

★ **Roll Call Number**

**Agenda Item Number**

41

.....  
August 8, 2011

**Date** .....

WHEREAS, Rusty Smith, 126 SE Jackson Avenue, filed an appeal before the City Council of the Hearing Officer's decision upholding the Chief Humane Officer's declaration of his dog as a Dangerous Animal; and

WHEREAS, Mr. Smith requested an opportunity to address the City Council regarding his appeal; and

WHEREAS, Mr. Smith has been provided with the opportunity to address the City Council on his appeal; NOW THEREFORE,

BE IT RESOLVED by the City Council of the City of Des Moines, Iowa (Choose one of the two alternatives):

\_\_\_\_\_ Alternative One: That the order of the hearing officer be upheld and Mr. Smith's dog be declared a dangerous animal and order the dog destroyed in a humane manner under Des Moines Code §18-202(b).

MOVED BY \_\_\_\_\_ TO UPHOLD  
DECLARATION AND TO HUMANLY DESTROY THE  
ANIMAL.

\_\_\_\_\_ Alternative Two: That the order of the hearing officer be reversed and Mr. Smith's dog not be declared a dangerous animal.

MOVED BY \_\_\_\_\_ TO UPHOLD  
DECLARATION AND TO HUMANLY DESTROY THE  
ANIMAL.

FORM APPROVED: . MOVED BY \_\_\_\_\_ TO ADOPT

K. Massier  
Katharine J. Massier

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GRIESS				
HENSLEY				
MAHAFFEY				
MEYER				
MOORE				
TOTAL				

MOTION CARRIED

APPROVED

\_\_\_\_\_ Mayor

**CERTIFICATE**

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

\_\_\_\_\_ City Clerk

**EXHIBITS FOR DANGEROUS ANIMAL**

**“ WHISKERS “**

**EXHIBIT A**      **Hearing Officer’s Decision**

**EXHIBIT B**      **City Exhibits**  
**Hearing Letter**  
**Animal Investigation Reports (1-29)**  
**Code Sections**

**EXHIBIT C**      **Appeal of Hearing Officer’s Decision**

**EXHIBIT D**      **Letter and Administrative Hearing**  
**Transcript to Mr. Smith**

**EXHIBIT A**



July 18, 2011

Rusty J. Smith  
126 E. Jackson Avenue  
Des Moines, IA 50315

**FILED**  
2011 JUL 19 PM 12:03  
CITY CLERK  
DES MOINES, IA

Subject: Dangerous Animal

Attached is the ruling from the City of Des Moines Hearing Officer, for the Administrative Hearing on July 18, 2011. Please read it carefully, so you are aware of the decision, any deadlines you might be required to comply with, as well as any other requirements you may be held to.

Sincerely,

A handwritten signature in black ink, appearing to read "Diane Rauh". The signature is stylized and fluid.

Diane Rauh  
City Clerk

DR:kh  
Enclosures



In the case at hand, the Animal Incident Investigation Report (DMPD case #11-21352/City Exhibits 2&3) reflects that at approximately 9:30 PM on July 4, 2011 Mr. Smith's dog, "Whiskers," lunged forward and bit the victim's index finger on her right hand leaving a small laceration. The record reflects that the victim was at the Phillips 66 gas station on the corner of E. 1<sup>st</sup> and Jackson Avenue in Des Moines, Polk County, Iowa when "Whiskers" bit her after she had held out her hand to allow the dog to sniff it. Mr. Smith argued that the gas station attendant had just given "Whiskers" a treat and the dog more than likely thought the victim, who was a friend of the gas station attendant, was going to take the treat from him. Mr. Smith testified that he had hooked the dog's leash onto the outside of the propane tank cage outside the gas station and that he had been standing outside having a smoke with the gas station attendant and the victim. Mr. Smith testified that he had not seen what transpired as he was standing behind the victim and the gas station attendant when the bite occurred.

Sergeant Raudabaugh testified that there had been an additional three separate and distinct bite incidents involving "Whiskers" within the past 12-months: (1) a June 13, 2011 incident in which Mr. Smith had brought "Whiskers" to a neighborhood convenience store where the dog jumped up on an adult victim causing an injury to the victim's chest after the victim had stuck out his hand for the dog to smell (DMPD case #11-18707 / City Exhibits 4-8); (2) a February 11, 2011 incident in which Mr. Smith had brought "Whiskers" into a Des Moines business where the dog bit an adult victim causing an injury to the victim's hand after the victim had put it out for the dog to smell (DMPD case #11-4291 / City Exhibits 9-16); and (3) a July 28, 2010 incident in which "Whiskers" bit an adult victim and would not let go, causing an injury to the victim who had been walking down the public sidewalk past the 126 SE Jackson Avenue property (DMPD case #10-24167 / City Exhibits 17-23). Sergeant Raudabaugh argued that given "Whiskers" exhibited vicious propensities during the four incidents, which resulted in injury to four distinct and separate adult victims during the past 12-months, that the Dangerous Animal declaration is justified under Section 18-196(1) of the Municipal Code. Furthermore, Sergeant Raudabaugh argues that is essential to uphold the Dangerous Animal declaration before "Whiskers" has the opportunity to injure a child.

