



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Investigative and
Enforcement Services

2150 Centre Ave.,
Bldg. B-3W10
Fort Collins, CO
80526-8116

970/494-7485
970/494-7487 (fax)

October 1, 2009

Memorandum

To: Dr. Kevin Petersburg ■

From: (b)(6) & (b)(7)c

Subject: Case # IA09019-VS

Dr. Petersburg,

This is your copy of case # IA09019-VS for your files.

Just as a reminder this is one of the cases that has already gone to Tom Bolick in OGC. This is in negotiations along with all the previous cases listed on the 110 Report included. Haven't heard the outcome as of yet.

If you have any questions, please feel free to contact me at any time. Thank you for your time in this matter.

(b)(6) & (b)(7)c

USDA, APHIS, IES

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
INVESTIGATIVE AND ENFORCEMENT SERVICES

REPORT OF INVESTIGATION

Case Number: IA09019-VS

Subject(s): Scott Kurtenbach
(Contact Information) 3078 210th Street, PO Box 266
Lawler, IA 52154
(563) 238-7121

Investigator: (b)(6) & (b)(7)c
(Contact Information) USDA, APHIS, IES, Sr. Investigator
2150 Centre Ave.
BLDG B, 3W10
Fort Collins, CO 80526
(970) (b)(6) & (b)(7)c

Date of Report: September 30, 2009

- ☒ **Substantiated allegation(s)**
- ☐ **No violation(s)**
- ☐ **Insufficient evidence**
- ☐ **Fact finding**
- ☐ **Contains Confidential Business Information**

FOR OFFICIAL USE ONLY

This document and its contents are not to be distributed outside your agency, or duplicated, without prior consent from USDA APHIS Investigative and Enforcement Services.

☐ Reviewed by Area Manager

SYNOPSIS

On 01/06/09, Scott Kurtenbach (KURTENBACH) completed a VS Form 10-13 for a movement of 34 equine to Norval Meat located in Ontario, Canada. When this load of equine was received and inspected at the plant by Canadian Food Inspection Agency (CFIA) Inspectors. They check to make sure VS Form 10-13's is properly completed. According to CFIA during their inspection two of the horses were marked on the VS Form 10-13 as of a different color and one was marked as a different breed. Also noted was that four of the horses did not have back tags at the time of unloading but matched the descriptions of the horses presented at the plant.

ALLEGED VIOLATIONS

Subject(s)	Date(s)	Citation
KURTENBACH	01/06/09	9 CFR 88.4 (a)(3)(v)

BACKGROUND

Subject(s) Information

KURTENBACK is a licensed and bonded livestock dealer in the State of Iowa # LD00003999 and has been for the past several years. KURTENBACH is in the business of assembling livestock for re-sale from local marketing facilities as well as interstate purchases. KURTENBACH markets livestock to slaughtering facilities in interstate commerce and also exports to foreign countries. KURTENBACH owns several transport vehicles which he transports livestock purchased by him and transports for hire different species of livestock from other sources.

Subject(s) Previous History

Prior Enforcement Actions

(b)(5)

Prior Adjudications

N/A

Case Number: IA09019-VS

Date: September 30, 2009

NARRATIVE**Basis for Investigation**

This investigation was requested by Timothy Fordahl, Western Regional Director of Investigative and Enforcement services in his memorandum dated 02/24/09 (Exhibit 1).

All redactions on this page are pursuant to (b)(6) & (b)(7)(c).

Investigative Findings

On 01/06/09, KURTENBACH completed a VS Form 10-13 for 34 equine destined for Norval Meat located in Ontario, Canada. Upon unloading and inspection by the CFIA inspectors the following discrepancies were noted. All entries were completed on the form at the time of the movement. Certain areas of the form under color description were identified as being marked in the wrong area and they were listed on the following back tag numbers: USCA 9993 had listed color "Bay", CFIA placed a circle under the category "Chestnut". The following notation was listed under the breed category with back tag number listed as USCA 9991 which listed the breed of the horse as "QT", CFIA placed a circle under the category "Draft". Listed on the second page of the VS Form 10-13 a note was written stating that four of the horses were missing back tags but did match the description on the form. CFIA did not make any notations on the VS Form 10-13 that they had inspected the livestock trailer for any signs of lost back tags during the shipment (Exhibit 2).

