State of Wisconsin
Department of Natural Resources

Wildlife Damage Claim

Form 2300-192 (R 12/10)

Notice: Completion of this form is required to document a wildlife damage claim under s. 29.889, Wis. Stats. Information on this form is required for payment. Personally identifiable information will be used for administrative purposes and will be provided to local County Conservation Departments and the Wisconsin Department of Administration for payment information. See instructions on page 3.

Claimant Information

Make Check Payable To				Tax ID Number	County of Claim
Last Name	First Name	MI	Business Name		Are you also filing in another county? ☐ Yes - County: _____ ☐ No
Telephone Number	Mailing Address	City	State	ZIP Code	

Eligibility Requirements

Date Damage First Occurred	Date of Initial Contact	Date of Initial Field Inspection	Date of Final Field Inspection

Timely Notice Filed?	Properly Enrolled?	Abatement Prescribed
☐ Yes ☐ No	☐ Yes ☐ No	

Implemented Prescribed Abatement? ☐ Yes ☐ No Met Hunting Access Requirement? ☐ Yes ☐ No

Shooting Permit Harvest Compliance

Prescribed 45-day harvest objective: _____ Prescribed 80% harvest objective: _____

No. of deer shot in 45-day period: _____ No. of deer shot by Dec. 31: _____

Met objective? ☐ Yes ☐ No Met objective? ☐ Yes ☐ No

Reached Consensus of Waived Harvest Objective(s)? [according to NR 19.80(4)(a) and NR 12.16(b)2, Wis. Adm. Code] ☐ Yes ☐ No

Appraisal Information

	Percent of Damage						Location					Acres		Yield Per Acre on Acres:		Total		Appraised
	Deer	Goose	Bear	Turkey	Field	DMU	Town	Range	Direction	Section	Crop Code	Appraised	Damaged	Undamaged	Damaged	Yield Loss	Crop Price	$ Loss
1							N											
2							N											
3							N											
4							N											
5							N											
6							N											
7							N											
8							N											
9							N											
10							N											

Subtotal Appraised Loss _____

Certification

I certify that I own the crops as claimed on this form and that the claim information is accurate and true.

Claimant Signature _____ Date Signed _____

I certify that this claim has been reviewed by the County Wildlife Damage Abatement & Claims Program committee and has been found to be accurate and in compliance with all regulations governing the Wildlife Damage Program. This claim is hereby approved.

County Representative Signature _____ Date Signed _____

County Damage Specialist Signature _____ Date Signed _____

DNR Use Only

Record No.	Audited
Entered	Voucher No.

Claim Summary

A. Total Appraised Loss (Sum of Appraised Loss - All Sheets)	
B. Standard Deduction ($500.00 if one county)	
C. Remaining Claim Amount (If ≤ $5,000, this is the final claim payable. ENTER HERE AND ON LINE I. If >$5000, proceed with Lines D through I.) (Line A - Line B)	
D. Subtract $5,000 (maximum claim at 100%)	- $ 5,000.00
E. Amount in Excess of $5000 (Line C - Line D)	
F. 80% Claim Rate	x .80
G. Subtotal Claim Amount (Line E x Line F)	
H. Add $5000 (maximum claim at 100%)	+ $ 5,000.00
I. **Final Claim Payment** (Not to exceed $10,000) (Line C if ≤5000 or Line G + Line H)	

Sheet 1 of ____

Appraisal Information, Continued Sheet ____ of ____ Claimant Name:_____

	Percent of Damage						Location					Acres		Yield Per Acre on Acres:		Total		Appraised
	Deer	Goose	Bear	Turkey	Field	DMU	Town	Range	Direction	Section	Crop Code	Appraised	Damaged	Undamaged	Damaged	Yield Loss	Crop Price	$ Loss
11							N											
12							N											
13							N											
14							N											
15							N											
16							N											
17							N											
18							N											
19							N											
20							N											
21							N											
22							N											
23							N											
24							N											
25							N											
26							N											
27							N											
28							N											
29							N											
30							N											
31							N											
32							N											
33							N											
34							N											
35							N											
36							N											
37							N											
38							N											
39							N											
40							N											

Comments:

Instructions

Claimant Information

- Write the full name of the business, individual, or partnership to whom the check should be issued.
- Write the social security number or employer identification number, as appropriate, of the party to whom the check should be issued. Please attach a W-9 form if the claimant does not already have one on file with the WDNR. Contact the WDNR WDACP if you need additional W-9 forms.
- List last name, first name and middle initial of individual(s). If check is being issued to business, list the name of individual primarily contacted on behalf of the business.
- Complete business name (if check being issued to business or corporation).
- Fill in primary home or business phone.
- Complete mailing address including road address, city, state and ZIP code. Do not use rural routes unless this is the only address still being used. Most routes have been assigned fire numbers and are using road names.
- List county.
- Is claim also being filed in another county for this same individual, partnership, business or corporation? Indicate Yes or No. If Yes, specify the name of the other county. (NOTE: If Yes, the deductible will be split between the multiple counties, and the maximum claim payment may not exceed $10,000.00.)

