



**INSPECTION REPORT**

CLEVELAND METROPARKS  
ZOOLOGICAL PARK

Customer ID: 2152  
Certificate: 31-C-0003

3900 WILDLIFE WAY  
CLEVELAND, OH 44109

Site: 001  
CLEVELAND METROPARKS ZOO

Inspection  
Type: ROUTINE INSPECTION  
Date: JUN-02-2008

No noncompliant items identified during this inspection.

Prepared By: *Norma Jean Harlan*  
NORMA JEAN HARLAN, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1004

Date:  
JUN-02-2008

Received By: *Pam Krentz*  
Pam Krentz

Title: REGISTRAR

Date:  
JUN-02-2008





**INSPECTION REPORT**

JEFFREY LYLE  
J K ANIMAL ADVENTURES

Customer ID: 4300  
Certificate: 43-C-0013

RURAL ROUTE 1, BOX 74  
WORTH, MO 64499

Site: TRA  
JEFFREY LYLE

Inspection  
Type: ROUTINE INSPECTION  
Date: JUN-02-2008

No non-compliant items noted this inspection.

This inspection conducted at the Cleveland Metroparks Zoo.

Inspection and exit interview conducted with Justin Brown, employee, Norma Harlan, VMO and Randy Coleman, ACI.

Prepared By: *Norma Jean Harlan*  
NORMA JEAN HARLAN, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1004

Date:  
JUN-03-2008

Received By: *Justin Brown*  
JUSTIN BROWN

Title: EMPLOYEE

Date:  
JUN-03-2008





**INSPECTION REPORT**

**CLEVELAND METROPARKS  
ZOOLOGICAL PARK**

Customer ID: 2152  
Certificate: 31-C-0003

Site: 001  
CLEVELAND METROPARKS ZOO

3900 WILDLIFE WAY  
CLEVELAND, OH 44109

Inspection  
Type: ROUTINE INSPECTION  
Date: OCT-22-2007

3.84 ( c ) REPEAT NCI

3.84 ( d ) REPEAT NCI

**CLEANING, SANITIZATION, HOUSEKEEPING, AND PEST CONTROL.**

3.84(c) Housekeeping for premises. Premises where housing facilities are located, including buildings and surrounding grounds, must be kept clean and in good repair in order to protect the nonhuman primates from injury, to facilitate the husbandry practices required in this subpart, and to reduce or eliminate breeding and living areas for rodents, pests, and vermin. Premises must be kept free of accumulations of trash, junk, waste, and discarded matter. Weeds, grass, and bushes must be controlled so as to facilitate cleaning of the premises and pest control.

\*\*\*\*\* The rain forest building was improved but still had some problems. The back loading dock had been improved but still needed items removed to permit access for animal loading and unloading in this enclosed area.

\*\*\*The room used by horticulture adjoining the bat area continues to be a problem, there was dirt directly outside the door to the bat area that would be easily dragged into the enclosure. This area also contained attractive clutter for rodent infestation.

\*\*\*Some of the hallway areas are still cluttered with open bags of various horticulture items that are easily spilled and will attract rodents, these must be stored in covered containers to prevent contamination of animal areas and rodent infestation. These areas also need more frequent cleaning to keep up with spilled items and tracked dirt.

\*\*\*The lion building - The baboon enclosure floor has now had its cracks repaired and been treated to be impervious. These repairs are being allowed to cure. When they can move the baboons back into this enclosure they will treat the drainage trough areas that remain in need or repair.

These items continue to need to be corrected to provide for the appropriate care of the animals.  
REMAINS UNCORRECTED

3.84(d) Pest control. An effective program for control of insects, external parasites affecting nonhuman primates, and birds and mammals that are pests, must be established and maintained so as to promote the health and well-being of the animals and reduce contamination by pests in animal areas.

\*\*\* Polar Bear/ Kodiak bear area - The level of rodent droppings present in this area was increased from the last visit. this is in the feed and bedding area and needs to be brought under control to protect the feed and bedding from contamination.  
REMAINS UNCORRECTED

3.127 ( b ) REPEAT NCI

**FACILITIES, OUTDOOR.**

3.127(b) Shelter from inclement weather. Natural or artificial shelter appropriate to the local climatic conditions for the species concerned shall be provided for all animals kept outdoors to afford them protection and to prevent discomfort to such animals. Individual animals shall be acclimated before they are exposed to the extremes of the individual climate.

Prepared By: Norma Jean Harlan DVM  
NORMA JEAN HARLAN, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1004

Date:  
OCT-22-2007

Received By: Alan Sironen  
Alan Sironen

Title: CURATOR OF MAMMALOGY

Date:  
OCT-22-2007



**INSPECTION REPORT**

\*\*\*\*\*They have added a radiant heater to the overhang area for the red kangaroos. The second male in this group has been removed which might reduce the forced separation of the group. No other changes have been made at this time. We did discuss some of the changes that are in the planning stage. These animals must be provided adequate shelter in the outdoor exhibit area to protect the animals from discomfort.

REMAINS UNCORRECTED

This was a focused inspection of the Cleveland Zoo. It covered only the areas previously cited as having repeat noncompliant items.

Prepared By:   
NORMA JEAN HARLAN, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1004

Date:  
OCT-22-2007

Received By: ALAN K. SIRONEN  
Alan Sironen

Title: CURATOR OF MAMMALOGY

Date:  
OCT-22-2007



**INSPECTION REPORT**

CLEVELAND METROPARKS  
ZOOLOGICAL PARK

Customer ID: 2152  
Certificate: 31-C-0003

Site: 001  
CLEVELAND METROPARKS ZOO

3900 WILDLIFE WAY  
CLEVELAND, OH 44109

Inspection  
Type: ROUTINE INSPECTION  
Date: SEP-11-2007

- 3.84 ( c ) REPEAT NCI
- 3.84 ( d ) REPEAT NCI

**CLEANING, SANITIZATION, HOUSEKEEPING, AND PEST CONTROL.**

(c) Housekeeping for premises. Premises where housing facilities are located, including buildings and surrounding grounds, must be kept clean and in good repair in order to protect the nonhuman primates from injury, to facilitate the husbandry practices required in this subpart, and to reduce or eliminate breeding and living areas for rodents, pests, and vermin. Premises must be kept free of accumulations of trash, junk, waste, and discarded matter. Weeds, grass, and bushes must be controlled so as to facilitate cleaning of the premises and pest control.

