW

5/21 Bradley Mccoy

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1376

DATE COMPLAINT RECEIVED 5/13/09

NAME OF INVESTIGATOR(S) Graeme McDougal

DATE INVESTIGATED 5/13/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
2 yrlgs			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Yrlg. was killed & heavily fed upon in haymeadow type pasture

* on 5/19/09 looked @ 2nd yrlg not as fed on as 1st same type of damage.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass showed obvious hemorrahge subcutaneously on both hindqtrs, Frontqtrs, that was on ground showed Subcutaneous hemorrhage + tissue destruction. All signs consistent w/wolf attack. Carcass had been heavily fed upon indicating the presence of several wolves.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

36 - 48 hrs

ACTION TAKEN

Necropsy 5/13

Aerial Hunting 5/14, 5/15 - 1 wolf killed

Aerial Hug 5/18 / 5/19 - 2 wolf Killed

DATE STARTED 5/13/09

DATE ENDED ~~Ongoing~~ 5/19

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Graeme R McDougal	Graeme R McDougal	5/14/09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber	John Steuber	5/20/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

→ 5/21 Brady Tash

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1377

DATE COMPLAINT RECEIVED 5/14/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 5/14/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf injured			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

hay meadow

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf showed numerous tooth scrapes removing ~~hide~~ hide on hindquarters. tissue on Rt. hindquarter was obviously traumatized as determined by palpation. All signs consistent w/ wolf attack

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

< 18 hrs.

ACTION TAKEN

5/14 Site visit confirmed injured calf
Producer reported calf Died during night of 5/14 or early AM 5/15
5/15 Aerial hunting
5/16 Aerial 1 Killed

DATE STARTED 5/14/09

DATE ENDED Ongoing

NAME	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	5/14/09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	5/20/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

HD ~~322~~ 332 → 7/23/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1390

DATE COMPLAINT RECEIVED 7/13/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 7/13/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Site showed that calf had been pulled down 3-4 times, sagebrush was torn, disturbed @ ea. site + blood was present. tracks of >1 wolf present @ site of carcass

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Hide displayed severe hemorrhage @ both hindquarters + R. sho., elbow region. Canine ~~[illegible]~~ holes were evident in groin region w/ spacing of 2"-2¼". A evidence indicative of wolf attack. Carcass showed sign of scavenging by Blk. Bear

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

48 — 72 hrs

ACTION TAKEN

Necropsy 7/13 7/16 Removed 3 aerial

DATE STARTED	DATE ENDED
7/13/09	Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	7/14/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	7/21/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JPW

HD324 → 8/10/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1391

DATE COMPLAINT RECEIVED 7-20-09

NAME OF INVESTIGATOR(S): G.R. GLOVER MTWS

DATE INVESTIGATED: 7-22-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Beaverhead

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) update to Killed

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
11 Killed			15 INJURED BY BITES confirmed

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

3" WOLF TRACKS PRESENT AT KILL SITES + SURROUNDING AREA. BLOOD QUITE EVIDENT ON GROUND AT KILLS. BITES EVIDENT ON SEVERAL RAMS WHICH WERE NOT KILLED OUTRIGHT.

26 TOTAL DEAD 8/10/9

CARCASSES / PROPERTY DAMAGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

TOTAL OF 11 RAMS KILLED OUTRIGHT ON 2 SEPERATE DATES BETWEEN 7-22 + 7-25. 15 OTHERS BITTEN. CANINE PUNCTURES APPX 1 3/4 TO 2". MUCH HEMORRHAGE IN SURROUNDING TISSUE, VERY DEEP. EVIDENCE TYPICAL OF GREY WOLF PREDATION + ATTACK ON DOMESTIC SHEEP. 1 CARCASS FED ON EXTENSIVELY.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 1 DAY

ACTION TAKEN

SET TRAPS TO ATTEMPT TO TAKE 1 GREY + 2 BLACKS AS DIRECTED BY ROSS (FWP). CALLED + SHOT 1 A.G.F. (wolf) ON 7-27. REMOVE TRAPS + TURN PROJECT OVER TO SINCLAIR.

(AGF = adult gray female) wolf

DATE STARTED	DATE ENDED
7-22-09	ONGOING

NAME	SIGNATURE	DATE
G.R. GLOVER	G.R. Glover	7-28-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber	John Steuber	8/3/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

#D329 → 8/10/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1393

DATE COMPLAINT RECEIVED 8/6/09

DATE INVESTIGATED 8/7/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was attacked on FS grazing allotment & taken home to be doctored & cared for

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf showed obvious signs of being bitten in both hindquarters. Upon examination in chute it was apparent that tissue had been destroyed under the hide, tooth marks were present on hide. Typical wolf attack signs

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

< 72 hrs.

ACTION TAKEN

examination of calf

DATE STARTED 8/7/09

DATE ENDED Ongoing

8/20/9 1 Killed aerial

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	8/7/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubert	John W Steubert	8/10/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

fpm

HD 324
→ 8/27/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1395

DATE COMPLAINT RECEIVED 8/18/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 8/18/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
82	40		

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks + scat present on trails thruout pasture

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Confirmed kills all showed signs consistent w/ wolf attack on Ram sheep ie, severe hemorrhage + tissue destruction in hindquarters and/or elbow region of front quarters, castration. Probable carcasses are undoubtedly wolf kills but had been to heavily fed upon or scavenged upon to confirm

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) < 5 days

ACTION TAKEN

Necropsy 8/18

Aerial hunting 8/18 - 1 wolf lethally removed - end of control action

DATE STARTED 8/18/09

DATE ENDED 8/18/09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	8/20/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Sterbex	John Sterbex	8/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

→ 9/17/9
HD332

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1398

DATE COMPLAINT RECEIVED 9/3/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 9/3/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf was ~~[illegible]~~ found by producers employee while moving cattle to different pasture + was still alive

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf displayed bite marks on L. hindquarter, rump, throat, + both front elbow regions. Because of obvious severe infection calf was shot by employee (euthanized) Skinning bitten areas revealed suspected severe hemorrhage + tissue destruct. All signs consistent w/ wolf attacks

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 48 – 72 hrs.

ACTION TAKEN

Necropsy

Aerial hunting 9/3 3 wolves removed (done 3 as on IR 1399)

DATE STARTED 9/3/09

DATE ENDED 9/3/09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	9/5/09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John E. Steuber	John E. Steuber	9/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1501

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Chad Hoover

DATE INVESTIGATED

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

COUNTY: Madison

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify): _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

COMPLETED CONTROL ACTION CONFIRMED BY DENNIS BIGGS

DATE STARTED

DATE ENDED

ONE REMOVED 9-3-0 BY Helicopter

H.U. 327

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1533

DATE COMPLAINT RECEIVED 7-13-09

NAME OF INVESTIGATOR(S) Chad Hoover

DATE INVESTIGATED 7-13-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY MADISON

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
2			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks, hair, evident

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass had wolf tracks around it. Canine punctures and hemorrhaging evident with canine spacing 1 3/4". Viscera ~~and~~ ~~consumed~~ consumed, ribs were chewed down. / Second lamb killed in corral near home. Throat and head bit. Wolf t all around it.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

few hours

ACTION TAKEN

HUNT UNIT 360

Remove one wolf, Collar one in process

DATE STARTED 7-14-09

DATE ENDED 7-21-09

Removed one wolf ending control action 7-21-09 - Skull lost in creek - Ross notified "No warn

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Chad Hoover		7-17-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

FAW

→ 8/10/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1536

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Chad Hoover

DATE INVESTIGATED: 7-27-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY: MADISON

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

UNIT 327

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

Calf survived initial attack and was alive when I investigated.
Punctures between hind legs consistent with wolf attack
Fifteen to Twenty punctures evident w/ wolf size punctures and spac

ACTION TAKEN

DATE STARTED

DATE ENDED

Removed one wolf w/ helicopter on 7-30-09
Wolves were located within 1/2 mile of attack site. Skull to FWP Freezer Wagon

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Chad Hoover	[signature]	7-31-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

JDW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1538

DATE COMPLAINT RECEIVED ~~8-12-09~~ 9/5/0

NAME OF INVESTIGATOR(S) Chad Hoover

DATE INVESTIGATED ~~8-12-09~~ 9/15/0

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY MADISON

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ORIGINAL INVEST.
A 939

ACTION TAKEN

DATE STARTED

DATE ENDED

1 Wolf Removed from Robison depredation - helicopter
1 wolf radio collared on Sitz allotment
FINAL REPORT HD 327

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Chad Hoover		9-15-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

→ DF Brady 12/4/

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1829

DATE COMPLAINT RECEIVED 11-11-08

NAME OF INVESTIGATOR(S): Jim Stevens (W.S)

DATE INVESTIGATED: 11-11-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Lewis & Clark

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
3-Dead 2-injured			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wolf track, hair, wolf scat 15 feet from Cave. lot of blood & drag marks on- 11-16-08 I found one of the injured calves dead - only 1 remains alive & is likly going to die of the injuries

*12/11/08 UPDATE 4 DEAD CONFIRMED 1 INJURED

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Large Cannine puncture marks aprox 2", blood on grass where wolves 1st pulled Calves down - lot of large bites on hind grts of each Calf. lot of hemorrhage around these bite marks, also some cannine marks on neck & just above hock area on ea calf. 3-calves were found dead & mostly consumed - 2-other calves were still alive but will likly dye of the injuries or have to be put down. lot of bites on rear grts & a lot o blood loss. 4th calf was found dead; 5th Calf was not found, likly died in heavey cov

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

aprox 3 to 4 days - look like the Kills were spaced out to one a day.

