

Lead pg 5 states they tried to hunt

did not purchase buck tags purchase tags

Medical COMPLETED

NOELK yes on deer

Office Use only:

Approved:  Denied:

Initials: SS Date: 1/6/24

**APPLICATION FOR CONSIDERATION TO HAVE PREFERENCE POINTS REINSTATED**  
 (Please Print or Type)

Hunter/Angler Id Number: [REDACTED]

Name: Russell Stephen D.  
 Last First Middle Initial

Mailing Address: 3 Nautica Ct.

City: Sacramento State: CA Zip Code: 95833

Day time phone number: [REDACTED] mail: [REDACTED]

I am a member of a party that will not be able to participate in my controlled hunt due to another member's circumstance. Their name and Hunter/Angler ID Number is:

Name: \_\_\_\_\_ Hunter/Angler ID Number: \_\_\_\_\_

Members of my party will not be able to participate in their controlled hunt due to my circumstances. Please list these members on Page 6 of this application.

I am not a member of a party.

I did not or will not participate in my controlled hunt because of: (check one)

\_\_\_\_: Circumstances beyond my control

*Circumstances beyond the person's control excludes: Complaints about the quality of a hunt (including, but not limited to, road closures, inclement weather and work being conducted in the hunt area).*

OR

Tragic personal circumstances

*Death or life-threatening injury or illness in the person's immediate family, or the person's own serious injury or illness, which results in the person's hospitalization. The person need not be hospitalized during the hunt; this also applies if preparation for surgery or recovery after hospitalization renders the person incapable of participating in the hunt.*

**➡ Please indicate which species you want to have points reinstated to:**

Buck Deer  Elk  Antelope \_\_\_\_\_ Antlerless Deer \_\_\_\_\_ Spring Bear \_\_\_\_\_

169A 17pts 9pts

APPLICATION FOR CONSIDERATION TO HAVE PREFERENCE POINTS REINSTATED

**Circumstances Beyond My Control**

If you are basing your request for reinstatement of preference points on circumstances beyond your control, please provide adequate details of those circumstances in the space below, **and attach all supporting documentation** (such as an accident report or affidavit from your employer, an obituary or funeral announcement). Attach additional pages as needed.

[Lined area for providing details of circumstances beyond control]

I hereby swear, under penalty of perjury, that the above information is true and that I did not hunt or attempt to hunt with this tag.

Applicant Name (please print): \_\_\_\_\_

SIGNATURE of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FOR CONSIDERATION TO HAVE PREFERENCE POINTS REINSTATED**

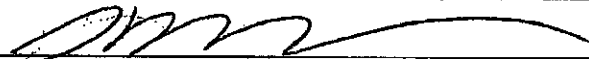
**Tragic Personal Circumstances**

If you are basing your application for reinstatement of preference points on "tragic personal circumstances" (as defined by law), please provide adequate details of your tragic personal circumstances in the space below, **and attach supporting documentation** (such as after surgery care, an office visit summary, discharge papers). Your supporting documentation **must include the signed affidavit from a physician located at the bottom of this page**. Attach additional pages as needed.

Hunted first 2 days of Ukiah Elk Archery. On 3rd morning  
hunted till 9am, returned to camp & reached for a water jug  
& felt extreme pain & movement in my right buttocks & hip, it  
threw me to the ground. After that I could not walk without  
extreme pain in hip, was a little better when sitting, when  
laying was very painful too. Stayed in camp with my party member  
hoping would get better. Thursday returned to CA. as  
it was not getting better. Friday night went to ER in Sacramento  
Doctor's said was slipped disc & Sciatica. Was given pain shot,  
pills & muscle relaxers. Followed up with my PC. Dr. on 9-16-24,  
she ordered more X-rays & MRI, was given another shot & new pain & muscle relaxers  
due to other ones giving no relieve.

I hereby swear, under penalty of perjury, that the above information is true and that I did not hunt or attempt to hunt with this tag.

Applicant Name (please print): Stephen D. Russell

SIGNATURE of Applicant: 

Date: 9-17-24

**TO BE COMPLETED AND SIGNED BY LICENSED PHYSICIAN:**

I hereby swear, under penalty of perjury that I, the undersigned, am a Licensed Physician for the above named applicant, and do hereby certify the applicant statement above to be true.

Physician's Licensed Number: A164080

Licensed Physician (please print): Elise Harris

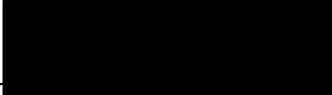
Signature of Licensed Physician: 

Date: 9/17/24

Phone Number: 916 734 7777 Fax: 916 451 1079

**APPLICATION FOR CONSIDERATION TO HAVE PREFERENCE POINTS REINSTATED**

List below the names and hunter/angler Id numbers of the members of your party who have or will be submitting an application: (please print)

- 1. Fritz Schnack 
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_

## Tragic Personal Circumstances

my lower leg & toes have been & continue to  
be numb.

9-19-24 Seen Dr. Harris for a follow-up visit, ordered  
Urgent MRI & stronger pain pills.