\*\*\*The rainforest building was the most serious problem for housekeeping. The general hallways that access into the animal care areas were in extremely cluttered and dirty condition. We were tracking dirt everywhere we went into the animal areas from the dirty hallways. The supplies in these hallways need to be better organized.

\*\*\*The room adjoining the bats was extremely cluttered and dirty with supplies from the horticulture and electrical people. This must be maintained in a clean organized manner to permit adequate husbandry of the bats.

\*\*\*The feed prep area for the fruit bats was in need of a thorough cleaning.

\*\*\*Fishing cat area needs the clutter cleared and a better job of cleaning done on most surfaces especially the cabinet, walls, floor and cart to allow for adequate husbandry.

\*\*\*The enclosed loading dock area is so cluttered with other departments items and supplies and maintained in such poor condition that animals must be loaded at an outside dock as this one is inaccessible. This area must be maintained in such a way that the animals may be easily loaded and unloaded as planned under cover.

\*\*\*The lion building the area with the two baboons adjoining the lions had floor areas that were severely breaking down and unsealed. These need to remain substantially impervious to moisture to meet the husbandry standards for primates.

\*\*\*Australia area - The vents in the koala/ tree kangaroo area need cleaned, the dirt is building up on these areas and need to be addressed to prevent dirt recirculating in the animal's air.

REMAINS UNCORRECTED

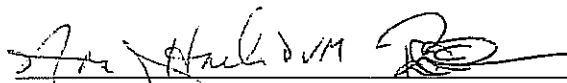
(d) Pest control. An effective program for control of insects, external parasites affecting nonhuman primates, and birds and mammals that are pests, must be established and maintained so as to promote the health and well-being of the animals and reduce contamination by pests in animal areas.

\*\*\* Polar Bear/ Kodiak bear area - There were rodent droppings present in this area

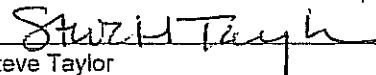
\*\*\*Rainforest building - The following areas had evidence of rodent feces or insect buildup:

Rodent feces:

Geoffrey's tamarin area, Back storage halls, pygmy slow loris, otter and prevost squirrel care areas had some rodent runways in evidence and the saki holding area had evidence of rodent droppings.

Prepared By:   
NORMA JEAN HARLAN, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1004

Received By:   
Steve Taylor

Title: ZOO DIRECTOR

Date:  
SEP-11-2007

Date:  
SEP-11-2007



**INSPECTION REPORT**

Insect buildup: Geoffroys Tamarins area had evidence of insects, Bat feed prep area had a cloud of fruit flies. Cockroaches were seen in the fishing cat area.

The caretakers and pest control people must continue to reduce evidence of pests in this facility. They are noted to carry disease and parasites. Presently the pale headed sakis in the primate building are being treated for a parasite that is transmitted almost exclusively by cockroaches.

REMAINS UNCORRECTED

**3.103 ( d ) REPEAT NCI  
FACILITIES, OUTDOOR.**

(b) Shelter. Natural or artificial shelter which is appropriate for the species concerned, when the local climatic conditions are taken into consideration, shall be provided for all marine mammals kept outdoors to afford them protection from the weather or from direct sunlight.

\*\*\*The seals and sea lions are locked out 24/7 except for training or medication. The animals require access to shade and shelter from inclement weather at all time. When the shade cloth goes down for winter, adequate shelter must be provided on the resting area to protect the animals from inclement weather. This is for the animals health and well-being. They do have indoor enclosures that would meet the requirements of this regulation. Allowing the animals free access to this area would solve the problem.

REMAINS UNCORRECTED

**3.125 ( a ) REPEAT NCI DIRECT  
FACILITIES, GENERAL.**

(a) Structural strength. The facility must be constructed of such material and of such strength as appropriate for the animals involved. The indoor and outdoor housing facilities shall be structurally sound and shall be maintained in good repair to protect the animals from injury and to contain the animals.

\*\*\*\*There was an incident involving a female reindeer. She became separated from her group when the temporary fence constructed to permit access for construction was cut.

Per the post mortem she died from inhalation of rumen content that she regurgitated. She was fine the evening of the 23rd of August and dead the morning of August 24th. Fencing and security must be adequate to prevent such incidents from occurring.

The fence problem was corrected in this area and all other areas being renovated by this method by construction of an 8 foot high plywood fence. The reindeer area renovations are now complete and they are working on white lipped deer.

Corrected immediately

**3.127 ( b ) REPEAT NCI  
FACILITIES, OUTDOOR.**

(b) Shelter from inclement weather. Natural or artificial shelter appropriate to the local climatic conditions for the species concerned shall be provided for all animals kept outdoors to afford them protection and to prevent discomfort to such animals. Individual animals shall be acclimated before they are exposed to the extremes of the individual climate.

\*\*\*\*The following animals do not have continuous access to shelter from the elements: Wallaroos, red kangaroos, elephants, zebras, black rhinos, hippos, bactrian camels, giraffes, reindeer, bontebok, gazelles, duikers. This includes the rain as well as the snow and cold. This is during times that the zoo is open and keepers are present. Continuous access to

Prepared By: *Norma Jean Harlan*  
NORMA JEAN HARLAN, D V M , USDA, APHIS, Animal Care

Date:  
SEP-11-2007

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1004

Received By: *Steve Taylor*  
Steve Taylor

Date:  
SEP-11-2007

Title: ZOO DIRECTOR



INSPECTION REPORT

at least a three sided structure is necessary to protect from the elements and sudden changes in the weather.  
All of the animals do have adequate barns, if they had continuous access to these barns except for a short period for cleaning  
, they would be in compliance.  
REMAINS UNCORRECTED

Prepared By:

*Norma Jean Harlan*

NORMA JEAN HARLAN, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1004

Date:

SEP-11-2007

Received By:

*Steve Taylor*

Steve Taylor

Title: ZOO DIRECTOR

Date:

SEP-11-2007



AGENCY NAME **Cleveland Metroparks Ranger**  
 CALL NUMBER **070000006898** GEOCODE **R**

INCIDENT NUMBER **1-07-005539**  
 CLEARANCES:  
 A  DEATH OF OFFENDER G  ARREST - JUVENILE  
 B  PROSECUTION DECLINED H  WARRANT ISSUED  
 C  EXTRADITION DENIED I  INVEST. PENDING  
 D  VICTIM REFUSED TO COOP J  CLOSED  
 E  JUVENILE/ND CUSTODY K  UNFOUNDED  
 F  ARREST - ADULT U  UNKNOWN  
 CLEARANCE DATE \_\_\_\_\_ CLEARED BY: \_\_\_\_\_

TOD **1402**  
 TOA **1402**  
 TDC **1550**

INCIDENT  
 OFFENSE  
 SUPPLEMENT

**OHIO UNIFORM INCIDENT REPORT**

REPORT DATE/TIME				INCIDENT OCCURRED FROM				INCIDENT OCCURRED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
08	24	2007	1401	08	24	2007	1401	08	24	2007	1401

INCIDENT LOCATION (Street, Apt, City, State, Zip) <b>1 WILDLIFE WAY DR CLEVELAND, OH 44144</b>							HATE / BIAS <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	EXPLAIN: Unknown	
OFFENSE	OFFENSE CODE	A/C	F / M & DEGREE	TYPE OF CRIMINAL ACTIVITY					
1. <b>Vandalism - government entity</b>	<b>2909.05B2</b>		<b>C F4</b>	1. ___ 2. ___ 3. ___	B - BUYING / RECEIVING C - CULTIVATING / MFG / PUB D - DISTRIBUTING / SELLING E - EXPLOITING CHILDREN F - OPER / PROMOTING / ASSIST. G - POSSESSING / CONCEALING H - TRANSPORT / TRANSMIT I - USING / CONSUMING				
2.				1. ___ 2. ___ 3. ___					
3.				1. ___ 2. ___ 3. ___					
4.				1. ___ 2. ___ 3. ___					
5.				1. ___ 2. ___ 3. ___					

LOCATION OF OFFENSE(S) (Enter up to two for each offense)							LARCENY TYPE	
1. <b>42</b>	2. _____	3. _____	4. _____	5. _____			23A <input type="checkbox"/> POCKET PICKING	
RESIDENTIAL STRUCTURE							23B <input type="checkbox"/> PURSE SNATCHING	
01 SINGLE FAMILY HOME	12 JAIL/PRISON	RETAIL	40 OTHER RETAIL STORE	41 FACTORY/MILL/PLANT	42 OTHER BUILDING	23C <input type="checkbox"/> SHOPLIFTING	23D <input type="checkbox"/> THEFT FROM BUILDING	
02 MULTIPLE DWELLING	13 PARKING GARAGE	26 BAR	27 BUY / SELL / TRADE SHOW	28 RESTAURANT	29 GAS STATION	23E <input type="checkbox"/> THEFT FROM COIN-OP MACH.	23F <input type="checkbox"/> THEFT FROM MOTOR VEH.	
03 RESIDENTIAL FACILITY	14 OTHER PUBLIC ACCESS BUILDING	28 RESTAURANT	29 GAS STATION	30 AUTO SALES LOT	31 JEWELRY STORE	23G <input type="checkbox"/> MOTOR VEH. PARTS/ACCES.	240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE	
04 OTHER RESIDENTIAL	COMMERCIAL LOCATIONS	32 CLOTHING STORE	33 DRUGSTORE	34 LIQUOR STORE	35 SHOPPING MALL	23H <input type="checkbox"/> OTHER		
05 GARAGE / SHED	15 AUTO SHOP	36 SPORTING GOODS	37 GROCERY / SUPERMARKET	38 VARIETY / CONVENIENCE	39 DEPARTMENT STORE	SUSPECTED OF USING		
PUBLIC ACCESS BLDGS.	16 FINANCIAL INSTITUTION	43 YARD	44 CONSTRUCTION SITE	45 LAKE/WATERWAY	46 FIELD/WOODS	A <input type="checkbox"/> ALCOHOL		
06 TRANSIT FACILITY	17 BARBER / BEAUTY SHOP	47 STREET	48 PARKING LOT	49 PARK/PLAYGROUND	50 CEMETERY	D <input type="checkbox"/> DRUGS		
07 GOVERNMENT OFFICE	18 HOTEL/MOTEL	51 PUBLIC TRANSIT VEHICLE	52 OTHER OUTSIDE LOCATION	77 OTHER		C <input type="checkbox"/> COMPUTER EQUIP		
08 SCHOOL	19 DRY CLEANER/LAUNDRY					N <input checked="" type="checkbox"/> NOT APPLICABLE		
09 COLLEGE	20 PROFESSIONAL OFFICE							
10 CHURCH	21 DOCTOR'S OFFICE							
11 HOSPITAL	22 OTHER BUSINESS OFFICE							
	23 AMUSEMENT CENTER							
	24 RENTAL STORAGE FACILITY							
	25 OTHER COMMERCIAL SERVICE LOC.							