ACTION TAKEN

Set traps (3) - trapped 1 large Male wolf (put down) traps are still set for 2 more wolves. - used Call & decoy dog - very hig winds - nothing called in (-60 to 100 mi p. hr.) 11-16-08 Trapped a female Grey wolf Trapped 3rd wolf G. fem. 11-19-08

DATE STARTED: 11-11-08

DATE ENDED:

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Stevens	[signature]	11-21-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	11/26/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ Pancus Bradley 4/1/09

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1833

DATE COMPLAINT RECEIVED 3-12-09

NAME OF INVESTIGATOR(S) Jim Stevens (W.S.)

DATE INVESTIGATED 3-12-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Lewis & Clark

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☒ OTHER (Specify) Goat also Guard dog injured

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 goat Killed 1 guard dog injured			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wolf tracks on snow, large bites (Marks) on neck & back legs of Goat. aprox 1 7/8 in apart.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) Aprox 10 to 12 hrs.

Large canine marks on back & rear end (back legs) of Goat. Guard dog came back to Camp next day many large canine bites on back neck, hind legs shoulder area, dog is still alive 200.00 vet Bill to date, a lot of infection dog may or may not survive

ACTION TAKEN

DATE STARTED 3-13-09

DATE ENDED

aerial hunt area in mention, unable to find wolves located Signal (telemetry) but very high winds & heavy timber very steep terrain; unable to spot wolves

2-wolves were taken on aerial hunt, by W.S. Chad Hoover

he will follow up with Report INV. # 1833

NAME	SIGNATURE	DATE
James Stevens	[signature]	3-27-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steinbeck	SIGNATURE [signature]	DATE 3/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ 5/1/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1837

DATE COMPLAINT RECEIVED 4-16-09

NAME OF INVESTIGATOR(S)

DATE INVESTIGATED 4-16-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY L & C

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1-cow	2-calves		

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wolves ran cow into coulee. Deep snow, wolf tracks on snow, lot of blood where wolves first attacked cow, then 50 yds later into coulee where cow was killed & partially eaten. nothing left of calves except bones & lots of fresh wolf tracks.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Large canine marks on shoulder & rear legs of cow also on back & flank.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) Cow still warm (several hrs.)

ACTION TAKEN

Flew (aerial hunt & survey) Shot 1-wolf. near cow. Surveyed 7 wolves from that same pack. have traps set to try & trap & collar 1 wolf from pack. tracked wolves from cow carc (still warm) from chopper. wolves aproximately 2 miles from cow. carc.

DATE STARTED 4-16-09

DATE ENDED 4-16-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Stevens	[signature]	4-22-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	4/28/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☒ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

gm

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 1842

DATE COMPLAINT RECEIVED 5-7-09

NAME OF INVESTIGATOR(S) Jim Stevens (W.S.)

DATE INVESTIGATED 5-7-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Powell

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			unconfirmed - Nat death. eaten by coyo Eagles etc.

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

no Sign of wolf Near Calf.. Skinned Calf found no evidence of wolf bites etc.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf look to have been eaten by coyote birds, Ravens eagles etc.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

2-days-Maybe 3-

ACTION TAKEN

DATE STARTED	DATE ENDED
5-7-09	5-7-09

none

5/16/9 Trap wolf Glazier collar

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
James O Stevens		5-8-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Stember		5/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

fjm

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER: A 0607

DATE COMPLAINT RECEIVED: 10-14-08

NAME OF INVESTIGATOR(S): Bart Smith

DATE INVESTIGATED: 10-14-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Bavalli

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			Calf died of natural causes

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No tracks were present but the rider had seen wolf tracks in the now melted snow, the day before. The 600lb calf had probably been dead 5 or 6 days. Coyotes had fed on it and the wolves may have too, but a necropsy showed no bites, hemorrhage, or drag marks on the hind quarters, indicating it had been attacked.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Had wolves killed this calf it likely would have been completely consumed in 2-3 days. There was too much left even for a couple of wolves.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 5-6 DAYS.

ACTION TAKEN: None

DATE STARTED: 10-14-08

DATE ENDED: 10-14-08

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	10-14-08
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Stauber	John Stauber	10/20/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MEMB...

FAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0608

DATE COMPLAINT RECEIVED 10-27-08

NAME OF INVESTIGATOR(S): Bart Smith

DATE INVESTIGATED: 10-28-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Bavalli

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☐ CATTLE ☒ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			X injury due to fence cut

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

None - horse had been moved to a new place by time I got there.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The horse had a deep gash on it's Left hind quarter. There was no sign of being bitten, no "drag marks" - nothing. The wound was deep and it looks to me like the horse may have impaled something like a steel post into the wound. Definitely was not wolves

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 24hrs.

ACTION TAKEN: None

DATE STARTED: 10-28-08

DATE ENDED: 10-28-08

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Bart Smith	Bart Smith	10-28-08
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber	John Steuber	11/3/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

7 1/24/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0609

DATE COMPLAINT RECEIVED 1-4-09

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 1-4-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Granite

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 [redacted]			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Two wolves entered the mountainous pasture & pushed apx 20 heifers & steers up the hill apx 1/4 mile, where the cattle bunched into a corner. The cattle again began to run & the wolves got a hold of one steer. The struggle was plain to see in the snow. (apx. 1 foot) There was blood in the snow for apx. 100 yds before the steer was taken down for the last time.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The tracks of 2 wolves were evident. Large "drag marks" from the wolves canine teeth were evident on the hind end and neck of the steer. Hemorrhage was extensive. The steer was not fed on. These wolves have killed here before and not fed either. They hit & run, not returning for weeks at a time.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 3-4 hrs.

ACTION TAKEN

FWP authorized the removal of 2 wolves. I set on the carcass w/ night vision the whole night but the wolves did not return. Removal is ongoing.

DATE STARTED 1-4-09

DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	1-5-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubet	John W Steubet	1/20/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0610

DATE COMPLAINT RECEIVED 1-16-09

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 1-16-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Kavalli

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☒ OTHER (Specify) bulldog

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Pet owner called and said that 3 wolves attacked his bulldog about 10:30 pm. He was able to run them off. The bulldog suffered several bites but will likely recover.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

I asked the man if he would like me to come and verify the attack for him. He said that since his vet bills would not be covered, and no control action would be forthcoming, why bother. I must say he had a point.

ACTION TAKEN

I informed him of the 10j rules and had a good conversation with the man.

No actions taken

DATE STARTED 1-16-09

DATE ENDED 1-16-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	1-16-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Stember	[signature]	1/20/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

LAW

→ Drakey 2/25/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0611

DATE COMPLAINT RECEIVED 2-17-09

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED dog picked up on 2-19-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Ravalli

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☒ OTHER (Specify) dog-(pe

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

(b)(6) picked up the dog for me, as she was at the (b)(6) putting up Tladdery around the calving pasture. She said wolf track were everywhere, and the wolves had been eating on a cow that died nearby. The Welcome Creek pack frequents this area. I was predisposed, working another wolf issue in Hall, MT that day.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

The puppy (apx 15-20lbs) had been bitten across the back. A neocropsy showed large wolf bite marks measu 2" in diameter and massive hemorrhage. Three ribs were broken. It looked like a wolf had simply bitten the puppy once likely killing it instantly.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

dog was killed 2-16-09

ACTION TAKEN

None.

DATE STARTED	DATE ENDED
2-16-09	2-19-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	2-19-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	2/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☒ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0614

DATE COMPLAINT RECEIVED 3-16-09

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 3-16-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER 492-6108-cal

(b)(6)

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
		1	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Evidence was almost non existant. A 2day old calf - alive & fine last night was dead & almost completly consumed by morning. The back half of the calf had been packed off. Only about 15 lbs of the calf remained. Three inches of snow has fallen in the last 3 hrs and all tracks have been covered up. There were no bite marks in the small piece of hide that remaine

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 12-18hrs.

The landowner has been seeing a pair of wolf tracks around, although not in the last 2 weeks. The thing that makes this look like wolves, is that the back bone had been litterally bitten through & the back ½ of the calf had been packed off. Usually coyotes only drag things around, they don't pack half a calf off. But with no physical evidence of any kind it is only speculation and that is why I put it down as "possible" only.

ACTION TAKEN

DATE STARTED 3-16-09

DATE ENDED

If wolf tracks are found in the nearby area, Wild Life Services will try and collar one of the wolves.

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	3-16-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubert	[signature]	3/24/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ Baker Bradley 4/10/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0615

DATE COMPLAINT RECEIVED 3-23-09 evening

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 3-24-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

Granite

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Landowner had a 2 day old calf. On the evening of 3-22-09 it was up running around playing w/cow, healthy as could be. On the morning of 3-23-09 all that was left of the calf was the top part of the skull, a 2 inch by 8 inch piece of hide and a bloody splotch in the snow. At least two and maybe three sets of wolf tracks were clearly

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 24 hrs.

seen in the snow. It was evident from blood & bone shards, where the wolves had eaten the calf. This is the problem with "evidence" such as bites marks ect on baby calves. The wolves litterally eat everything even the soft bones. These producers have had wolf troubles several times and on baby calves, sometimes you simply don't find anything. We were more fortunate in this case.

ACTION TAKEN

DATE STARTED 3-24-09

DATE ENDED

FWP. authorized the removal of up to three wolves. These wolves are not collared, so we can't track them at this time.

Traps were set & the control action is ongoing.