Eligibility Requirements

- Complete date information regarding:
  1. Date damage first occurred: As reported by claimant or determined by field specialist. Must be within 14 days of initial contact by claimant to be eligible for the program.
  2. Date of initial contact: This is the date on which the claimant first contacted the program for the season.
  3. Date of initial field inspection: This is the first time that the program specialist actually visited the claimant's farm to verify damage or deliver program abatement.
  4. Date of final field inspection: This is the last day that the claimant's fields were inspected prior to submitting the final claim.
- Timely notice filed? After completing the information requested in 1-4 above, verify all dates and indicate "Yes" if all dates are compliant with rules. If not, indicate "No". If No, then claim may be determined as ineligible for payment.
- Properly enrolled? Has all required paperwork been completed by the claimant, etc.? If No, claim may be determined as ineligible for payment.
- Complete abatement information:
  1. List abatement prescribed (i.e., shooting permits, temporary fence, pyrotechnics, etc.). Use comments section at the bottom of page 2 if you need additional space.
  2. Implemented prescribed abatement? Indicate Yes or No. If No, claim may be determined as ineligible for payment.
  3. Met hunting access requirement? Indicate Yes or No. If No, claim may be determined as ineligible for payment.
- Complete Shooting Permit Harvest Compliance information:
  1. Indicate the 45-day harvest objective prescribed by the WDNR wildlife manager, and the actual number of deer harvested during the 45-day period. If the claimant did not meet this harvest objective, the claim may be determined as ineligible for payment unless a signed harvest objective waiver is attached (see 3 below).
  2. Indicate the 80% harvest objective prescribed by the WDNR wildlife manager, and the total number of deer harvested under the shooting permit. If the claimant did not meet this harvest objective, the claim may be determined as ineligible for payment unless a signed harvest objective waiver is attached (see 3 below).
  3. Reached consensus of waived harvest objective(s) [according to NR 19.80(4)(a) and NR 12.16(2)(b)2, Wis. Adm. Code]? Indicate Yes or No. If Yes, please attach a signed waiver that includes the following: a) a statement that all parties agree that an exemption should be granted, signed and dated by the county representative, investigating damage specialist and WDNR wildlife biologist; b) an explanation of why the exemption was granted; and c) both the prescribed harvest objectives and the actual number of deer shot during the 45-day period and by December 31.

Appraisal Information

Percentage of Damage: Indicate percentage of damage on this field caused by each species. If damage is caused by only one eligible species, note 100% under the species causing damage. If damage is caused by multiple eligible species, note percentage of damage caused by each species.

Field: Field identification.

DMU: This is the WDNR deer management unit where the damage occurred. Identify the DMU for all species. (For example, for bear damage, indicate DMU, not the bear management unit.) Contact your local WDNR service center if you need a current WDNR DMU map.

Town: This is the township number corresponding to the field where the damage occurred. You can obtain this information by locating farm and field locations on plat books and/or aerial photos. This is generally a 1 or 2 digit number, followed by a North or South (N or S) designation (Wisconsin will always be N).

Range: This is the range number corresponding to the field where the damage occurred. You can obtain this information by locating farm and field locations on plat books and/or aerial photos. This is generally a 1 or 2 digit number, followed by an East or West (E or W) designation. List just the range number in this block.

Direction: This is the range direction corresponding to the field where the damage occurred. You can obtain this information by locating farm and field locations on plat books and/or aerial photos. The range is generally a 1 or 2 digit number, followed by an East or West (E or W) designation. List just the range direction (E or W) in this block.

Section: This is the section number that corresponds to the field where the damage occurred. You can obtain this information by locating farm and field locations on plat books and/or aerial photos. This will be a number from 1 - 36. List section number determined in this block.

Crop Code: Each crop type has been assigned a crop code. Please refer to the code chart listed below. If no code has been identified for the crop appraised, list as OTR followed by crop type.