Mr. Smith further testified that he has had "Whiskers" since he was a pup and that the dog is therapy for him because the dog lifts his spirits; however acknowledging that "Whiskers" is not a "service animal." Mr. Smith testified that "Whiskers" had been on a leash during all four incidents; noting during two of the incidents the leash was held by a friend/acquaintance and during the other two incidents the dog's leash was fastened to some inanimate object (e.g., propane tank cage at the neighborhood convenience store or yard leash at Mr. Smith's residence). Furthermore, Mr. Smith argued that the dog's yard leash came up to but did not extend onto the public sidewalk during the July 28, 2010 bite incident. However, in most cases the public right-of-way (ROW) extends in towards the residence of a property by at least a foot beyond the edge of the sidewalk thereby making it more likely that "Whiskers" was reaching into the public ROW when he bit the pedestrian who was walking past Mr. Smith's property on the public sidewalk.

Section 18-196 of the Municipal Code provides that an animal that exhibits vicious propensities in present or past conduct may be found to be a "Dangerous Animal." Section 18-196(1) of the Municipal Code provides that a Dangerous Animal declaration is justified if the animal in question has "bitten or clawed a person on two separate occasions within a 12-month period." Therefore, it is found reasonable for the City to declare "Whiskers" a "Dangerous Animal" due to vicious propensities exhibited by "Whiskers" during the four incidents noted above.


### **Decision and Order**

By a preponderance of all evidence in the record, the declaration by the Chief Humane Officer is upheld, and "Whiskers" the black and white colored male Siberian Husky breed dog (ARL# A11123192), owned by Rusty J. Smith, is found to be a "Dangerous Animal." Therefore, the Chief Humane Officer is ordered to destroy the dog in a humane manner as provided under section 18-202(b) of the Municipal Code. Furthermore, Rusty J. Smith is held liable and ordered to pay all impoundment and quarantine costs as provided under Section 18-202 of the Municipal Code, as well as any citation fines that may have been issued and remain unpaid in connection with DMPD cases 11-21352, 11-18707, 11-4291 and 10-24167.

### **Appeal Rights**

This order may be appealed to the City Council provided a written appeal is filed with the City Clerk's office within three days of receipt of this order.

This written ruling is hereby submitted on this 16<sup>th</sup> day of July, 2011 in Des Moines, Polk County, Iowa.



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Camille A. Valley  
Administrative Hearing Officer

**EXHIBIT B**



July 12, 2011

Mr. Rusty Smith  
126 SE Jackson Avenue  
Des Moines, Iowa



Dear Mr. Smith,

On July 4, 2011 your black and white colored male Siberian Husky breed dog, named "Whiskers," lunged forward and bit a woman's finger when she put her hand down to allow your dog to sniff, which resulted in an injury. This incident occurred while you and your dog were at a nearby convenience store. (2011-21352)

On June 13, 2011 your dog named "Whiskers" jumped up on a man when he stuck out his hand and bit the man's chest when the man jumped back, which resulted in an injury. This incident occurred at a nearby convenience store. (2011-18707)

On February 11, 2011 your dog named "Whiskers" attacked and bit a man's hand when he put his hand out for your dog to smell, which resulted in an injury. This incident occurred while you and your dog were at a business. (2011-4291)

On July 28, 2010 your dog named "Whiskers" bit a man's finger and would not let go when he extended his hand for the dog to sniff, which resulted in an injury. This incident occurred when the man walked on the sidewalk past your house and the dog's leash extended over the sidewalk and allowed the dog access to the sidewalk. (2011-24167)

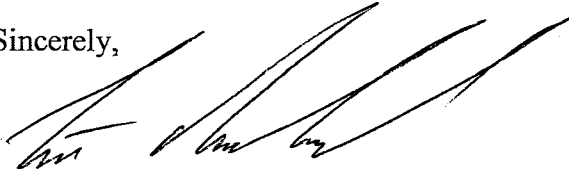
Because your <sup>2010 -</sup> dog was involved in four bite incidents of four different people on four separate occasions within a 12 month period your dog is being declared a "Dangerous Animal," as defined by city ordinance 18-196.