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	3-24-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubert	John Steubert	4/6/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0616

DATE COMPLAINT RECEIVED 4-22-09

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 4-23-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Missoula

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☒ OTHER (Specify) dog (pet)

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 (Killed by coyotes)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

One small domestic dog ~~was~~ apx (5-8 lbs) was alleged to have been killed by wolves. The owner reported seeing three of them. After the dog was killed, the owners burried the dog and then called FWP and the newspaper stating that wolves had killed

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 4-5 days.

the dog. After visiting with FWP, the dogs owner agreed to dig up the dog and have Wildlife Services do a neocropsy to see if it was wolves or possibly coyotes that killed it. I did a neocropsy on 4-23-09. The dog had been bitten on the back, and neck. Canine bite marks which were clearly visible, measured 1¼ in. in diameter.

ACTION TAKEN

DATE STARTED	DATE ENDED
4-23-09	4-23-09

The diameter of the actuall tooth holes was quite small as well. These measurements are very consistant with coyote bites. Wolf bites are always 1¾ inches to 2" in diameter with much bigger diameter holes made by much bigger teeth. It was clear to me that coyotes had killed the dog and not wolves. No other action was taken.

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Bart Smith	Bart Smith	4-23-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber	John Steuber	4/28/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain)

Bm

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0617

DATE COMPLAINT RECEIVED 4-23-09 evening

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 4-24-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Granite

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 natural causes.

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A young calf (1-2days old) was found dead, with his ear on the left side eaten off, and the nose partially eaten. The calf had been alive the day before. The land owner thought wolves might have killed it, as the tracks of three wolves had been seen periodically throughout the winter.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

A neocropsy was performed on the calf (it had been put in the barn away from scavengers) and no bites of any kind were found. I don't know what the calf died from, but it was not from predation. It is likely that after the calf died, a fox or coyote chewed off the ear & nose. There was no hemorrhage anywhere. There was no snow for tracks.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 36hrs.

ACTION TAKEN

None.

DATE STARTED 4-24-09

DATE ENDED 4-24-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	4-24-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steubek	John Steubek	4/29/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JSW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0619

DATE COMPLAINT RECEIVED 5-6-09

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 5-6-09

N. (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Granite

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 died natural causes.

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

One calf (150lbs) was found dead in the pasture with a small hole eaten out of his flank. A necropsy showed no other bites, tears, or signs of a struggle. The calf likely died of pneumonia, or something similar. I found a fox\coyote track as well as a fresh scat by the calf. That is likely what ate the small portion on the flank.

This calf definitely did not die from predation.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 12 hrs.

ACTION TAKEN

None

DATE STARTED	DATE ENDED
5-6-09	5-6-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	5-6-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	5/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

HMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0620

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Bart Smith

DATE INVESTIGATED: 5-9-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER

COUNTY: Granite

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) N/A

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
N/A	N/A		

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

A local uncollared wolf pack (3 black's 1 gray) killed an elk nearby. It was in everybodys interest to try and collar the pack so I set 2 traps.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): N/A

ACTION TAKEN

2 traps set.

2-12-09 I left wolf traps out for 3 nights & wolves never came back. pulled traps.

DATE STARTED	DATE ENDED
5-9-09	5-12-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Bart Smith	Bart Smith	5-9-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber	John L Steuber	5/15/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain)

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0621

DATE COMPLAINT RECEIVED 5-26-09

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 5-27-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Ravalli

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☒ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 died unknown causes / not predat

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

An adult horse was found dead near a fence. 2 legs wer were in the fence but there was no sign of a struggle there. The horses nose & rectum had been eaten, likely by coyotes after it was dead. A neocropsy showed no bite marks, no

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

hemorrhage, and no sign of depredation of any kind. I don't know what the horse died from, but it was not killed by a predator.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 18hrs

ACTION TAKEN

None.

DATE STARTED	DATE ENDED
5-27-09	5-27-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Bart Smith	Bart Smith	5-27-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber	John Steuber	6/1/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0622

DATE COMPLAINT RECEIVED 5-27-09 evening

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 5-28-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Granite

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 died natural causes / not predatio

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

1 200lb calf was found dead, with the hind end partially eaten. The calf had been dead 2-3 days. The surroundings were open, dry pasture lands so no tracks were found. A neocropsy showed no bite marks or hemorrhage of any kind. Coyotes had

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

fed on the calf after it had died. The calf died of natural causes and was not killed by wolves.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 2-3 days.

ACTION TAKEN

None

DATE STARTED	DATE ENDED
5-28-09	5-28-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Bart Smith	Bart Smith	5-28-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber	John Steuber	6/1/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

fax

MT 23411

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0623

DATE COMPLAINT RECEIVED 8-26-09

NAME OF INVESTIGATOR(S): Bart Smith

DATE INVESTIGATED: 8-27-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

County: Silver Bow

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 calf (2 weeks old) died natural caus

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No tracks or scat was evident. The calf was dead in an irrigated pasture. The calf which was 2 weeks old had been fed on lightly, but a necropsy showed no evidence of wolf bites or hemorrhage of any kind. Coyotes were

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

in the area and had likely eaten on the calf the first night. It is not clear what the calf died from, but it was not predation.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 48 hrs.

ACTION TAKEN: None.

DATE STARTED: 8-28-09

DATE ENDED: 8-28-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	8-27-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	8/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0624

DATE COMPLAINT RECEIVED 6-7-09

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 6-7-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 calf dead - natural causes 300lbs

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The ranch manager rode by checking a water tank and the cattle. He saw a dead calf, and then a wolf that was laying nearby. The wolf then jumped up and ran off. A neocropsy of the calf showed no wolf bites of any kind on the neck, throat, or hind end. There was no hemorrhage

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

or signs of a struggle. I did find a single set of wolf tracks at the site of the dead calf. Also, the blood was pooled on the underside (side laying on the ground) of the calf. This is common on cattle that die of natural causes. I have never seen it on a predation. This ranch had wolf depredations 3 summers ago. The pack eventually moved & it is likely some new wolves have moved in.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

2 days.

ACTION TAKEN

Two traps were set, with the intention of collaring and releasing a wolf if it is caught. That way we will be ahead of the game, if these wolves get into the cattle.

Wolf returned once but a cow had sprung the trap.

Traps were pulled on 6-12-09.

DATE STARTED 6-7-09

DATE ENDED 6-12-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	6-7-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	6/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

Dmw

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0625

DATE COMPLAINT RECEIVED 6-15-09

NAME OF INVESTIGATOR(S) Bart Smith

DATE INVESTIGATED 6-15-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Ravalli

LAND OWNERSHIP

☒ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 calf died natural causes.

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The producer called and said she had a calf she thought had been killed by wolves. The calf was several days old, but most of the hide was still intact. I saw no signs of any bites on the neck & there was no trauma. There were

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

no "drag marks" from the wolf canines, as is common either. There was no hemorrhage on the inside of the hide. There was good tracking dirt & I could find no wolf tracks either. The calf did not die from predation.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 5-6 days

ACTION TAKEN

None.

DATE STARTED 6-15-09

DATE ENDED 6-15-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Bart Smith	Bart Smith	6-15-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	6/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ Malone Bradley 11/13/8

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0626

DATE COMPLAINT RECEIVED 10-9-08

NAME OF INVESTIGATOR(S): Jim Rost

DATE INVESTIGATED: 10-9-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Park

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 injured/castrated			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Moved cattle off FS permit- noticed a 2½-3 year old bull injured cattle moved to private land.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

1 wound left FL shoulder- Tail bitten both inner thighs bitten, scrotum torn open- Bull alive on 10-21-08-

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 4 days

ACTION TAKEN

Cattle were removed from F.S. allotment so conflict ended- no action taken

DATE STARTED	DATE ENDED
10-9-08	10-24-08

NAME	SIGNATURE	DATE
Jim Rost Jim Rost	Jim Rost	10-24-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber	SIGNATURE: John Steuber	DATE: 10/28/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JM

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0627

DATE COMPLAINT RECEIVED 10-26-08

NAME OF INVESTIGATOR(S): Jim Rost

DATE INVESTIGATED: 10-27-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Sweetgrass

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
		1 ewe	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Killed on a hay field - no tracks found - 1 pool of blood by carcass - wool plucked off brisket about 200yds from carcass. No tracks found in area

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Large bite marks - under side of neck - bite wounds on hind legs - brisket area - plucked of wool and fed on carcass pulled about 200yds from area of plucked wool -

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 36 hrs - found 10-26-08

ACTION TAKEN: looked for tracks found nothing but coyotes, reported as a wolf kill but could have been a lion, looked for wolf sign on adjoining properties found nothing, Agnews looked over their land found no wolf tracks

DATE STARTED: 10-27-08

DATE ENDED:

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Rost	Jim Rost	10-31-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Stauber	John W Stauber	11/4/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

LDM

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0628

DATE COMPLAINT RECEIVED 10-31-08

NAME OF INVESTIGATOR(S): Jim Rost

DATE INVESTIGATED: 10-31-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Sweetgrass

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
		2- ewes	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Hay Field - no tracks found -

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

1st Ewe - bites to neck - brisket fed on - wool plucked

2nd Ewe - bite to neck - no feeding

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 30 hrs

ACTION TAKEN

sheep moved to different pasture

owners of livestock do not want any control work done - They believe it is their responsibility to protect their livestock

moved sheep to a different pasture

I could not tell what predator did it - lion or wolf

DATE STARTED	DATE ENDED
10-31-08	10-31-08

NAME	SIGNATURE	DATE
Jim Rost	Jim Rost	11-7-08
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	11/13/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0629

DATE COMPLAINT RECEIVED 12-11-08

NAME OF INVESTIGATOR(S): Jim Rost - Val Asher

DATE INVESTIGATED: 12-11-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Park

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____ NA

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
NA	NA	NA	No loss or injury

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf caught in Private Coyote Trap - was called to Radio Collar and release - Val Asher showed up some time - Pete had called me & FWP - wolf was too sick from mange - so Val told me to euthanize animal -

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

NA

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): NA

ACTION TAKEN: Animal Euthanized

DATE STARTED	DATE ENDED
12-11-08	12-11-08

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Rost	Jim Rost	12-1-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	2/17/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☒ PARTS TO MFWP Val Asher

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0630

DATE COMPLAINT RECEIVED 03-23-09

NAME OF INVESTIGATOR(S) Jim Rost 932-6749

DATE INVESTIGATED 03-23-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Sweetgrass

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

calf

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
		1	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Heavy Snow storm - no tracks found - no radio collars located in area.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

1 large bite wound to side of calf.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN FWP issued SOS - after many trys no wolf sign was found in area - rancher has not found tracks in area - no collars picked up.