On 06/17/09, [REDACTED], KURTENBACH'S veterinarian, was interviewed by USDA and stated that he completed United States Origin Health Certificate (#H 24910), dated 01/05/09, that listed the 34 horses transported to Norval Meat located in Ontario, Canada. [REDACTED] stated that he was present at the time when the official equine slaughter back tags were applied and also stated that he was present at the time of the loading of these horses for this movement (Exhibit 4). A faxed copy from Veterinary Services (VS) in IA shows that statements were included on the United States Origin Health Certificate, # H 24910, dated 01/05/09, and signed by [REDACTED]

On 08/12/09, a visit was made by USDA to the KURTENBACH facility to answer questions relevant to the movement of horses listed on VS Form 10-13, dated 01/06/09. At that time KURTENBACH stated that he was in negotiations with the Office of General Counsel (OGC) which included this case and all information. He declined the opportunity to read/sign this affidavit (Exhibit 6).

These findings substantiate the following alleged violation(s):

9 CFR 88.4 (a)(3)(v) Requirements for transport.

On 01/06/09, KURTENBACH failed to identify correctly on the VS Form 10-13, dated 01/06/09, equine that had official identification back tags numbers of USCA 9991 & USCA 9993 for color and breed of equine.

MITIGATING AND/OR AGGRAVATING FACTORS

KURTENBACH cooperated with the USDA when concerns were addressed to him involving the movement of slaughter horses to slaughter facilities with in the United States or slaughter facilities located outside the United States borders.

ADDITIONAL INFORMATION

Accreditation Information of (b)(6) & (b)(7)c (Exhibit 7). Corporation Documentation of Dr. (b)(6) & (b)(7)c (Exhibit 8). Corporation of KURTENBACH (Exhibit 9).

Case Number: IA09019-VS

Date: September 30, 2009

All redactions on this page are pursuant to (b)(6) & (b)(7)(c).

<u>WITNESS LIST</u> <i>Provide First, MI and Last Name with Complete Address</i>		
Name	Title	Address / Phone Number
[REDACTED]	Investigator	USDA- APHIS-IES 2150 Centre Ave Bldg B-3W10 Fort Collins, CO 80526 (970) 494-[REDACTED]
Timothy Fordahl	Regional Director	USDA- APHIS-IES 2150 Centre Ave Bldg B-3W10 Fort Collins, CO 80526 (970) 494-7485
[REDACTED]	Accredited Veterinarian	[REDACTED] Roland, IA 50236-8093 (515) 388-[REDACTED]
Crystal Brock	Document Control	USDA- APHIS-IES 4700 River Road Unit 85 Riverdale, MD 20737 (301) 734-6491

CASE REPORT DISTRIBUTION (cc)

Program Official(s)

Dr. Kevin Petersburg, Area Veterinarian-in-Charge-IA
210 Walnut Street, Room 891
Des Moines, IA 50309-2105
(515) 284-4140
Kevin.L.Petersburg@aphis.usda.gov

IES Area Manager

Larry M. Carson
Great Plains Area Manager
2150 Centre Ave.
Bldg B, 3W10
Fort Collins, CO 80526
(970) 494-7485

CASE UPDATES

Program Official(s)

Dr. Kevin L. Petersburg, Area Veterinarian-in-Charge-IA
210 Walnut Street, Room 891
Des Moines, IA 50309-2105
(515) 284-4140
Kevin.L.Petersburg@aphis.usda.gov

Primary Investigator

(b)(6) & (b)(7)c

USDA- APHIS-IES, Sr. Investigator

IES Area Manager

Larry M. Carson
USDA- APHIS-IES Area Manager, MO

IES Deputy Regional Director

Eric Nickerson
USDA- APHIS-IES, Western Regional Deputy Director

IES Regional Director

Timothy Fordahl
USDA-APHIS-IES, Western Regional Director

EXHIBIT LIST

Exhibit #	Description	Date	Total Pages
1	Original request Memorandum from Timothy R. Fordahl USDA- APHIS-IES Western Regional Director	02/24/09	1
2	Copy of VS Form 10-13, Owner Shipper Certificate of KURTENBACH	01/06/09	2
3	Copy of United States Origin Health Certificate, # H 24910	01/05/09	3
4	Original Affidavit of [REDACTED]	06/17/09	2
5	Copy of fax from IA VS Office on statements for United States Origin Health Certificate # H 24910	01/06/09	1
6	Copy of Unsigned/Declined Affidavit of KURTENBACH	08/12/09	3
7	Copy of Accreditation Documents of [REDACTED]	07/02/96	6
8	Copy of Corporation Documents of Dr. [REDACTED]	05/07/09	8
9	Copy of Corporation Documents of KURTENBACH	05/07/09	3



