

## EASTERN COYOTE SIGHTING / MORTALITY REPORT FORM

**Mail To:** NJ DEP Fish and Wildlife  
Northern Region Office  
Upland Game and Furbearer Project  
26 Rt. 173 West Hampton, NJ 08827  
**FAX:** (908) 735-5689  
**E-mail:** [Peter.Stark@dep.nj.gov](mailto:Peter.Stark@dep.nj.gov)

**Reported By:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
**Reported To:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Report Date:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Specific Location:** \_\_\_\_\_

**Township:** \_\_\_\_\_ **County:** \_\_\_\_\_

Wildlife Mgt. Unit  
FOR DIVISION USE

### SIGHTINGS

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ AM PM  
Month Day Year

**Was coyote(s) observed? Was** YES NO

**coyote(s) only heard? Number** YES NO

**of coyotes:** \_\_\_\_\_

### **Description of Animal(s)**

**Was this an adult?** YES NO **Estimated weight:** \_\_\_\_\_

**Hair color:** \_\_\_\_\_

**Hair loss observed?** YES NO

**Other (describe)** \_\_\_\_\_

**Behavior (what was coyote doing)?** \_\_\_\_\_

## **EASTERN COYOTE SIGHTING / MORTALITY REPORT FORM** (page 2)

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**FOR DIVISION USE**

### **MORTALITIES**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM** **PM**  
Month Day Year

<b>Cause of Mortality (Check one)</b>	
<b>Vehicle kill</b>	<b>Destroyed due to disease</b>
<b>Legal trapping</b>	<b>Destroyed due to damage complaint</b>
<b>Legal hunting</b>	<b>Unknown / Other</b>

Was the coyote recovered? **YES** **NO**

**Description of Animal (Please provide available information for recovered specimens)**

**Sex (if known)** **Male** **Female**

**Weight (pounds)** \_\_\_\_\_ **Estimated** **Actual**

**Hair color** \_\_\_\_\_

**Hair loss** **YES** **NO**

**Other Information:** \_\_\_\_\_