METHOD OF ENTRY		METHOD OF ENTRY - MOTOR VEHICLE THEFT		METHOD OF ENTRY - BURGLARY / B & E					
1 <input type="checkbox"/> FORCE	01 <input type="checkbox"/> MOTOR RUNNING / KEYS IN CAR	06 <input type="checkbox"/> HOT WIRE	ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT	
2 <input type="checkbox"/> NO FORCE	02 <input type="checkbox"/> UNLOCKED	07 <input type="checkbox"/> SLIM JIM / COAT HANGER	1 <input type="checkbox"/> BASEMENT	<input type="checkbox"/>	1 <input type="checkbox"/> DOOR	<input type="checkbox"/>	1 <input type="checkbox"/> FRONT	<input type="checkbox"/>	
NO PREMISES ENTERED	03 <input type="checkbox"/> DUPLICATE KEY USED	08 <input type="checkbox"/> TUMBLERS REMOVED	2 <input type="checkbox"/> 1ST FLOOR	<input type="checkbox"/>	2 <input type="checkbox"/> WINDOW	<input type="checkbox"/>	2 <input type="checkbox"/> SIDE	<input type="checkbox"/>	
	04 <input type="checkbox"/> WINDOW BROKEN	09 <input type="checkbox"/> COLUMN PEELED	3 <input type="checkbox"/> 2ND FLOOR	<input type="checkbox"/>	3 <input type="checkbox"/> GARAGE	<input type="checkbox"/>	3 <input type="checkbox"/> REAR	<input type="checkbox"/>	
	05 <input type="checkbox"/> TOWED	10 <input type="checkbox"/> IGNITION PEELED	4 <input type="checkbox"/> OTHER	<input type="checkbox"/>	4 <input type="checkbox"/> SKYLIGHT	<input type="checkbox"/>	4 <input type="checkbox"/> ROOF	<input type="checkbox"/>	
			5 <input type="checkbox"/> OTHER	<input type="checkbox"/>	5 <input type="checkbox"/> OTHER	<input type="checkbox"/>	5 <input type="checkbox"/> OTHER	<input type="checkbox"/>	

METHODS OF OPERATION

NO. **001** TOTAL VICTIMS **001** NAME (Last, First, Middle) **CLEVELAND METROPARK,**

ADDRESS (Street, Apt., City, State, Zip) **4101 FULTON PKWY CLEVELAND, OH 44144** PHONE **(216) 351-6300**

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE

AGE / DOB \_\_\_\_\_ SEX \_\_\_\_\_ RACE  B  A  W  I  U HEIGHT \_\_\_\_\_ WEIGHT **0** HAIR \_\_\_\_\_ EYES \_\_\_\_\_

OCCUPATION \_\_\_\_\_ SSN \_\_\_\_\_ RESIDENT STATUS 1  RESIDENT 2  TOURIST 3  MILITARY 4  STUDENT 5  OTHER 6  UNKNOWN

VICTIM TYPE I  INDIVIDUAL F  FINANCIAL INSTITUTION P  POLICE OFFICERS (IN THE LINE OF DUTY) S  SOCIETY / PUBLIC O  OTHER  
 B  BUSINESS G  GOVERNMENT R  RELIGIOUS ORGANIZATION U  UNKNOWN

VICTIM  Y IF INJURED, DESCRIBE INJURIES \_\_\_\_\_  
 INJURED?  N

AGG. ASLT / HOMICIDE CIRCUM \_\_\_\_\_ VICT. OFF. RELAT \_\_\_\_\_ VICTIM LINKED TO OFFENDER NO(S) **01** VICTIM LINKED TO OFFENSE NO(S) \_\_\_\_\_

My signature verifies that the information on this report is accurate and true. DATE \_\_\_\_\_

REPORTING OFFICER **Bader, Daniel F** BADGE NO. **00119** DATE **8/24/2007**

APPROVING OFFICER **Oergel, Ernst P** BADGE NO. **00145** DATE **8/27/2007**

FOLLOW-UP?  Y  N If yes, follow-up assignment: **Unit, Detective**

ADDITIONAL  VICTIM / WITNESS  PROPERTY  STATEMENT  FORM RECEIVED BY:  INTELLIGENCE  SPECIAL COPIES

INCIDENT NUMBER 1-07-005539

INCIDENT NUMBER  
1-07-005539

**INCIDENT REPORT - PART 2**

INCIDENT LOCATION 1 WILDLIFE WAY DR CLEVELAND, OH 44144		REPORT DATE / TIME 8/24/2007	1401
NO.	NAME (Last, First, Middle)	AGE/D.O.B.	SSN

ADDRESS (Street, Apt. City, State, Zip)	PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE

STATEMENT OBTAINED  Y  N TYPE  WRITTEN  ORAL  TAPED  OTHER

CHECK CATEGORIES  STOLEN  RECOVERED  IMPOUNDED  RECEIVED  SUSPECT VEH  VICTIM'S VEH  UNAUTH. USE  ABANDONED

NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY //	LIT	VIN / OAN	VALUE	
VYR	VMA	VMO	VST	VCD TOP BOTTOM	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE CONTENT <input type="checkbox"/> Y <input type="checkbox"/> N

VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N	TOWED BY	OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER
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STOLEN MOTOR VEHICLE ONLY <input type="checkbox"/> STOLEN	AREA STOLEN: <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION	PHONE
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AUTO INSURER NAME (Company) ADDRESS (Street, City, State, Zip)

MOTOR VEHICLE RECOVERY ONLY <input type="checkbox"/> RECOVERED	DATE REC	STOLEN IN YOUR JURISDICTION WHERE RECOVERED? <input type="checkbox"/> Y <input type="checkbox"/> N
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TYPE PROPERTY LOSS / ETC (enter codes below)	1 NONE	2 BURNED	3 COUNTERFEITED / FORGED	4 DESTROYED / DAMAGED / VANDALIZED	5 STOLEN / ETC	6 SEIZED	7 RECOVERED	U UNKNOWN	P PHOTO E EVIDENCE	TOTAL VALUE
--	--------	----------	--------------------------	------------------------------------	----------------	----------	-------------	-----------	--------------------	-------------

LOSS CODE: 4	QUANTITY: 1	DESCRIPTION: temporary barrier fence	PROP CODE: 52	VALUE
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VEH NO.	MAKE / BRAND	MODEL
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

LOSS CODE	QUANTITY	DESCRIPTION	PROP CODE	VALUE
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VEH NO.	MAKE / BRAND	MODEL
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

LOSS CODE	QUANTITY	DESCRIPTION	PROP CODE	VALUE
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VEH NO.	MAKE / BRAND	MODEL
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

LOSS CODE	QUANTITY	DESCRIPTION	PROP CODE	VALUE
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VEH NO.	MAKE / BRAND	MODEL
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