Animal and
Plant Health
Inspection
Service
Investigative and
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USDA, APHIS, IES
WESTERN REGION
2150 CENTRE AVENUE
BLDG B-3W10
FORT COLLINS, CO 80526
(970) 494-7485

Memorandum

TO: Wendy L. Gonzales,
Area Manager

FROM: Timothy R. Fordahl,
Western Regional Director

DATE: February 24, 2009

SUBJECT: Request for Investigation

Please find enclosed a request for investigation from Dr. Timothy Cordes, Senior Staff Veterinarian, APHIS, Veterinary Services, Riverdale, MA, regarding alleged violations involving:

Scott J. Kurtenbach
3078 210th Street
Lawler, IA 52154
Certificate #F47914

All redactions on this page are pursuant to (b)(6) & (b)(7)(c).

RE: Identification on a load of horses shipped by Scott Kurtenbach from Lawler, IA did not match the information provided on the health and owner/shipper certificates. [REDACTED], who is accredited in MN, issued the U.S. Origin Health Certificate for the shipment of slaughter horses to Canada.

Please assign this investigation accordingly. Investigators are directed to:

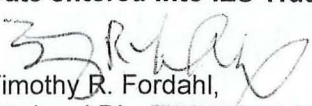
- Open an investigation in the IES Tracking System within (five) 5 days of receipt of this request
- Complete this investigation within the required 100 day time frame outlined in the IES Training Manual

If a complication arises, or, if you have any questions or concerns regarding this request, notify your Area Manager immediately.

TO BE COMPLETED BY FIELD INVESTIGATOR:

Case Number Assigned: IA09019-VS

Date entered into IES Tracking System: 2-25-09


Timothy R. Fordahl,
Regional Director
Western Regional Office
Investigative and Enforcement Services



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.☒ Horses are able to bear weight on all 4 limbs.☒ Foals are older than 6 months of age.☒ Horses are not blind in both eyes.☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
✓ 1	USCA	9990	X							X				X				
✓ 2		9991					X			X						X		* wrong Belgium- description
✓ 3		9992					X			X				X				
✓ 4		9993	X							X						X		Chestnut
✓ 5		9994			X					X						X		
✓ 6		9994	X							X				X				
7		9983					X			Y				X				
✓ 8		9985	X							Y				X				
✓ 9		9986	X							Y				X				
✓ 10		9982	X							X				Y				
✓ 11		9981					X			X				X				
12		9980					X			X				X				- not sent?
✓ 13		9988					X			X				X				
14		9987					X			X						X		
✓ 15		9995			X					X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 418

DATE Jan 8/09

TIME 6:15am B. Steward

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

DIRECCION GENERAL DE INSPECCION EN
FRONTERAS (DGIF)

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

EST.

DATE

TIME

GOVERNMENT
EXHIBIT

2

Page 1 of 2

APHIS FORM 7070 (MAR 95)

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

A. 000013
FORM
APPROVED
OMB NO.
0579-0160

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
✓ 16	USCA 9792					x			x						x			
✓ 17	9787	x							x						x			
✓ 18	9793					x			x						x			
✓ 19	9790	x							x						x			
✓ 20	9788	x							x						x			
✓ 21	9775		x						x				x				Condemned	
✓ 22	9785				x				x				x					
✓ 23	9778					x			x	x			x		x		swollen sheath	
✓ 24	9798					x			x				x					
✓ 25	9797	x							x				x					
✓ 26	9800			x					x				x					
✓ 27	9799	x							x				x					
✓ 28	9973	x							x						x			
✓ 29	9778						Pel		x				x					
✓ 30	9779	x							x				x					
✓ 31	9796			x					x						x			
32	9977	x							x				x					
33	9780				x				x						x			
✓ 34	9978					x				x					x		swollen sheath	
35																		
36																		
37																		
38																		
39																		
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42																		
43																		
44																		
45																		

* 4 horses missing tag - but descriptions match.
* 1 horse received USCA 9783 not on VS10-13, but is on VS 17-140 (H24910)
* 1 horse on VS10-13 not sent? USCA 9980.
- Driver log at destination indicated horses picked up at Battle Creek, Michigan - Loaded at 2:45pm Jan. 7/09. VS10-13 presented at destination does not correlate.