DATE STARTED	DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Rost	Jim Rost	4-24-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	4/28/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

fm

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0631

DATE COMPLAINT RECEIVED 5-6-09

NAME OF INVESTIGATOR(S) Jim Rost

DATE INVESTIGATED 5-6-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Sweetgrass

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

Calf

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			Not a kill

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

NA

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Scavinged by coyotes

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

3 days

ACTION TAKEN

Talked with owner - No other action

DATE STARTED	DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Rost	Jim Rost	5-6-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	5/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0632

DATE COMPLAINT RECEIVED 5-11-09

NAME OF INVESTIGATOR(S) Jim Rost

DATE INVESTIGATED 5-12-09

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Sweetgrass

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			coyote bite - not wolf

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Rancher found 5 day old calf dead - suspected a wolf kill - he skinned calf to graf to cow -

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

1 bite wound to Right Rear upper leg by a coyote - I suspect calf was dead prior to bite - lack of hemorrhaging.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN NA - likes coyotes

DATE STARTED	DATE ENDED
5-12-09	5-12-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Rost	Jim Rost	5-12-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	5/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0634

DATE COMPLAINT RECEIVED 5-10-09

NAME OF INVESTIGATOR(S) Jim Rost

DATE INVESTIGATED 5-11-09

(b)(6)

TELEPHONE NUMBER

COUNTY Park

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			Reported Missing 1 calf

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

2 wolves were seen on hillside above calving pasture

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

NA

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

NA

ACTION TAKEN Calf showed up unharmed on morning of 5-11-09

DATE STARTED	DATE ENDED
5-11-09	5-11-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Rost	Jim Rost	5-13-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	5/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

referred by Val Asher

PART 1 - STATE OFFICE

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0635

DATE COMPLAINT RECEIVED 5-17-09

NAME OF INVESTIGATOR(S) Jim Rost

DATE INVESTIGATED 5-18-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Sweetgrass

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 - No predation

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

none

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Fed on by coyotes Body Organs

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

2 Days

ACTION TAKEN

Necropsy no predation evidence,

DATE STARTED	DATE ENDED
5-18-09	5-18-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Rost	Jim Rost	5-18-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	5/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0636

DATE COMPLAINT RECEIVED 5-18-09

NAME OF INVESTIGATOR(S) Jim Rost

DATE INVESTIGATED 5-18-09

TELEPHONE NUMBER (b)(6)

(b)(6)

COUNTY Park

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 calf

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

NA

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.) Fed on Bristol

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 3 days

ACTION TAKEN Necropsy - Appears calf got its head trapped in something - Found dead by water - all hair worn off lower neck & skull cap - skinned out - no bite wounds

DATE STARTED

DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Jim Rost	Jim Rost	5-18-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Stenbock	John V. Stenbock	5/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

HD 560

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0637

DATE COMPLAINT RECEIVED 8-28-09

NAME OF INVESTIGATOR(S): Jim Rost

DATE INVESTIGATED: 8-28-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Park

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

Small Calf appr 115 lbs

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
		1 calf	0

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

no tracks - no sign - some blood smears on rocks - may have been from being dragged around. no blood drops found

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

internal organs were consumed - no sign of homorrhage on the hide - which was fairly well intact.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 12-15 hrs

ACTION TAKEN

I told John there was no evidence to call this a wolf kill. Also contacted Val to keep her informed - As John had called FWP in Helena & Bozeman.

DATE STARTED: 8-28-09

DATE ENDED: 8-28-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Jim Rost	Jim Rost	8-28-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber	John Steuber	8/31/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

JSW

HD 418

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0676

DATE COMPLAINT RECEIVED 8-10-09

NAME OF INVESTIGATOR(S): GLOVER, WS

DATE INVESTIGATED: 8-11-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: J. BASIN

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
Ø	Ø	1	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

COOPERATOR REPORTS 1 CALF KILLED BY WOLVES. SKELETAL CARCASS SHOWS NO EVIDENCE OF PREDATION. NO WOLF OR OTHER PREDATOR SIGN EVIDENT IN AREA.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN: SURVEYING ONLY, NO CONTROL EFFORTS.

DATE STARTED	DATE ENDED
8-11	8-11

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR	GLOVER	8-11-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John E. Steuber		9/12/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

JW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0701

DATE COMPLAINT RECEIVED 10-4-08

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 10-4-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lake

LAND OWNERSHIP: ☐ STATE ☐ BLM ☑ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 ~~unconfirmed~~ NOT wolf

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Poor TRACking conditions. No TRACKS found of predators.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

cow still Alive, JUST sick, not been attacked by wolves.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN: No action.

DATE STARTED

DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North		10-8-08
NAME OF WILDLIFE SERVICES ~~DISTRICT SUPERVISOR~~	SIGNATURE	DATE
John Steuber		10/10/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

→ McDaniels
→ Bradley
10/10/8

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0702

DATE COMPLAINT RECEIVED 10-8-08

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 10-9-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Flathead

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☐ PRIVATE ☐ FS ☑ OTHER (Specify) Plumb CR, Timber

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) CALF

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks and Scat around Kill and [redacted] on Roads nearby. Some Signs of Struggle where wolves Pulled CALF down.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf Tooth Rakes and massive hemorrhage on both hind Quarters, Front legs and Shoulder. wolves fed on carcass. Over half of meat consumed, (large CALF)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 2 DAYS

ACTION TAKEN: Will remove 2 wolves

DATE STARTED: 10-9-08

DATE ENDED:

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North		10-9-08
NAME OF WILDLIFE SERVICES ~~DISTRICT SUPERVISOR~~	SIGNATURE	DATE
John Steubet		10/10/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

→ Prongre Brady 11/06

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0703

DATE COMPLAINT RECEIVED 10-21-08

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 10-22-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6), (b)(7)c

COUNTY: ~~Flathead~~ Sanders

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) calf

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Rancher brought carcass to Ranch house off of Range. Wolf packs in area.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass consumed, just hide left. Tooth rakes and hemorrhage on both hams on hide. hemorrhage and tooth rakes on flank.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 2 days.

ACTION TAKEN: No action. FWP determined it was wolf Prairie Pack, 1st offense.

DATE STARTED: 10-22-08

DATE ENDED: 10-22-08

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North	[signature]	10-22-08
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Stenbet	[signature]	11/6/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

→ Buker Brady 11/6/8

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0704

DATE COMPLAINT RECEIVED 10-21-08

NAME OF INVESTIGATOR(S): TED NORTH

DATE INVESTIGATED: 10-22-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: SANDERS

LAND OWNER: (b)(6)

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 (injury)			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Known wolf pack in area. Calf found after recent depredation on calf in same pasture.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Tooth rakes on both hams, hocks, and base of tail. Calf not doing very good.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): A week or more

ACTION TAKEN

looking area over for wolf pack to collar release, may remove a wolf or two.

DATE STARTED	DATE ENDED
10-22-08	10-22-08

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North	Ted North	10-22-08
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steubet	John Steubet	11/6/08
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

JAW

/ M. Jane Bradley

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0706

DATE COMPLAINT RECEIVED 10-30-08

NAME OF INVESTIGATOR(S) Ted North, Stacy Courville, Shannon Claimont

DATE INVESTIGATED 10-30-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Sanders

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☑ OTHER (Specify) Llama

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Both radio collared wolves near Ranch, Rancher saw wolves leaving area. Rancher brought carcass in so no site inspection took place

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Tooth rakes and punctures to both hams, carcass consumed only hide left. hemorrhage on hide under wolf bites.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

No action, waiting for decision to be made by Tribe & State Fwp.

DATE STARTED 10-30-08

DATE ENDED 10-30-08

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North		10-30-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber		11/6/08
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ Mary Brad 12/4

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0707

DATE COMPLAINT RECEIVED 11-18-08

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 11-19-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Flathead

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

Bull, ADULT

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf track around kill; wolf scat near kill site. Collared wolf nearby kill site.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Wolf tooth RAKES on both Hams, Front shoulder, and flank. Hemorrhage under hide around attack points. Feeding Pattern typical of wolves.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 2 DAYS

ACTION TAKEN: Will remove Pack, Control Action ongoing.