<b>PROPERTY CODES:</b> EXCHANGE MEDIUMS 01 Money 02 Credit / Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums <b>DOCUMENTS</b> 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents	<b>VALUABLES</b> 08 Jewelry / Precious Metals 09 Art Objects, Antiques 10 Other Valuables <b>PERSONAL EFFECTS</b> 11 Clothing Furs 12 Purses / Handbags / Wallets 13 Other Personal Effects <b>HOUSEHOLD ITEMS</b> 14 Household Items <b>EQUIPMENT</b> 15 Drug / Narcotic Equip.	16 Gambling Equipment 17 Computer Hardware / Soft. 18 Office Equipment 19 Stereo / TV Equip. 20 Recordings: Audio / Vis. 21 Sports Equipment 22 Photographic Equip. 23 Farm Equipment 24 Heavy Construction / Industrial 25 Building Supplies - Const. 26 Tools 27 Vehicle Parts / Acces.	28 School Supplies 29 Other Equipment <b>CONSUMABLE ITEMS</b> 30 Alcohol 31 Drugs / Narcotics 32 Consumable Goods <b>ANIMALS</b> 33 Livestock 34 Household Pets <b>VEHICLES</b> 35 Aircraft	36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Veh. 43 Other Motor Veh. <b>WEAPONS</b> 44 Firearms 45 Other Weapons	<b>STRUCTURES</b> 46 Single Occupancy 47 Other Dwellings 48 Commercial / Bus. 49 Indus. / Mfg. 50 Public / Comm. 51 Storage 52 Other Structure <b>OTHER</b> 53 Merchandise 54 Other Property 55 Pending Inventory
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While on patrol this date, I responded to the reindeer exhibit at the zoo where a juvenile reindeer had wandered into a construction zone through a gap in the temporary fence.

# VICTIM / WITNESS SUPPLEMENT

INCIDENT NUMBER: 1-07-005539

CLEVELAND METROPARK,		OFFENSE: Vandalism - government en	INCIDENT DATE / TIME: 8/24/2007 1401
NO.	TOTAL	NAME (Last, First, Middle)	
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)			PHONE

AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HGT	WGT	HAIR	EYES
OCCUPATION	SSN	RESIDENT STATUS: 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN				

VICTIM TYPE:  INDIVIDUAL  BUSINESS  FINANCIAL INSTITUTION  GOVERNMENT  POLICE OFFICER (IN THE LINE OF DUTY)  RELIGIOUS ORGANIZATION  SOCIETY / PUBLIC  OTHER  UNKNOWN

VICTIM INJURED?  YES  NO

AGG. ASLT / HOMICIDE CIRC. VICT. / OFF. RELATIONSHIP VICTIM LINKED TO OFFENDER NO(S) VICTIM LINKED TO OFFENSE NO(S) DATE

My signature verifies that the information on this report is accurate and true.

NO.	TOTAL	NAME (Last, First, Middle)	
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)			PHONE
AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HGT
OCCUPATION	SSN	RESIDENT STATUS: 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN	

VICTIM TYPE:  INDIVIDUAL  BUSINESS  FINANCIAL INSTITUTION  GOVERNMENT  POLICE OFFICER (IN THE LINE OF DUTY)  RELIGIOUS ORGANIZATION  SOCIETY / PUBLIC  OTHER  UNKNOWN

VICTIM INJURED?  YES  NO

AGG. ASLT / HOMICIDE CIRC. VICT. / OFF. RELATIONSHIP VICTIM LINKED TO OFFENDER NO(S) VICTIM LINKED TO OFFENSE NO(S) DATE

My signature verifies that the information on this report is accurate and true.

NO. 1	NAME (Last, First, Middle) Harpe, Calvin L	AGE / D.O.B. 34 YRS 1/14/1973	SSN 271-80-3777
ADDRESS (Street, Apt., City, State, Zip) 3046 Meadowbrook Cleveland Hts, OH 44118			PHONE (216) 252-1329
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS			PHONE
STATEMENT OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

NO. 2	NAME (Last, First, Middle) Vineyard, Travis G	AGE / D.O.B. 34 YRS 2/25/1973	SSN 520-04-2281
ADDRESS (Street, Apt., City, State, Zip) 7319 York RD Parma, OH 44130			PHONE (440) 888-5978
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS			PHONE
STATEMENT OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

NO. 3	NAME (Last, First, Middle) Koeth, Sheena	AGE / D.O.B. 31 YRS 6/01/1976	SSN 289-70-5386
ADDRESS (Street, Apt., City, State, Zip) 4310 Behrwald Ave. Cleveland, OH 44109			PHONE (216) 661-0332
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS			PHONE
STATEMENT OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

NO. 4	NAME (Last, First, Middle) Schoffner, Tad	AGE / D.O.B. 53 YRS 2/25/1954	SSN 296-56-0782
ADDRESS (Street, Apt., City, State, Zip) 2973 Edgehill Rd Cleveland Heights, OH 44118			PHONE (216) 932-4326
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS			PHONE
STATEMENT OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

REPORTING OFFICER: Bader, Daniel	BADGE NO. 00119	DATE 8/24/2007
APPROVING OFFICER: Oergel, Ernst	BADGE NO. 00145	DATE 8/27/2007

# VICTIM / WITNESS SUPPLEMENT

INCIDENT NUMBER  
1-07-005539

CLEVELAND METROPARK,	OFFENSE Vandalism - government en	INCIDENT DATE / TIME 8/24/2007 1401
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NO.	TOTAL	NAME (Last, First, Middle)	PHONE
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)			PHONE

AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HGT	WGT	HAIR	EYES
OCCUPATION		SSN	RESIDENT STATUS: 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN			

VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
VICTIM INJURED?				
AGG. ASLT / HOMICIDE CIRC		VICT. / OFF RELATIONSHIP	VICTIM LINKED TO OFFENDER NO(S)	VICTIM LINKED TO OFFENSE NO(S)

My signature verifies that the information on this report is accurate and true. DATE

NO.	TOTAL	NAME (Last, First, Middle)	PHONE
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)			PHONE

AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HGT	WGT	HAIR	EYES
OCCUPATION		SSN	RESIDENT STATUS: 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN			

VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
VICTIM INJURED?				
AGG. ASLT / HOMICIDE CIRC		VICT. / OFF RELATIONSHIP	VICTIM LINKED TO OFFENDER NO(S)	VICTIM LINKED TO OFFENSE NO(S)

My signature verifies that the information on this report is accurate and true. DATE

NO.	NAME (Last, First, Middle) 5 Mayo, Tiffany	AGE / D.O.B.	28 YRS 8/09/1979	SSN
ADDRESS (Street, Apt., City, State, Zip) 4422 W 227th St Fairview Park, OH 44126				PHONE
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)				PHONE
STATEMENT OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				

NO.	NAME (Last, First, Middle) 6 Puntel, Robert	AGE / D.O.B.	54 YRS 7/06/1953	SSN 280-54-8759
ADDRESS (Street, Apt., City, State, Zip) 4773 FAY DR SOUTH EUCLID, OH 44121				PHONE (216) 291-5730
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)				PHONE
STATEMENT OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				

NO.	NAME (Last, First, Middle) 7 Kinzor, J Todd	AGE / D.O.B.	48 YRS 9/09/1958	SSN
ADDRESS (Street, Apt., City, State, Zip) 1130 Wolf Dr Broadview Heights, OH 44147				PHONE (440) 838-1609
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)				PHONE
STATEMENT OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				

NO.	NAME (Last, First, Middle) 8 Campbell, Joeb	AGE / D.O.B.	41 YRS 2/26/1966	SSN 517-78-7654
ADDRESS (Street, Apt., City, State, Zip) 4201 Highway P Jackson, WI 53037				PHONE (484) 888-5560
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)				PHONE
STATEMENT OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				

REPORTING OFFICER Bader, Daniel	BADGE NO. 00119	DATE 8/24/2007
APPROVING OFFICER Oergel, Ernst	BADGE NO. 00145	DATE 8/27/2007

# TIM / WITNESS SUPPLEMENT

INCIDENT NUMBER  
1-07-005539  
INCIDENT DATE / TIME  
8/24/2007 1401

NO.		TOTAL	NAME (Last, First, Middle)	OFFENSE	CLEVELAND METROPARK, Vandalism - government en	
ADDRESS (Street, Apt., City, State, Zip)					PHONE	
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)					PHONE	
AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HGT	WGT	HAIR	EYES

OCCUPATION	SSN	RESIDENT STATUS	1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN
VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
VICTIM INJURED?	[Redacted]		
AGG. ASLT / HOMICIDE CIRC.	VICT / OFF RELATIONSHIP	VICTIM LINKED TO OFFENDER NO(S)	VICTIM LINKED TO OFFENSE NO(S)

My signature verifies that the information on this report is accurate and true. DATE

NO.		TOTAL	NAME (Last, First, Middle)
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)			PHONE

AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HGT	WGT	HAIR	EYES
OCCUPATION	SSN	RESIDENT STATUS	1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN			
VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN			

VICTIM INJURED?	[Redacted]		
AGG. ASLT / HOMICIDE CIRC.	VICT / OFF RELATIONSHIP	VICTIM LINKED TO OFFENDER NO(S)	VICTIM LINKED TO OFFENSE NO(S)

My signature verifies that the information on this report is accurate and true. DATE

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
9	Rowe, Howard	57 YRS 6/08/1950	590-07-2200
ADDRESS (Street, Apt., City, State, Zip)			PHONE
3601 Baker Ave Haines City, FL 33844			(863) 422-4574
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS			PHONE

STATEMENT OBTAINED  Y  N TYPE  WRITTEN  ORAL  TAPED  OTHER

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS			PHONE

STATEMENT OBTAINED  Y  N TYPE  WRITTEN  ORAL  TAPED  OTHER

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS			PHONE

STATEMENT OBTAINED  Y  N TYPE  WRITTEN  ORAL  TAPED  OTHER

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS			PHONE

STATEMENT OBTAINED  Y  N TYPE  WRITTEN  ORAL  TAPED  OTHER

REPORTING OFFICER	Bader, Daniel	BADGE NO.	00119	DATE	8/24/2007
APPROVING OFFICER	Oergel, Ernst	BADGE NO.	00145	DATE	8/27/2007

# NARRATIVE SUPPLEMENT

INCIDENT NUMBER

1-07-005539

CLEVELAND METROPARK,	OFFENSE Vandalism - government en	INCIDENT DATE / TIME 8/24/2007 1401
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Narrative Type: Cad Disposition Narrative  
 Topic: DISPOSITION TRANSFERED FROM CA  
 Narrative Reporting Officer: Sudik, Shelly M  
 MISC. COMPLAINT

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DENIED	D <input type="checkbox"/> VICTIM REFUSED TO COOP. E <input type="checkbox"/> JUVENILE / NO CUSTODY F <input type="checkbox"/> ARREST - ADULT	G <input type="checkbox"/> ARREST - JUVENILE H <input type="checkbox"/> WARRANT ISSUED I <input type="checkbox"/> INVEST. PENDING	J <input type="checkbox"/> CLOSED K <input type="checkbox"/> UNFOUNDED U <input type="checkbox"/> UNKNOWN	DATE CLEARED
REPORTING OFFICER	Bader, Daniel F			BADGE NO. 00119	DATE 8/24/2007
APPROVING OFFICER	Oergel, Ernst P			BADGE NO. 00145	DATE 8/27/2007

**ARRATIVE SUPPLEMENT**

INCIDENT NUMBER  
1-07-005539

CLEVELAND METROPARK,	OFFENSE Vandalism - government en	INCIDENT DATE / TIME 8/24/2007 1401
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Narrative Type: Supplement

Topic:

Narrative Reporting Officer: Bader, Daniel F 9

At approximately 11:09 hrs this date I was advised by R-42 Willits that a juvenile reindeer had been found dead with its antlers tangled in the temporary barrier fence bisecting the reindeer exhibit. Because the animal was found on the outside of the barrier fence in the construction area and because the barrier fence appeared to have been cut, leaving a gap in the fence, the head keeper wanted the ranger department to investigate.

