



# MDWFP BLACK BEAR REPORT

1. Person Reporting Observation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Landowner: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Other Witnesses to Sighting?  Yes  No Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Information on Observation

3. Observation Based On: (check all that apply)

Sighting  Tracks  Scat  Claw marks  Hair  Road kill

Other: \_\_\_\_\_

4. Documentation/Verification (please provide copies if possible):

Photo  Plaster cast  Video  Hair sample  Scat sample  Bear carcass

Other: \_\_\_\_\_

5. Directions to Observation (distance & direction from nearest town, intersection, etc.): \_\_\_\_\_

\_\_\_\_\_

6. GPS Location: \_\_\_\_\_ N \_\_\_\_\_ W County: \_\_\_\_\_

7. Habitat at Site:  Old field  Cropland  Pasture  River/Stream bank  Regenerating forest

Mature pine  Upland hardwoods  Bottomland hardwoods  Residential Other: \_\_\_\_\_

### Sighting Information

8. Date of Sighting or Evidence Discovery: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

9. Time of Sighting: \_\_\_\_\_  AM  PM Number Seen: \_\_\_\_\_ Distance from bear(s): \_\_\_\_\_

10. Estimated Size: \_\_\_\_\_ OR (Check):  Adult  Adult w/cub(s)  Cub(s)

11. Ear Tags?  Yes  No Lt. ear: color \_\_\_\_\_ number \_\_\_\_\_ Rt. ear: color \_\_\_\_\_ number \_\_\_\_\_

12. Was Bear Wearing a Collar?  Yes  No Collar Color? \_\_\_\_\_

Comments or description of encounter (write on back if necessary): \_\_\_\_\_

\_\_\_\_\_

**Submit To:** Richard Rummel, MDWFP Wildlife Bureau, 1505 Eastover Dr., Jackson, MS 39211

Email: [richardr@mdwfp.state.ms.us](mailto:richardr@mdwfp.state.ms.us) Phone: (601)432-2360 Fax: (601)432-2203

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Was field investigation conducted?  Yes  No Date of investigation: \_\_\_\_\_

Investigator: \_\_\_\_\_ F&W \_\_\_\_\_ Phone: \_\_\_\_\_

Confirmation of sighting submitted?  Yes  No Date report submitted: \_\_\_\_\_