DATE STARTED: 11-19-08

DATE ENDED:

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North	[signature]	11-26-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	12/02/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GWW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0708

DATE COMPLAINT RECEIVED 11-22-08

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 11-24-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Sanders

LAND OWNERSHIP: ☐ STATE ☐ BLM ☑ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 unconfirmed calf

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf brought off of Range, reported seeing wolves and the ground tore up around calf.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass half eaten, small calf, found no evidence of Predation.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 5 to 7 days

ACTION TAKEN: No action

DATE STARTED: 11-24-08

DATE ENDED: 11-24-08

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North	[signature]	11-24-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steubert	[signature]	12/2/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0709

DATE COMPLAINT RECEIVED 12-2-08

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 12-2-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lake

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 ~~calf~~ ~~unconfirmed~~ calf NOT wolf

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Ground Frozen. Poor TRACking

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

CARCASS SCAVENGED by coyotes and birds
No evidence of Predation.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 10 hrs

ACTION TAKEN: No action

DATE STARTED: 12-2-08

DATE ENDED: 12-2-08

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North	[signature]	12-2-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Steuber	[signature]	12/10/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0711

DATE COMPLAINT RECEIVED 1-7-09

NAME OF INVESTIGATOR(S): Ted North, Tim Their, Jim Roberts

DATE INVESTIGATED: 1-8-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lincoln

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 Unconfirmed

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks Present. Rancher saw wolf feeding on calf.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Feeding typical of wolves. No sign of hemorrhage or tooth rakes on hide. Wolves scavenged on carcass.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 1 DAY

ACTION TAKEN: No action.

DATE STARTED: 1-8-09

DATE ENDED: 1-8-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North		1-8-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubet		1/20/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0712

DATE COMPLAINT RECEIVED 1-10-09

NAME OF INVESTIGATOR(S): Ted North, George Barce, Shannon Claicmont

DATE INVESTIGATED: 1-12-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lake

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____ adult

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 unconfirmed

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No Tracks

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Some Bird Feeding, No Trauma -

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 30 Days

ACTION TAKEN: No action

DATE STARTED: 1-12-09

DATE ENDED: 1-12-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North		1-12-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Stenber		1/20/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JSW → 1/22/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0713

DATE COMPLAINT RECEIVED 1-10-09

NAME OF INVESTIGATOR(S) Ted North, George Barce, Shamon Clairmont

DATE INVESTIGATED 1-12-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY Sanders

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) Llama

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
		1	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

The Llama was Taken from the site and Put in Building to protect the carcass. Too Many Llamas in pasture for Tracks to be left.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

After one DAY the Foreman disposed of carcass. MADE Plans to meet on monday and skin carcass. This Sanctuary has had several wolf depredations in recent past. Collared wolf nearby location.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

3 DAYS

ACTION TAKEN

No action

DATE STARTED 1-12-09

DATE ENDED 1-12-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North		1-12-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubet		1/20/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JHW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0714

DATE COMPLAINT RECEIVED 1-24-09

NAME OF INVESTIGATOR(S): Ted North, Stacy Carville, Shannon Claiment, George Bate

DATE INVESTIGATED: 1-26-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Sanders

LAND OWNERSHIP: ☐ STATE ☐ BLM ☑ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 ~~Unconfirmed~~ NOT wolf

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Coyote Tracks around Carcass Site. No signs of struggle. Producer reported seeing cattle being ran by Possibley a wolf.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Coyotes Scavenged on Carcass. HAD to remove Quarters with saw. Bring to Tribal HQ. and Thaw them to skin out. No evidence of Attack.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 1 week or more

ACTION TAKEN: No action.

DATE STARTED: 1-26-09 DATE ENDED: 1-28-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North	[signature]	1-28-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubert	[signature]	2/9/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

LPW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0716

DATE COMPLAINT RECEIVED 2-19-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 2-19-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Mineral

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 Not a Predator Kill

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Coyote TRACKS around CALF CARCASS.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Coyotes Scavenged on CALF.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 12 hrs.

ACTION TAKEN: No action, Not A wolf kill

DATE STARTED: 2-19-09

DATE ENDED: 2-19-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North	SIGNATURE: [signature]	DATE: 2-19-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber	SIGNATURE: [signature]	DATE: 3/16/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

Bradley Sarotar 3/20/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0717

DATE COMPLAINT RECEIVED 2-20-09

NAME OF INVESTIGATOR(S): Ted North, Stacy Courville, Shannon Claimont, George Bare

DATE INVESTIGATED: 2-20-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Sanders

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☐ CATTLE ☐ HORSE ☑ OTHER (Specify) Llamas

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
4 llama	2 on 2-22-09	llama	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

wolf TRACKS coming and going from Kills.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

wolf Tooth Rakes and punctures, MASSive Hemorrhage under attack Points, Both hams, Flank, and soft spot behind front shoulder

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): ONE DAY

ACTION TAKEN: CSKT Biologist set up flaggery around Llama pasture. Will TRAP collar and release wolf.

DATE STARTED: 2-20-09

DATE ENDED: Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Ted North		2-20-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber		3/16/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0718

DATE COMPLAINT RECEIVED 2-26-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 2-27-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Lincoln

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☑ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 not A Predator kill

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf Tracks coming and going from Horse carcass.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Slight scavenging on carcass by wolves.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

One Day

ACTION TAKEN

Not A kill - No action

DATE STARTED	DATE ENDED
2-27-09	2-27-09

NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North	SIGNATURE	DATE: 2-27-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber	SIGNATURE	DATE: 3/16/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

LMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0720

DATE COMPLAINT RECEIVED 3-17-09

NAME OF INVESTIGATOR(S): Ted North, Stacy Cauville, Shannon Clairmont

DATE INVESTIGATED: 3-17-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER:

COUNTY: Lake

LAND OWNERSHIP: ☐ STATE ☐ BLM ☑ TRIBAL ☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 unconfirmed

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Coyote TRACKS & SCAT around CARCASS. Hoof Prints from cow sliding down hill.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

TYPICAL Bird and coyote scavenging. Front leg Broke, old injury, Fluid around Break and down injured leg.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): over a week

ACTION TAKEN: No action

DATE STARTED: 3-17-09

DATE ENDED: 3-17-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North		3-17-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber		3/31/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0721

DATE COMPLAINT RECEIVED 3-17-09

NAME OF INVESTIGATOR(S)

DATE INVESTIGATED 3-17-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY Sanders

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

CALVES

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			2 unconfirmed

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf seen resting on calves. Calves were put in dead pit.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

One calf was ~~today~~ dead for 30 days and other calf dead for a week. No signs of predation, typical wolf feeding pattern (scavenging)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

No action

DATE STARTED	DATE ENDED
3-17-09	3-17-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR		3-17-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Stember		3/31/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ 5/6/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0722

DATE COMPLAINT RECEIVED 4-20-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 4-20-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Missoula

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

2 calves

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 Injured	1 Killed		

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf hair in fence, cow was upset and working on area looking for calf, just found ear tag of calf. Calf that was missing was probably killed by wolves. Collared wolf and den not far from ranch.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Injured calf had 2" tooth rakes on both hams, high up on hams, base of tail. Typical wolf attack.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

1st calf 3 days, injured calf 12 hrs.

ACTION TAKEN

Set traps on ranch to catch wolf if it returns, collar and release, control action ongoing.

DATE STARTED	DATE ENDED
4-20-09	ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North	SIGNATURE	DATE: 4-30-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Sterbey	SIGNATURE	DATE: 5/4/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

AW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0723

DATE COMPLAINT RECEIVED 4-25-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 4-27-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Lincoln

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 CALF unconfirmed / Not A kill

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Owners brought Calf down from Eureka to Kalispell Fwp office where I skinned it.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No signs of Predation. Some Scavenging by Coyotes and Birds.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

4 DAY. Kept in good condition out of Field.

ACTION TAKEN: No action

DATE STARTED: 4-27-09 DATE ENDED: 4-29-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North		4-27-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber		5/4/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0724

DATE COMPLAINT RECEIVED 4-27-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 4-28-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Mineral

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 Cow 1 Calf Not Killed

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Blk Bear hair in fence, Coyote Tracks around Carcass. A lot of eagles and Ravens around Carcass.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Cow was completly consumed, Most of the Hide was intact, looked it over found no signs of Hemorrhage or Tooth Rakes. Cow died giving Birth according to owner, she thought it was killed while trying to have calf - No sign of Predation.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN: No action, Cow died giving Birth, scavenged by Birds and predators

DATE STARTED: 4-28-09

DATE ENDED: 4-28-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North		4-28-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steubert		5/4/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0725

DATE COMPLAINT RECEIVED 3-20-09

NAME OF INVESTIGATOR(S): Ted North

DATE INVESTIGATED: 3-20-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: MISSOULA

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) CALF

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			Unconfirmed

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Coyote TRACKS and SCAT near CALF. No signs of struggle

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Typical coyote and bird scavenging. No hemorrhage of tooth RAKES.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 8 hrs.

ACTION TAKEN: No action

DATE STARTED: 3-20-09

DATE ENDED: 3-20-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Ted North		3-20-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber		3/31/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

→ Gleny Brady 10/15/8

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0776

DATE COMPLAINT RECEIVED 10/9/08

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 10/9/08

NAME AND ADDRESS OF LIVESTOCK OWNER/LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 Cow			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Numerous wolf tracks, various sizes indicated a pack, ie adults w/ YOY, @ carcass & immediate area. Torn & uprooted sagebrush, several area's of blood indicate a struggle, attack, of approx. 30yds in length

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 5-7 days

Canine marks present on external surface of hide on Lt. front elbow region & Rt. rear above fetlock. Marks were 2-2¼" apart, there is hemorrhage subcutaneously & severe tissue damage on front bi site. Hindquarters & internal organs totally gone from feeding & scavengi. All signs consistent w/ wolf predation.

ACTION TAKEN

DATE STARTED 10/9/08

DATE ENDED 10/9/08

Necropsy. Because of time since predation wolves have discontinued using carcass as a food source and it has been taken over by a black bear, hence NO traps set.

