



# Pilot Ginseng Grower Program Crop Loss Reporting

## Kentucky Department of Agriculture



Plant Marketing Division – Ginseng Program • 111 Corporate Drive, Frankfort, KY 40601 • (502) 573-0282

This template outlines details you should maintain in your records. You may use this template or your own method of recording details. Regardless of the method used, these records must be maintained in your files for at least ten (10) years. You may submit records to KDA for placement in your grower file voluntarily.

Registration Year 20 \_\_\_\_\_

### Grower Information

Grower Name \_\_\_\_\_

Ginseng Grower Number \_\_\_\_\_ K Y \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing address is my business address.

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

If your mailing address is a P.O. Box, please provide a street address. If the physical address differs from the address listed on your photo identification, please indicate why:  This is my business address.  Other: \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone ( ) - \_\_\_\_\_

Alternate Phone ( ) - \_\_\_\_\_

Fax ( ) - \_\_\_\_\_

Grower Signature  Date \_\_\_\_\_

### Crop Loss Reporting

#### 1. Due to Natural Disaster:

Weather

- Drought
- Freeze
- Hail
- Wind
- Excessive moisture
- Excessive heat

Weather Event

- Earthquake
- Flood
- Tornado

Other (Please specify): \_\_\_\_\_

Date(s) of weather activity causing damage: \_\_\_\_\_

#### 2. Due to Disease:

Alternaria leaf blight

Damping-off:

Root Rot

Pythium

Phytophthora

Phytophthora

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

Fusarium

a. Did you have the disease diagnosed?  Yes  No

i. If yes, please attach any laboratory or diagnostic documentation and corresponding photos.

b. Age of plants affected by disease: \_\_\_\_\_

#### 3. Due to Pest Destruction:

mice  moles  voles  deer browse  turkey  other:

#### 4. To Due Theft:

a. Did you file a police report related to this theft? \_\_\_\_\_  Yes  No

b. Did you complete an insurance report related to this theft? \_\_\_\_\_  Yes  No

c. Do you have cameras documenting the theft? \_\_\_\_\_  Yes  No

d. List the date(s) theft occurred: \_\_\_\_\_

e. Please attach any supplemental documentation relating to the theft.