(b)(6) & (b)(7)C

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge and belief.)

(b)(6) & (b)(7)C

GOVERNMENT
EXHIBIT

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Page 2 of 2
APHIS FORM 7070 (MAR 95)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)

Kurtenbach, Scott J.
563-238-7121

2. CERTIFICATE NO

H 24910

3. PAGE NO.

1 of 3
1 OF

4. DATE ISSUED

1/5/09

5. U.S. PORT OF EMBARKATION (City and State)

Port Huron, Michigan

6. STATE CODE

26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)

3078 210th Street

8. CONSIGNOR'S CITY (or Town)

Lawler

12. CONSIGNOR'S STATE

Iowa

13. STATE CODE

19

14. ZIP CODE

52154

9. SEMEN (Check if yes)

☐

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS

1 - Rail 3 - Air
2 - Truck 4 - Ocean

☒

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)

Norval Heat 280354 Hwy 10
Grey Country 34 Artesia Southgate

DESTINATION COUNTRY

Canada

ENTER CODE

CA

NEGATIVE TUBERCULIN
READING

☐ 48 HRS. ☐ 72 HRS.

Proton Station Ontario
BRUCellosis BLOOD SAMPLE
COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name)

Owner's street address

Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION

AGE

SEX

BREED

DATE

DATE

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VALID ONLY IF USDA VETERINARY SEAL

APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements accompanied to the port of export with this certificate.

19. DATE ENDORSED

01/06/09

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print)

Forthman, Donald G. DVM

21. STATUS ☐ 2 Federal

☐ 1 State ☐ 3 Accredited

22. TOTAL NO OF ANIMALS

(Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

49

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

KEVIN L. PETERSBURG, AVIC

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

VS FORM 17-140 (MAR 95)

Previous edition may be used.

PART 4 - FIELD STATION

GOVERNMENT
EXHIBIT

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Page 1 of 3

APHIS FORM 7070 (MAR 95)

P.1

515-284-4056

USDA APHIS VS

Mar 13 2009 8:06AM

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)

Kurtenbach, Scott

16. CONSIGNEE'S NAME

Norval Heat

NEGATIVE TUBERCULIN
READING☐ 48 HRS. ☐ 72 HRS.BRUCELLOSIS BLOOD
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE

DISEASE

DISEASE

TYPE TEST

TYPE TEST

TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR
DESCRIPTION
AAGE
BSEX
CBREED
DDATE
EDATE
FDATE
GDATE
HVAC
I1/25
J1/50
K1/100
LDATE
MDATE
NDATE
O

These horses have resided in the USA or Canada since birth.
The animals, at the time of the inspection, were found healthy and in a
These are slaughter horses and fit for travel physical condition fit
to be transported.

These horses have been inspected within 30 days prior to export
and found to be healthy and free from evidence of communicable
diseases and exposure.

The animals were to the best of my knowledge and belief not
exposed to any communicable disease within 60 days preceding
the date of inspection.

During the previous 21 days, the animals in this shipment
have not been in the state of Florida.

The animals are certified to be fit to be transported without
under suffering by reason of infirmity, illness, injury
or other cause during the expected journey.

48 mixed horses

Hock tags USCA

VS Form 10-23 accompanies shipment.

The exporter has been advised that any deterioration in health or physical
condition of the animals that may render animals unfit for transport may
result in the shipment to be refused entry to Canada.

Fit to be transported means, that, on the day of inspection, no animal has an
infirmity, illness, injury or any other condition that could be aggravated
when the animal is being transported, causing the animal to suffer.

KEVIN L. PETERBURG, AVIC 01/06/09

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

GOVERNMENT
EXHIBIT

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Page 3 of 3

APHIS FORM 7070 (MAR 95)

P.3

515-284-4056

USDA APHIS VS

Mar 13 2009 8:07AM

All redactions on this page are pursuant to (b)(6) & (b)(7)(c).

Page 1

DECLARATION

I declare that my name is [REDACTED], I am over the age of eighteen and I am fully competent to make this declaration. I know each of the facts set forth herein based on personal firsthand knowledge. I make this voluntary declaration to David N. Watson who has identified himself as an investigator with the United States Department of Agriculture, Animal Plant Health Inspection Service, Investigative and Enforcement Services.