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	10/10/08
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Stenbet	John L Stenbet	10/17/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JJW

Gary Brady 10/22/8

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0777

DATE COMPLAINT RECEIVED 10/13/08

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 10/14/08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
3 Cows	1 injury cow		

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Numerous wolf tracks of various sizes, wolf hair on barbs of fence in 2 locations, blood trail of approx 25-30 ft. leading to 1 carcass & much uprooted, broken sagebrush

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.) Both carcasses showed similar attack patterns, ie. both hind quarters attacked showing subcutaneous hemorrhage & tissue destruction. Each cow had 1 front elbow attacked showing hemorrhage & tissue damage. All signs consistent w/ wolf attack. 1 cow was NOT fed upon. The other cow's hindquarters & soft tissue internal organs had been fed upon.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 24-36 hrs.

ACTION TAKEN Necropsy, traps set 10/14, Aerial hunting 10/16

DATE STARTED 10/14/08

DATE ENDED Ongoing

10/20/8 1 more confirmed 1 Probable injury

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	10/16/08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Stenbet	John E Stenbet	10/21/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

BMW

→ Hanser Brady 10/22

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0778

DATE COMPLAINT RECEIVED 10/17/08

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 10/17/08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
4 ewes 12 lambs (16)			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks present throughout 40 acre lot, wolf hair in fence @ locations where they jumped thru between page wire + top strands of barbwire

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All sheep showed attack signs in 1 or both hind quarters. Most also showed attack bites in a front quarter. 4 sheep also displayed bites in the throat region. None of the sheep where fed upon

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

8-12 hrs.

ACTION TAKEN

Necropsy - traps set 10/17
10/18 - 10; taking by producer

DATE STARTED 10/17/08

DATE ENDED Ongoing

NAME	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	10/18/08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Steubert	John E. Steubert	10/21/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

yyvv

→ Glen Brady 11/06/8

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0780

DATE COMPLAINT RECEIVED 10/26/08

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 10/26/08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE
Loren Giem
203 Silverbow Ln
Twin Bridges, 59754

TELEPHONE NUMBER

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 cow			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
Animal was found in fence corner where other cattle congregated obliterating any wolf sign present at site

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
Cow had obvious wolf bites to both hind-quarters as evidenced by subcutaneous canine marks, hemorrhage + tissue destruction. Also severe hemorrhage noted on one front elbow region.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)
24-48 hrs.

ACTION TAKEN
Necropsy-10/26
Calling-10/27
Traps reset-10/28
Aerial Hunting...
This is a continuation of work starting relative to IR# 077

DATE STARTED	DATE ENDED
10/26/08	Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme	/ / 8
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	
John Steuber	John	(b)(6)
NAME OF STATE REPRESENTATIVE	SIGNATURE	

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JSW

→ Smith Bradley 11/20

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0781

DATE COMPLAINT RECEIVED 10/30/08

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 10/31/08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Silver Bow

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 injury			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Calf + Cow were taken to barnyard so calf could be doctored

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf was bitten in L. hindquarter. Canine punc. had diameter of 1/4"-3/8" and spacing of approx. 2 1/4". These signs and location of attack all consitent w/wolf attack.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

2-3 days

ACTION TAKEN

Investigation

DATE STARTED	DATE ENDED
10/31/08	10/31/08

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	11/05/08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubar	John [signature]	11/13/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

→ Thursby Brady 11/20

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0782

DATE COMPLAINT RECEIVED 11/9/08

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 11/9/08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
2 Calves			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Scat present @ 1 calf - they are separated by +/- 1/2 mi. + killed on different dates (1 or 2 nites apart)
Same property experianced wolf predation in spring of 08 + pack survivors KNOWN to have not left area.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.) Calves both heavily fed upon. Both showed hemorrhage at attack sites on front elbow + hindquarters w/ canine spacing consist w/ wolf attack. spacing +/- 2-2 1/4 inches

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 1-3 days

ACTION TAKEN Necropsy
No traps set because of MUD

DATE STARTED 11/9/08

DATE ENDED Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	11/14/08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Stenbel	John Stenbel	11/18/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

Tech Bradley 12/

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0783

DATE COMPLAINT RECEIVED 12/2/08

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 12/2/08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Signs of struggle indicated calf struggled, was drug appox. 20-25y
Attack place in hay meadow.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Hemorrhage indicates calf was attacked on all 4 quarters w/most damage to tissue on the front quarters. All soft tissue internal organs had been consumed, very little other flesh. All signs consistent w/wolf attack.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

<10hrs.

ACTION TAKEN

Necropsy - 3 traps set

DATE STARTED 12/2/08

DATE ENDED Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	12-2-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Stubbert	[signature]	12/10/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0786

DATE COMPLAINT RECEIVED 12/8/08

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 12/9/08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☒ OTHER (Specify) Domestic Dog

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 dog			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood

(b)(6) Picked up dog from (b)(6) from his house & took dog to Vet. Hospital in Dillon MT. He stated many wolf tracks (has pix) present & blood stains indicative of Struggle

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Dog was repeated ly bitten in head, neck, Shoulder region, also groin, flank. Canine Spacing +/- 2¼". All signs consistent w/ wolf attack

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 1-3 days

ACTION TAKEN Necropsy

DATE STARTED 12/9/08

DATE ENDED 12/9/08

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	12/11/08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John L Steuber	12/15/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0787

DATE COMPLAINT RECEIVED NA

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 12/9/08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☒ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			Natural Causes

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

While aerial hunting (b)(6) property ravens were seen leaving a horse carcass, because of the ~~presence~~ presence of wolf tracks on river ice, helicopter landed to investigate.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

NO Evidence of predation was found on carcass.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 2-4 days

ACTION TAKEN

Necropsy

DATE STARTED	DATE ENDED
12/9/08	12/9/08

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Graeme R McDougal	Graeme R McDougal	12/18/08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John F. Steuber	[illegible]	12/22/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0791

DATE COMPLAINT RECEIVED 2/13/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 2/13/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 injury			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks of 1 wolf present on snow bank adjacent to barnyard where attack took place

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.) Calf shows obvious bite marks, blood, etc. on Rt rear quarter & is quite lame when forced to walk on his leg. All signs consistent w/ wolf attack.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 36 – 40 hrs

ACTION TAKEN Necropsy

DATE STARTED 2/13/09

DATE ENDED Ongoing

* 2/19/09 spoke w/ McDougal animal probably will survive.

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	2/13/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Stenber	John E. Stenber	2/18/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

SHW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0792

DATE COMPLAINT RECEIVED NA

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 1/20/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN Wolf darted & collared incidental to coyote control (Aerial Hunting)

DATE STARTED 1/20/09

DATE ENDED 1/20/09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	3/13/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	3/17/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0793

DATE COMPLAINT RECEIVED NA

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 1/21/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☐ FS ☒ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN	DATE STARTED	DATE ENDED
Wolf darted + collared incidental to coyote control activities (Aerial Hunting)	1/21/09	1/21/09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	3/13/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John Steuber	3/16/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

PAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0794

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Graeme McDougal

DATE INVESTIGATED

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN: 1 Wolf collared incidental to coyote control activities

DATE STARTED	DATE ENDED
1/20/09	1/20/09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	3/16/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubet	John Steubet	3/17/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

→ 3/24/9 Bradley Hansen

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0795

DATE COMPLAINT RECEIVED 3/17/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 3/17/09

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
2 calf	1 calf		

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Several areas of Blood @ site of confirmed calf. Tracks indicate presence of 2 wolves @ both sites.

3/22/09 confirmed 1 more Calf. total of 2 calves conf.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass of Confirmed calf showed severe hemorrhage on subcutaneous side of hide & canine punc. spacing of 2 - 2 1/4 inches.
Probable calf was approx. 30 yds. from confirmed calf & was fed upon to the point that no positive determination could be made

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

< 8 hrs.

ACTION TAKEN

Necropsy } 3/17
Traps set }
Aerial hunting - 3/18
update
3/30/9 aerial Kill 1 wolf.

DATE STARTED	DATE ENDED
3/17/09	Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	3/19/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Stenber	John E. Stenber	3/23/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JDW

→ Hirsh Bruden 4/20/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0796

DATE COMPLAINT RECEIVED 3/29/09

NAME OF INVESTIGATOR(S) GRAEME McDONGAL

DATE INVESTIGATED 3/29/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Due to snow storm + blowing no signs remained visible

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Body Calf displayed tooth punctures, severe hemorrhage and tissue destruction in the shoulder, neck region consistent w/ wolf attack. Hindquarters + internal organs were consumed. Humerous bone bitten in half on rt. front quarter

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) < 8 hrs.