I responded to the zoo and spoke with head curator Geoff Hall. Hall provided me with a list of zoo personnel who had been present when the deceased reindeer had been discovered and where I could find them.

I then responded to the reindeer exhibit. I found that the deceased reindeer had already been removed for necropsy and that the section of fence that had been reportedly altered had been repaired. No photos had been taken of the scene as it was discovered, which was shortly before 7am this date. The section of the fence that had been cut had been tied back into the rest of the fence and I was able to observe that the cut ends of the fence were clean and appeared fresh. Photos were taken of the cut section of fence as well as the area where the reindeer had died.

I spoke with the contractor supervisor working on the exhibit, Carmen Micale of Cost of Wisconsin, Inc. Micale advised that when his work crew arrived at 7:00 am to work on the exhibit, they discovered the dead reindeer tangled in the barrier fence and called him to report it. He then made the members of his work crew available to me for interviews.

Interview: Howard G. Rowe 13:25 hrs

Rowe advised that he arrived at the work site along with his co-workers and entered the construction area. He noticed that the temporary barrier fence appeared to have been cut and that part of it was lying on the ground. He further noticed that a reindeer was lying on the ground on the construction side of the fence, not moving, approximately 25 ft to the left (west) of the gap in the fence. There was a puddle of vomit next to the animal's head and its antlers were caught in the fence. The animal appeared to be dead. At this point he called his supervisor, Carmen Micale, and notified him of the circumstances.

Interview: Joeb Campbell 13:35 hrs

Campbell advised that he arrived at the work site just before the rest of the crew in order to check the fluid levels in the construction vehicles. While he was checking the vehicles he was informed by H. Rowe that there was a dead deer on the construction side of the temporary barrier fence. He walked over to the carcass and observed that its antlers were entangled in the fence, but there was no other obvious damage to the animal. Campbell took a photo of the animal with his cell phone camera, but after learning shortly thereafter of other people's objection to that, he deleted the photo from the phone. In trying to free itself from the fence, the deceased deer had pulled the fence down, and another larger deer subsequently crossed over the downed fence. Campbell and coworkers were in the process in trying to shoo the animal back into the exhibit when zoo personnel arrived (Calvin Harpe and Tad Schoffner) and asked them to remove themselves from the exhibit so that zoo personnel could take care of the situation.

Interview: Kyle Kroll 13:50 hrs

Kroll reported to the work site with his co-workers and observed that the temporary barrier fence had been dragged down by a deer whose antlers were caught in it. The deer was dead. He called his supervisor, Carmen Micale, who told him to stay out of the exhibit. He did not observe any damage or alterations to any other part of the fence.

Interview: Curtis Gindlesperger 14:05 hrs

Gindlesperger responded to the reindeer exhibit after hearing radio traffic and observed the deceased deer lying on the outside (in the construction area) of the temporary barrier fence. Once the carcass had been removed, he pulled the downed fence back up and cable tied it to a post. He also observed another section of the fence that appeared to have been cut, creating a gap. The cuts appeared to have been made with some kind of cutting tool and ran vertically from top almost to the bottom of the fence. He was not able to pull the fence back together to close the gap. Another small section of fence was used to close the gap.

Interview: Calvin T. Harp 14:30 hrs

Harp was making commissary deliveries in the Northern Trek section of the zoo when he happened by the reindeer exhibit. He observed the construction crew working on the exhibit trying to get a large reindeer out of the

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DENIED	D <input type="checkbox"/> VICTIM REFUSED TO COOP. E <input type="checkbox"/> JUVENILE / NO CUSTODY F <input type="checkbox"/> ARREST - ADULT	G <input type="checkbox"/> ARREST - JUVENILE H <input type="checkbox"/> WARRANT ISSUED I <input type="checkbox"/> INVEST. PENDING	J <input type="checkbox"/> CLOSED K <input type="checkbox"/> UNFOUNDED U <input type="checkbox"/> UNKNOWN	DATE CLEARED
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REPORTING OFFICER Bader, Daniel F	BADGE NO. 00119	DATE 8/24/2007
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# ARRATIVE SUPPLEMENT

INCIDENT NUMBER  
1-07-005539

IM CLEVELAND METROPARK,	OFFENSE Vandalism - government en	INCIDENT DATE / TIME 8/24/2007 1401
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construction area and back into the exhibit. He further observed another, smaller reindeer, apparently dead, lying on the ground and tangled in the temporary barrier fence. While waiting for supervisor Tad Schoffner to arrive, he asked the construction crew to exit the exhibit area so that zoo personnel could handle the situation. Once Schoffner arrived and the larger reindeer was returned to the exhibit, the dead animal was loaded into a truck and taken to the Steffee center for necropsy. Harp advised that besides the area of the fence that had been dragged down by the deceased deer, another section of the temporary barrier fence appeared to have been torn open, cause unknown.

Interview: Travis Vineyard 14:30 hrs.

Vineyard advised that he had been present when the temporary barrier fence in the reindeer exhibit was being put up. He further advised that he had observed the condition of that same fence on 8-23-07. When he observed the fence on the morning of 8-25-07 after the dead reindeer had been discovered it was obvious to him that a section of the fence had been altered (cut).

Interview: Dr. Christopher Bonar 14:55 hrs

Dr. Bonar advised that the cause of death of the deceased reindeer was asphyxiation caused by vomit in the lungs of the animal. He further stated that he would forward the results of the necropsy to the ranger department when ready

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DENIED	D <input type="checkbox"/> VICTIM REFUSED TO COOP. E <input type="checkbox"/> JUVENILE / NO CUSTODY F <input type="checkbox"/> ARREST - ADULT	G <input type="checkbox"/> ARREST - JUVENILE H <input type="checkbox"/> WARRANT ISSUED I <input type="checkbox"/> INVEST. PENDING	J <input type="checkbox"/> CLOSED K <input type="checkbox"/> UNFOUNDED U <input type="checkbox"/> UNKNOWN	DATE CLEARED
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REPORTING OFFICER Bader, Daniel F	BADGE NO. 00119	DATE 8/24/2007
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APPROVING OFFICER Carmel, Ernest B	BADGE NO. 00145	DATE 8/27/2007
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**INSPECTION REPORT**

CLEVELAND METROPARKS  
ZOOLOGICAL PARK

Customer ID: 2152

Certificate: 31-C-0003

Site: 001

CLEVELAND METROPARKS ZOO

3900 WILDLIFE WAY  
CLEVELAND, OH 44109

Inspection

Type: ROUTINE INSPECTION

Date: JUL-31-2007

**3.125 ( a ) REPEAT NCI DIRECT  
FACILITIES, GENERAL.**

(a) Structural strength. The facility must be constructed of such material and of such strength as appropriate for the animals involved. The indoor and outdoor housing facilities shall be structurally sound and shall be maintained in good repair to protect the animals from injury and to contain the animals.