I am a licensed [REDACTED] and accredited [REDACTED] veterinarian in the State of Iowa. My practice is located at 58927 130th St. Roland, IA 50236- 8093. I am incorporated as Forthman Veterinary Clinic, LLC (# 349697) with an effective date of August 3, 2007. I have a large and small veterinary practice. I have been in the veterinary business for the past 13 years. My contact number is (515) 388-[REDACTED]

[REDACTED] has requested my knowledge in the completion of United States Origin Health Certificate # H 24910, dated 01/05/09 and the associated movement of equine to Norval Meat 280354 Hwy 10 Grey County 34 Artimesia Southgate, Proton Station Ontario NOC ILO, Canada. I or one of my staff associates completed this document and I personally signed this document in my own hand. United States Origin Health Certificate # H 24910, dated 01/06/09, was issued for 49 head of horses and I inspected all 49 head of horses individually before this movement took place. All equine that moved on this certificate met all the statements/ requirements for export that were listed on the certificate # H 24910. I was sent and received a fax document from USDA Veterinary Services in Des Moines, IA regarding the statements that were added to the certificate and were true which I signed in my own hand verifying the statements were correct. I was notified by the USDA VS Office in Des Moines, IA that new statements were to be included on certificates for export purposes.

SIGNATURE OF INTERVIEWEE

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. This voluntary declaration was executed on 6-17-09 at 58927 130th St. Roland, IA 50236.



DESIGNATED PURSUANT TO 7 U.S.C. 2271 TO
ADMINISTER OATHS, AFFIDAVITS, DECLARATION AND AFFIRMATIONS,
AUTHORITY NO: 3406

All redactions on this page are pursuant to (b)(6) & (b)(7)(c).

ge 2

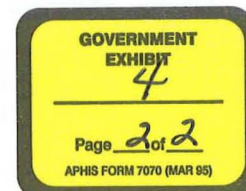
DECLARATION

I declare that my name is [REDACTED], I am over the age of eighteen and I am fully competent to make this declaration. I know each of the facts set forth herein based on personal firsthand knowledge. I make this voluntary declaration to [REDACTED] who has identified himself as an investigator with the United States Department of Agriculture, Animal Plant Health Inspection Service, Investigative and Enforcement Services.

I was ~~or was not~~ present when the official equine slaughter tags were applied to these horses. I was ~~or was not~~ present at the time of the loading of these horses.

[REDACTED] has shown me a copy of the United States Origin Health Certificate # H 24910 showing me that in box # 25 that is my signature approving this certificate. I was also shown the signed informational fax document verifying the statements that were added to the certificate # H 24910.

I have read and reviewed all information within this declaration and concede that the information is true and correct to the best of my knowledge.



I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. This voluntary declaration was executed on 6-17-09 at 58927 130th St. Roland, IA 50236.

DESIGNATED PURSUANT TO 7 U.S.C. 2217 (G)
ADMINISTER OATHS, AFFIDAVITS, DECLARATION AND AFFIRMATIONS,
AUTHORITY NO: 3406

FROM : [REDACTED] Veterinary Services FAX NO. : 515-388-4427
 009 10:25AM USDA APHIS VS

515-384-4056 501A 11:240 PT-2-A 000019
 06 2009 11:01AM P.1



United States Department of Agriculture
 Animal and Plant Health Inspection Service
 Veterinary Services

VS
 Veterinary Services



Fax

All redactions on this page are pursuant to (b)(6) & (b)(7)(c).

To: [REDACTED] From: Shelley Atwood
 Fax: 515-388-4314 Pages: 1
 Phone: Date: 1/6/2009
 Re: Additional Statements CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

◆ **Comments:**

Please verify that the following statements are true for Scott Kortenbach's shipment of immediate slaughter horses to Canada:

The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

The exporter has been advised that any deterioration in health or physical condition of the animals that may occur enroute must be reported to the nearest US port of entry and the shipment will be refused entry at Canada.

Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any condition that could be aggravated when the animal is being transported, causing the animal to suffer.

I will fax the new requirements up shortly.

Thank you.
 Shelley Atwood
 Export Document Examiner, IA
 Ph: 515.323.2103
 Fax: 515.384.4056
 Rachelle.E.Atwood@aphis.usda.gov



AFFIDAVIT

I, Scott J. Kurtenbach and/or [REDACTED] being duly sworn on oath make the following voluntary statement:

To [REDACTED] who as identified himself as an investigator with the United States Department of Agriculture, Animal Plant Health Inspection Service, Investigative and Enforcement Services...