ACTION TAKEN

Necropsy

producers employee shot wolf in early AM adjacent to predation

DATE STARTED	DATE ENDED
3/29/09	3/29/09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	3/31/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Steuber	John E. Steuber	4/6/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0798

DATE COMPLAINT RECEIVED 4/18/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 4/18/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			1 calf Natural Causes

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No Evidence of Predation

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

1-2 days

ACTION TAKEN

Necropsy

DATE STARTED	DATE ENDED
4/18/09	4/18/09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Graeme R McDougal	Graeme R McDougal	4/22/09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber	John Steuber	4/28/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ 5/21 Hirsch Bro

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0800

DATE COMPLAINT RECEIVED 4/30/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 4/30/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

New overnight snow had melted erasing tracks, signs of stuggle, e
Calf was Killed in pasture containing older pairs.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

All internal organs, hindquarter + 1 shoulder had been eaten. Carcass was covered to prevent scavenging. Subcutaneous hemorrhage was present on hide on hindquart Kidney area of spine, unconsumed ft. shoulder and neck. Canine bruising o neck + spine show spacing of approx. 2¼ inches, tissue destruction evide @ neck, spine, + front shoulder. All signs consistent w/ wolf predation

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) < 12 hrs

ACTION TAKEN

Necropsy 4/30
Calling 5/1,5
Aerial Hunting 5/4,7,8

DATE STARTED	DATE ENDED
4/30/09	Ongoing

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Graeme R McDougal	Graeme R McDougal	5/2/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	[signature]	5/13/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ Baner Bradley 10/20/5 → 10/28/

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0827

DATE COMPLAINT RECEIVED 10-7-08

NAME OF INVESTIGATOR(S) Chad Hoover

DATE INVESTIGATED 10-7-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Granite

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
	1		

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Wolf tracks evident at site. Wolf frequences heard at site. Wolves pushed cattle through fences six out of seven nights over days when cow died. Land owner heard, saw and shot at wolves in area.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Carcass hind quarters fed on. Cuts near rectum Similair to lacerations made by wolves in attacks of cattle this size. Much of evidence consumed. Activity by landowners near carcass may be reason carcass was not completely consumed. No hemorrhage found due to flesh eaten.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 4 days

ACTION TAKEN

Removing pack

Two wolves removed via helicopter 10-9-08

DATE STARTED 10-7-08

DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR: Chad Hoover	SIGNATURE: Chad J. Hoover	DATE: 10-9-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber	SIGNATURE: John Steuber	DATE: 10/17/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

AM

Boone Brady 10/2

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0828

DATE COMPLAINT RECEIVED 10-9-08

NAME OF INVESTIGATOR(S) Chad Hoover

DATE INVESTIGATED 10-9-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY Granite

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☑ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
4			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Sheep attacked in field in different locations. Each locatio had large amounts of blood and signs of a struggle. One sheep was euthanized. Hair was found in barbed wire. Wolves attacked sheep in this same location in January of 2008.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Each sheep had distinct punctures and hemorrhages. Wolves bit sheep in flank and behind front shoulders. One ewe was fed on. The shee pasture is located near a highway and a logging road. Traff may have caused wolves to vacate depredations early.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

few hours

ACTION TAKEN

Attempting to collar and release

Low night time temperatures hindering operation

DATE STARTED 10-9-08

DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Chad Hoover	Chad Hoover	10-9-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Steuber	John E. Steuber	10/17/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ Walker
→ Bradley 10/20

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0829

DATE COMPLAINT RECEIVED 10-10-08

NAME OF INVESTIGATOR(S) Chad Hoover

DATE INVESTIGATED 10-14-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Sanders

LAND OWNERSHIP

☐ STATE ☐ BLM ☑ TRIBAL

☐ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Tracks of several wolves were present at the scene. Calf died in ~~deep~~ mud in a spring. Calf had been drug several yards in mud.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Canine punctures & hemorrhaging were evident in some remaining flesh. The calf was eaten in typical feeding pattern of freshly killed livestock. Hind quarters & viscera consumed & ribs were chewed. Flesh remained where calf had sunk in mud.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours) 10-10-08

ACTION TAKEN

Some wolves will be removed.

DATE STARTED 10-14-08 DATE ENDED

This depredation took place on deeded land on reservation. Livestock owner is a non-tribal member.

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Chad Hoover	[signature]	10-15-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John E. Steuber	[signature]	10/17/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JDW

→ M.C. Bradley 10/20

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0830

DATE COMPLAINT RECEIVED 10-13-08

NAME OF INVESTIGATOR(S) Chad Hoover

DATE INVESTIGATED 10-14-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY LINCOLN

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Livestock owners watched one black and three gray wolves attack calf. Owner gave chase to wolves from 4 wheeler and watched mother cows chase wolves away from the injured calf. Livestock owner had to euthanize calf

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Calf had punctures in flank and on inside of legs. Tremendous amounts of trauma and hemorrhaging was evident after skinning back hide.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

NONE FWP attempted collaring with no success. No control action is issued.

DATE STARTED

DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR: Chad Hoover	SIGNATURE: Chad Hoover	DATE: 10-15-08
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber	SIGNATURE: John Steuber	DATE: 10/17/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

PART 1 - STATE OFFICE

JMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0833

DATE COMPLAINT RECEIVED 12-30-08

NAME OF INVESTIGATOR(S) Chad Hoover

DATE INVESTIGATED 12-30-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

COUNTY MEAGHER

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
			3 unconfirmed

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No evidence present

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Large hole on upper shoulder of cow. Inconsistent with wolf depredations. Reported other injuries to cows. Cows not available to investigate.

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

NONE

DATE STARTED	DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Chad Hoover	Chad Hoover	12-31-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John L Steuber	1/5/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) NA

JDW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0834

DATE COMPLAINT RECEIVED 1-29-08

NAME OF INVESTIGATOR(S) Chad Hoover

DATE INVESTIGATED 1-29-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER Z

COUNTY MADISON

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER *(Specify)*

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE *(See criteria on reverse side of form)*

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
0	0	0	0

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

NA

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

Injured calf had become sick and died. There was a puncture type hole on the rear Rt. quarter. Upon skinning hide back there were no other exten. injuries. There was deep infection in muscle. Looked like gunshot

ACTION TAKEN

NONE

DATE STARTED

DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Chad Hoover	Chad Hoover	1-29-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubet	John Steubet	2/4/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0835

DATE COMPLAINT RECEIVED

NAME OF INVESTIGATOR(S): Chad Hoover

DATE INVESTIGATED: 1-28-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: SILVER BOW RESIDENT

TELEPHONE NUMBER: (b)(6) SILVER BOW

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☑ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
0			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

NA

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

NA

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

DATE STARTED	DATE ENDED
1-28-08	1-28-08

Horse was reported one year after incident in hopes of payment. No actions were taken.

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Chad Hoover	Chad Hoover	1-28-08
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John E. Steuber	John E. Steuber	2/17/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

HD 328

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0851

DATE COMPLAINT RECEIVED 9/29/09

NAME OF INVESTIGATOR(S) Graeme R McDougal

DATE INVESTIGATED 9/29/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

(b)(6)

COUNTY Beaverhead

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

NO Evidence

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

OF PREDATION

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

ACTION TAKEN

Necropsy

DATE STARTED	DATE ENDED
9/29/09	9/29/09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Graeme R McDougal	Graeme R McDougal	9/30/09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John E. Steuber	John E. Steuber	10/6/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0928

DATE COMPLAINT RECEIVED 12-1-08

NAME OF INVESTIGATOR(S): Dennis R Biggs

DATE INVESTIGATED: 12-2-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Gallatin

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
		1	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Couldn't Find any Tracks, nothing bit, chased and scared young bulls through fence, one over cattle guard it broke both front legs had to be shot. Something scared and chased

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

nothing was fed on, no bites, on 1 bull
Two front legs broken in cattle Guard

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 24 hrs

This happened on th (b)(6) if feeding Bulls

ACTION TAKEN: no Action Taken, Rancher had seen 3 very large grey dog looking male mute type dogs in field if see again call me on FWSP, See tracks cover, if something gets Killed cover it with Tarp. If they catch it "wolf" They can use 10-J Rule if it is chasing or mambing their livestock, but must work

DATE STARTED: 12-2-08 DATE ENDED: 12-2-08

Son VanDyke Angus as employee

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Dennis R Biggs		12-2-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAM

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0929

DATE COMPLAINT RECEIVED 12-23-08

NAME OF INVESTIGATOR(S): Dennis R Biggs

DATE INVESTIGATED: 12-24-08

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: Dave Wendel (b)(6) 4

TELEPHONE NUMBER: (b)(6) 71 Gallatin

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☐ CATTLE ☐ HORSE ☒ OTHER (Specify) Goat

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
N/A	N/A	N/A	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

nothing to see, no kill to look at

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

N/A

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

30 days

ACTION TAKEN

DATE STARTED 12-24-08 DATE ENDED 12-24-08

Looked at tracks in snow, Tracks unknown, large dog. and Deer in housing, more apt to be dog causing him trouble

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Dennis R Biggs		12-24-08
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John E. Steuber		12/29/08
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0931

DATE COMPLAINT RECEIVED 1-3-09

NAME OF INVESTIGATOR(S): Dennis R Biggs

DATE INVESTIGATED: 1-5-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6) Gallatin

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
		1 Yearling cow	Feed yard Fencing

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Couldn't Find any tracks, in area, no livestock injury
1/7/9 coop found cow had to put it down.