Crop Name	Code	Crop Name	Code	Crop Name	Code
Alfalfa (includes clover and legume)	ALF	Corn Silage	CSL	Potatoes	POT
Alfalfa/Grass	ALG	Corn Grain	CGR	Small Grains	SMG
Apple Trees	APL	Grass	GRS	Soybeans	SYB
Bee Hives (apiaries)	BHV	Hay	HAY	Strawberries	STW
Cherry Trees	CHY	Haylage	HLG	Other	OTR: _____
Christmas Trees	CRM	Livestock	LVK		

(i.e., Plum trees would be entered as OTR: plum trees)

Acres Appraised: This will be the number of acres appraised for each crop noted on each appraisal worksheet completed. (Small, adjacent fields or strips may be combined on one form; however, use separate forms for multiple larger fields which are not in same area.)

Acres Damaged: As determined on your worksheet(s).

Average Yield on Undamaged Acres: This is the average yield per acre on the **undamaged** acres that were appraised for each crop as determined from your worksheet.

Average Yield on Damaged Acres: This is the average yield per acre on the **damaged** acres that were appraised for each crop as determined from your worksheet.

Total Yield Loss: As determined on your worksheet(s).

Crop Price: As determined by the county WDACP managing agency.

Appraised $ Loss: Multiply yield loss for each field by crop price determined, and list in this column.

Claim Summary

Line A. Total Appraised Loss: Total $ value of all fields appraised. (Sum of all $ Loss columns.)

Line B. Standard Deduction: $500.00, unless claim is being filed in multiple counties on behalf of this claimant. If this is the case, you will need to determine the appraised loss percentage determined for each county and divide that number by the total appraised loss. This will determine the percentage of the deductible to list in this block. For example, the total appraised loss in county A has been determined to be $2000.00. In County B, an appraised loss of $4250.00 has been determined. The total appraised loss for this claimant between the two counties is $6250.00. Determine the percentage: $2000.00 (A appraised loss) / $6250.00 = 32%. $4250.00 (B appraised loss) / $6250.00 = 68%. Multiply standard deductible by these percentages to determine the percentage of deductible for each county. $500.00 x 32% (County A) = $160.00. Fill in $160.00 on Standard Deduction Line for County A.

Line C. Remaining Claim Amount: Subtract standard deduction determined on line B from total appraised loss determined on line A (Line A - Line B). If this amount is $5,000 or less, this will be the payable claim value. Place value on Line C and Line I. If amount is greater than $5000.00, you must proceed with lines D through I.

Line D. If the amount on Line C exceeds the maximum 100% claim amount ($5000.00), $5000.00 is then subtracted from the amount on Line C.

Line E. Amount in Excess of $5000: If the amount on Line C exceeds $5000, subtract $5000.00 from the value on Line C. (Line C - Line D)

Line F. 80% Claim Rate: This is the rate used to determine the claim payment on amounts in excess of $5000.

Line G. Subtotal Claim Amount: Multiply amount in excess of $5000 by 80% (0.8). (Line E x Line F)

Line H. If the amount on Line C exceeds the maximum 100% claim amount ($5000), $5000 is added to the amount on Line G.

Line I. Final Claim Payment: If the amount on Line C is less than or equal to $5000, enter the amount from Line C on Line I. If the amount on Line C exceeds $5000, add $5000 to the subtotal claim amount on Line G (Line G + Line H). If this amount exceeds $10,000, enter $10,000 (maximum claim value). No amount greater than $10,000.00 should be placed on line I.

Certification

- The Claimant must sign and date where noted before claim will be processed for payment by WDNR.
- The County Representative must sign and date where noted before claim will be processed for payment by WDNR. If the county does not wish to have this claim paid, then no signature should appear on this line. If for any reason there is concern regarding whether payment should be made or not, the county should not sign claim until they have determined that payment is due.
- The Investigating Specialist must sign and date where noted before claim will be processed for payment by WDNR. The specialist for this county should be the person who completed the field surveys. By signing this form, the field specialist is agreeing that the information on the form is true and correct to the best of his/her ability, and that the claimant is in compliance with all WDACP rules and regulations regarding claim payment. If there is reason for concern or questions as to claims eligibility, the claim should not be signed. Use the Comments section on page 2 to note any causes for concern or justification for non-payment. Or, if for some reason it is determined by the county or investigating specialist that, despite some compliance violations, the claim should be paid, note the justification for payment.

Sheet ____ of ____ Completed to denote number of separate worksheets used in determining claim value. Sheet one of each claim has enough lines for up to 10 field appraisals. Sheet 2 of each claim has enough lines for an additional 30 field appraisals. If there are more than 40 field appraisals, attach an additional worksheet.