I am a licensed and bonded Livestock Dealer in the State of Iowa # LD0000399 and been for the past several years. I am in the business of assembling livestock for resale from local marketing facilities as well as interstate purchases. I market livestock to slaughtering facilities in interstate commerce as well as to export to foreign countries. I also own several transport vehicles which I transport livestock which are purchased by myself and transport livestock for hire of all species of livestock. My current address is 3078 210th Street Lawler, IA 52154. My telephone number is 563-[REDACTED]

[REDACTED] has requested my knowledge in the transporting of 33 head of equine that moved on January 6, 2009 from Lawler, IA to Norval Meat 280354 Hwy 10 Country 34 Artemesia Southgate, Proton Station Ontario NOC LIO (Canada) on United States Origin Health Certificate # H 24910 if the equine transported and stopped for rest was another VS 10-13 prepared to move on to Canada?

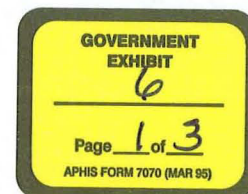
This affidavit will be in a question and answer format and questions are provided below:

1. Where did you purchase this group of horses that were listed on the certificate number H 24910? _____

SIGNATURE OF AFFIANT

Subscribed and sworn to before me at 3078 210th Street Lawler, IA 52154 on this 13th day of August, 2009.

APHIS FORM 7162 Replaces VS Form 3-59G which is obsolete.
(NOV 92)



DESIGNATED PURSUANT TO 7 U.S.C. 2217 TO
ADMINISTER OATHS, AFFIDAVITS, AND AFFIRMATIONS,
AUTHORITY NO: 3406

AFFIDAVIT

All redactions on this page are pursuant to (b)(6) & (b)(7)(c).

I, Scott J. Kurtenbach and/or [REDACTED] being duly sworn on oath make the following voluntary statement:

2. Do you have copies of the VS 10-13 forms and a copy of the health certificate for this movement? Yes or No. If not please explain _____

_____.

3. Were the horses transported in one of your trucks and trailers? Yes or NO. If not please provide transport information: _____

_____.

4. Was the driver for this load Roger Jeffers? Yes or No. If yes is he familiar with the slaughter horse guidelines in 9 CFR 88? _____

_____.

5. During this movement that occurred on January 6, 2009, did the truck driver stop over in Battle Creek, MI for rest and water for the horses before moving on to Norval meats in Ontario, Canada? Yes or No. If so was there a second set of Vs 10-13's completed upon leaving the Battle creek, MI layover? Yes or No. Please explain: _____

_____.

6. Where was the official equine back tags acquired with the series USCA 9000+ that were used for this movement and listed on certificate # N24910? _____

SIGNATURE OF AFFIANT

Subscribed and sworn to before me at 3078 210th Street Lawler, IA 52154
on this 12th day of August, 2009.

APHIS FORM 7162 Replaces VS Form 3-59G which is obsolete.
(NOV 92)



DESIGNATED PURSUANT TO 7 U.S.C. 2217 TO
ADMINISTER OATHS, AFFIDAVITS, AND AFFIRMATIONS,
AUTHORITY NO: 3406

AFFIDAVIT

I, Scott J. Kurtenbach and/or (b)(6) & (b)(7)C, being duly sworn on oath make the following voluntary statement:

7. Did you place the back tags on these horses or were they already tagged when you purchased them? _____

8. Please explain the errors that are out lined in the high lighted areas of the VS 10-13. Copy provided to review: _____

Mr. Kurtenbach has all copies of this transaction on file and will provide IES with any documentation requested.

I have answered these questions to the best of my ability. I always to the best of my ability follow the guidelines set forth by the USDA in the matter of transporting slaughter horses to a final destination and would not intentionally disregard the guidelines at any time. I will continue to do my best in any future movements of this type.

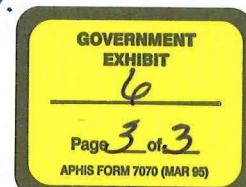
I have read the above statements and swear they are true and correct to the best of my knowledge. I have been given the opportunity to make any corrections to this document.

Questions in this affidavit had been presented to Scott Kurtenbach but negotiations had been started with OGC. Scott Kurtenbach declined to answer and sign affidavit at this time.

SIGNATURE OF AFFIANT _____

Subscribed and sworn to before me at 3078 210th Street Lawler, IA 52154 on this 12th day of August, 2009.

APHIS FORM 7162 Replaces VS Form 3-59G which is obsolete.
(NOV 92)



(b)(6) & (b)(7)C