\*\*\*\* There was another incident in the red kangaroo yard. This involved a year old female red kangaroo that was on the track and not noticed on the track by the engineer. She was run over by the steel cow catcher of the train and ultimately trapped under the space formed by the cow catcher at the front of the train. She was freed quickly but required euthanasia due to the severity of her injuries. The facility must provide facilities that prevent such injuries from occurring.

\*\*The train has not been run since this animal was injured. The train will not be run until fencing is installed to prevent all contact between the kangaroos and wallabies and the train. This will correct the problems in this area.

REPEAT NONCOMPLIANCE  
Corrected Immediately

This was a focused inspection in response to a self reported incident, limited to the kangaroos and wallabies.

Prepared By:

*Norma Jean Harlan*  
\_\_\_\_\_  
NORMA JEAN HARLAN, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1004

Date:

JUL-31-2007

Received By:

*Alan Sironen*  
\_\_\_\_\_  
Alan Sironen

Title: CURATOR OF MAMMALS

Date:

JUL-31-2007





**INSPECTION REPORT**

**CLEVELAND METROPARKS  
ZOOLOGICAL PARK**

Customer ID: 2152  
Certificate: 31-C-0003

Site: 001  
CLEVELAND METROPARKS ZOO

3900 WILDLIFE WAY  
CLEVELAND, OH 44109

Inspection  
Type: ROUTINE INSPECTION  
Date: JUN-14-2007

**3.125 ( a )  
FACILITIES, GENERAL.**

(a) Structural strength. The facility must be constructed of such material and of such strength as appropriate for the animals involved. The indoor and outdoor housing facilities shall be structurally sound and shall be maintained in good repair to protect the animals from injury and to contain the animals.

\*\*\*\*\* A red kangaroo suffered an injury to the tip of its' tail in an incident with the small gauge railroad train that runs through the Australian exhibit. The train runs through the animal areas to enhance the public's view of these animals. The animals have developed pathways and dust bath areas along the train route. This places them close enough to permit their tails to rest on the track. If the engineer and his assistants fail to notice that they are laying too close to the road, it is very easy for a small portion of the tail to be caught under the wheels. The zoo is working on redirecting the animals to other resting and dusting areas with the use of heavy rockwork, logs and other items. They have 2 to 3 people on the trains to observe and redirect the animals away from the train if they come too close while the train is in this area. They have added spring type 3 ft long guides on either side of the front of the train to redirect the animals away from the train. They are feeding browse in areas away from the train tracks.

We discussed some additional rocks and other items that could be used to make this area near the tracks even less appealing to the animals. The zoo is working on installing these items. They would like to avoid fencing the area if possible to provide a feeling most like riding through Australia.

All of the additional rocks and other items discussed must be installed in this area to protect the animals from injury.  
Correct by: 7/15/07

Prepared By: *Norma Jean Harlan*  
NORMA JEAN HARLAN, D V M , USDA, APHIS, Animal Care

Date:  
JUN-14-2007

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1004

Received By: *Alan I. Sironen*  
Alan Sironen

Date:  
JUN-14-2007

Title: CURATOR OF MAMMALS





**INSPECTION REPORT**

**CLEVELAND METROPARKS  
ZOOLOGICAL PARK**

Customer ID: 2152  
Certificate: 31-C-0003

3900 WILDLIFE WAY  
CLEVELAND, OH 44109

Site: 001  
CLEVELAND METROPARKS ZOO

Inspection  
Type: ROUTINE INSPECTION  
Date: APR-16-2007

**3.103 ( b )  
FACILITIES, OUTDOOR.**

(b) Shelter. Natural or artificial shelter which is appropriate for the species concerned, when the local climatic conditions are taken into consideration, shall be provided for all marine mammals kept outdoors to afford them protection from the weather or from direct sunlight.

The seals and sea lions are locked out continuously except when allowed in for training or treatment inside the building. They are not let into the facility during inclement weather.

They do not have adequate shade to protect them from the sun. This is especially true when the sun is at its zenith (from 1100 to 1400 hrs)

Shelter from the sun and inclement weather is expected to be provided at all times to the animals. This is to provide for the animals health and well-being.

They do have indoor enclosures that would meet the requirements of this regulation. Allowing the animals free access to these enclosure areas will meet the requirements.

Correct by: 6/15/07

**3.127 ( b ) REPEAT NCI  
FACILITIES, OUTDOOR.**

(b) Shelter from inclement weather. Natural or artificial shelter appropriate to the local climatic conditions for the species concerned shall be provided for all animals kept outdoors to afford them protection and to prevent discomfort to such animals. Individual animals shall be acclimated before they are exposed to the extremes of the individual climate.

The following animals do not continuously have access to shelter from from the elements: zebras, bactrian camels, reindeer and giraffes. This includes rain as well as the cold and snow. This is during times that the zoo is open and keepers are present. Continuous access is required to protect the animals from sudden changes in the weather.

All of the animals do have adequate barns, if they had continuous access to these barns except during the short period necessary for cleaning, they would be in compliance. Several species were removed as they are in for the season or are now gone from the zoo. In some of the enclosures there was adequate natural cover to provide protection for the animals. The animals which were left in question are these last four species.

REMAINS UNCORRECTED

Prepared By:   
NORMA JEAN HARLAN, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1004

Date:  
APR-17-2007

Received By:   
Ken Pekarek

Title: ANIMAL CARE MANAGER

Date:  
APR-17-2007