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Feed yard Fencing All tore down as livestock was chased, scared Stampeded through fence
Neighbor (b)(6) saw 4 black wolves East of feed yard

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 2 days

ACTION TAKEN: No Action taken

DATE STARTED: 1-5-09 DATE ENDED: 1-5-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Dennis R Biggs		1-5-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber		1/7/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

Dm

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0932

DATE COMPLAINT RECEIVED 2-27-09

NAME OF INVESTIGATOR(S): Dennis R Biggs

DATE INVESTIGATED: 2-27-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Gallatin

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
—	—	—	Dog Kill not wolf

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

There was 3 spots of struggle, Through and over fence, in ditch across Driveway/1 and finally across paved road in ditch

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Ears were gone, and rectum and tail were eaten gone and intestine string out the. Calf bled alot from rectum area, no other markings on bite I could find

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 12 hrs

ACTION TAKEN

Not, it turned dog loose Type to house 2.5 miles away. Dog did the killing

Feral

DATE STARTED: 2-27-09

DATE ENDED: 2-27-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Dennis Biggs		2-27-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

LAW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0933

DATE COMPLAINT RECEIVED 9-24-09

NAME OF INVESTIGATOR(S): Dennis R Biggs

DATE INVESTIGATED: 9-27-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: N/A

COUNTY: Gallatin

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
		1	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Saw tracks in new snow of wolves in calving Pasture

1 calf unconfirmed

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

was gone, nothing to see on hoofs at

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 7 days

ACTION TAKEN: None

DATE STARTED: 9-27-09 DATE ENDED: 9-27-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
DR Biggs	DR Biggs	2-27-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

DW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0934

DATE COMPLAINT RECEIVED 4-13-09

NAME OF INVESTIGATOR(S) DENNIS R BIGGS

DATE INVESTIGATED 4-13-09 TB

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Broadwater

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
—	—	—	1 unknown, Natural

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No Scat, Hair on sign of Struggle, A 200 to 255 Lb Calf

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No bite Marks, no hemorrhaging it was Alive yesterday, Something Ate through flank into ~~Stom~~ The flank Area

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

Calf dead just hours

ACTION TAKEN None, was not A wolf Kill

DATE STARTED 4-13-09

DATE ENDED 4-13-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Dennis R Biggs		4-13-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steubet		4/15/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JMW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0935

DATE COMPLAINT RECEIVED 4-18-09

NAME OF INVESTIGATOR(S): DENNIS R BIGGS

DATE INVESTIGATED: 4-18-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE: (b)(6)

TELEPHONE NUMBER: (b)(6)

COUNTY: Madison

LAND OWNERSHIP: ☐ STATE ☐ BLM ☐ TRIBAL ☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY: ☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
N/A	N/A	N/A	Natural Cause

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

No Tracks, No sign of Struggle

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

No puncture marks, no feeding, no sign of hemorrhaging, only hide missing in a 14" circle under stomach, skinned calf no bites on claw mark

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours): 12 hrs

ACTION TAKEN: None

No action, did necropsy, no bites on hemorrhage ect

DATE STARTED	DATE ENDED
4-18-09	4-18-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Dennis R Biggs	R B	4-18-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber	John Steuber	4/28/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

HW

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0936

DATE COMPLAINT RECEIVED 5-21-09

NAME OF INVESTIGATOR(S) DENNIS BIGGS

DATE INVESTIGATED 5-21-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Meagher

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☑ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
		2	

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Had 2 Cows with tight bags, found scat full of calf hair. Looked for tracks, none. Could not find physical sites "unknown"

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Could not find Carcasses on sites looked for tracks, birds, bones could not find nothing

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

24 hrs

ACTION TAKEN

None Coyote Dange

DATE STARTED	DATE ENDED
5-21-09	5-21-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
DENNIS BIGGS		5-21-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steuber		5/26/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

Law

HD 322

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0938

DATE COMPLAINT RECEIVED 7-12-09

NAME OF INVESTIGATOR(S) DENNIS BIGGS

DATE INVESTIGATED 7-12-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE
Three Forks Grazing Assoc
(b)(6)
480 Bayers Ln
Twin Bridges, MT 59754

TELEPHONE NUMBER

COUNTY Madison

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☒ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☒ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
One calf			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
no tracks as hard grass covered ground, no scat on site. I did find signs of struggle and blood

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
I found puncture marks on top of back, behind sholder and on neck, measurements between canines 2" and on neck, measurements between canines 2" I found deep hemorrhage on back, sholder and neck. was the typical wolf feeding pattern

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)
2 days

ACTION TAKEN
No action taken ~~[illegible]~~ as calf is all gone nothing has been back to site since discovered There was enough meat in back loins, sho and neck area to see deep hemorrhaging, and puncture marks in hide when skinned these areas

DATE STARTED 7-12-09

DATE ENDED 7-12-09

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
Dennis R BIGGS		7-13-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR	SIGNATURE	DATE
John Steubert		7/20/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

JAW

→ 8/20/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0939

DATE COMPLAINT RECEIVED 8-12-09

NAME OF INVESTIGATOR(S) Dennis R Biggs

DATE INVESTIGATED 8-12-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6) Forest Service
Po Box 82
McAllister MT 59740

TELEPHONE NUMBER (b)(6)

COUNTY Beaver Head

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☐ PRIVATE ☑ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☐ SHEEP ☑ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
2			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)
On both Calves there was Scrapes in Flank Area, behind Shulder Area
Signs of Struggle as several bittings

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)
Calves both had, Behind front Shulder, in flank Area and bites on hind quarters, Puncture Marks Spacing of 2", could see signs of hemorrhages behind Shulder, in hind quarter

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)
Calf 1, 2days, Calf 2, 1day

ACTION TAKEN
No Action Taken

DATE STARTED	DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Dennis R Biggs		8-13-09
NAME OF WILDLIFE SERVICES ~~DISTRICT~~ SUPERVISOR: John Steuber		8/19/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ 10/6/9

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GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0941

DATE COMPLAINT RECEIVED 9-21-09

NAME OF INVESTIGATOR(S) Dennis R Biggs

DATE INVESTIGATED 9-21-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Lewis and Clark

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 lamb			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

There were no Tracks, scat or sign of Struggle. There was blood on ground from injury on neck. Lamb was only bitten once in neck

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

There were puncture marks in on neck, deep sings of hemorrhage in neck, back broke from bite, didn't feed on, measurement between Canines 2"

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

7 hrs

ACTION TAKEN

Put in 3 Traps in Area of Kill
Looked for wolf tracks on roads
Put in 1 more Trap 9/22/09
Tried Calling in Area,

DATE STARTED 9-21-09

DATE ENDED

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Dennis R Biggs	SIGNATURE: [signature]	DATE: 9-25-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steubet	SIGNATURE: [signature]	DATE: 9/29/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0941

DATE COMPLAINT RECEIVED 9-21-09

NAME OF INVESTIGATOR(S) Dennis R Biggs

DATE INVESTIGATED 9-21-09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE (b)(6)

TELEPHONE NUMBER (b)(6)

COUNTY Lewis and Clark

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
1 lamb			2 injured, will be ok did not see them

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

There were no Tracks, scat or sign of Struggle. There was blood on ground from injury on neck. Lamb was only bitten once in neck

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

There were puncture marks in on neck, deep sings of hemorrhage in neck, back broke from bite, didn't fed on, measurement between Canines 2"

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

7 hrs

ACTION TAKEN

Put in 3 Traps in Area of Kill
Looked for wolf tracks on roads
Put in 1 more Trap 9/22/09
Tried Calling in Area,

DATE STARTED 9-21-09

DATE ENDED 9-28-09

NAME	SIGNATURE	DATE
NAME OF WILDLIFE SERVICES INVESTIGATOR: Dennis Biggs		9-28-09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber		10/8/09
NAME OF STATE REPRESENTATIVE		

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

DJW

→ 6/23/9

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0952

DATE COMPLAINT RECEIVED 6-5-09

NAME OF INVESTIGATOR(S) John Bouchard

DATE INVESTIGATED 6/5/09

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

(b)(6)

TELEPHONE NUMBER

COUNTY Meagher

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
3 dead lambs 1 wounded buck			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

8 wounded lambs
5 dead lambs

update 7/07/09 Five lambs

gg. 7/10/09
update 4 of the 8 injured lambs died
now there is 9 killed lambs
4 injured lambs

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

about 1 day

I skinned lamb & measurement between canine puncture wounds is 2 1/4". Lots of hemorrhaging + lots of blood lots of hide torn + 5 of these dead lambs were within 20' of the shed in the killing pasture - Very obvious wolf positive wolf predation

ACTION TAKEN

used radio telemetry + flew in Heli. no luck.

no signal from Lebo Peak pack

DATE STARTED 6/5/09

DATE ENDED ongoing

Adjacent property owner (b)(6) shot Lebo Peak Pack radio-collared wolf in his yard on 6/25/09

NAME	SIGNATURE	DATE
John Bouchard	John Bouchard	6/5/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR: John Steuber	SIGNATURE	DATE 6/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____

→ W, pt
Bradley
6/17/09

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER A 0953

DATE COMPLAINT RECEIVED 6/4/09

NAME OF INVESTIGATOR(S) John Bouchard

DATE INVESTIGATED 6/04/09

TELEPHONE NUMBER

(b)(6)

COUNTY MEAG

LAND OWNERSHIP

☐ STATE ☐ BLM ☐ TRIBAL

☒ PRIVATE ☐ FS ☐ OTHER (Specify)

TYPE OF LIVESTOCK / PROPERTY

☒ SHEEP ☐ CATTLE ☐ HORSE ☐ OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria on reverse side of form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)
2 wounded Ewes 9 Dead Ewes			

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.)

Lots of blood
Lots of struggle signs

6/17/09 update
9 ewes killed
2 ewes injured

CARCASSES / PROPERTY DAMANGE CHARACTERISTICS (e.g., puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

Lots of puncture wounds
2 1/4" between canine puncture wounds
Lots of hemorrhaging everywhere
positive wolf predation

ESTIMATE TIME SINCE PREDATION/DAMAGE OCCURRED (days / hours)

about 1 day

I skinned on 3 different sheep carcasses.

ACTION TAKEN

DATE STARTED 6/4/09

DATE ENDED ongoing

I skinned on carcasses
looked for further sign
used radio telemetry - no signal heard from Lebo Peak Pack
Flew in helicopter (no luck)

NAME OF WILDLIFE SERVICES INVESTIGATOR	SIGNATURE	DATE
John Bouchard	John Bouchard	6/4/09
NAME OF WILDLIFE SERVICES DISTRICT SUPERVISOR	SIGNATURE	DATE
John Steuber	John L Steuber	6/12/09
NAME OF STATE REPRESENTATIVE	SIGNATURE	DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

☐ PARTS TO MFWP _____

☐ CARCASS TO MFWP INTACT ☐ CARCASS DISPOSED OF ONSITE ☐ OTHER (explain) _____