An **Administrative Hearing** to review the "Dangerous Animal" declaration has been scheduled for **10:00 A.M. on Monday, July 18, 2010** in the City Council Chambers in the Des Moines City Hall at 400 Robert D. Ray Drive. Your dog will remain in impound pending a decision by the Hearing Officer.

If the "Dangerous Animal" declaration is upheld your dog may be ordered destroyed in a humane manner or you may be given the option to cause it to be destroyed in a humane manner, in accordance with city ordinance 18-202.

If you have any questions please call me at (515) 248-6052 or the animal shelter at (515) 284-6905 or the City Clerk's Office at (515) 283-4209.

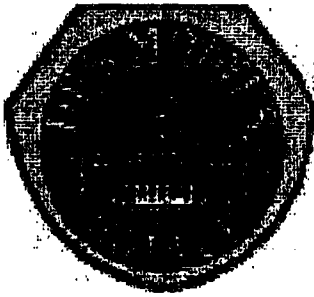
Sincerely,



Sergeant Scott Raudabaugh,  
Chief Humane Officer

cc: City Clerk's Office

1A



# Chief Humane Officer

## DOCUMENT SERVICE

DMPD Case number: 2011-21352

ARL number (if known): A11123192

Animal owner's name: RUSTY SMITH

Address: 126 SE JACKSON AV.

Location of service: same

Date and time served: 13 JULY 2011 0859

Official serving document (print name):  
Sgt. RAUNABALGH

Official's identification number: 4770

Type of document served:  Vicious dog letter  Dangerous animal letter  Illegal animal letter  Hearing ruling letter  City Council decision letter  Other: \_\_\_\_\_

Name of person receiving document (*they print their name*):

Rusty J. Smith

Their signature: Rusty J. Smith  
KF JB ACO

2011 JUL -7 PM 6:26

# Animal Incident Investigation Report

Des Moines, Iowa

1. ARL case number: <b>00850813</b>		2. DMPD case number (if applicable): <b>11-21352</b>	
<b>Impounded or bite animal</b>		3. Victim's name (Last, First M.I.): <b>HAUGEN, KELLY N.</b> (Human victim or society)	
32. Impounded or bite animal ARL number: Impounded: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> ARL# <b>A11123192</b>		4. Race: <b>W</b>	5. Sex: <b>F</b>
33. Animal type: Cat <input type="checkbox"/> Dog <input checked="" type="checkbox"/> Other <input type="checkbox"/>		6. Age:	7. Date of birth: <b>18-Feb-74</b>
34. Animal breed: <b>Siberian Husky "Whiskers"</b>		8. Ethnicity: <b>H <input type="checkbox"/> NH <input checked="" type="checkbox"/></b>	9. Sobriety: Sob. <input checked="" type="checkbox"/> H.B.D. <input type="checkbox"/>
35. Animal color: <b>Black and white</b>		10. Residence address: <b>436 E Livingston Ave. 50315</b> (City and/or state if not Des Moines or Iowa)	
36. Animal fur length: Short <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Long <input type="checkbox"/> Other <input type="checkbox"/>		11. Residence phone number: <b>515-988-4052</b>	
37. Animal sex: Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input checked="" type="checkbox"/> Neutered <input type="checkbox"/> Unknown <input type="checkbox"/>		12. Business or cellular phone number:	
38. Microchip: No <input type="checkbox"/> Yes <input type="checkbox"/> (Records Personnel: Enter M/C# as a serial number)  M/C#:		13. Place of employment or school:	
39. Rabies tag: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> R/T#: <b>2247</b>		14. Type and location of injury: <b>Dog bite - right index finger</b>	
39A. Date of vaccination:		15. Medical treatment: <b>Advised</b>	
39B. Date of vaccination expiration: <b>05-May-12</b>		16. Reporting person's name (Last, First M.I.): <b>Victim</b>	
39C. Veterinarian: <b>Afford A Care</b>		17. Race:	18. Sex:
40. License: No <input type="checkbox"/> Yes <input type="checkbox"/> Lic#:		19. Age:	20. Date of birth:
41. Other identifiers (Collar, tattoo, etc.): <b>Black nylon collar</b>		21. Ethnicity: <b>H <input type="checkbox"/> NH <input type="checkbox"/></b>	22. Sobriety: Sob. <input type="checkbox"/> H.B.D. <input type="checkbox"/>
42. Confinement/quarantine location: <b>ARL ACCC</b>		23. Residence address: (City and/or state if not Des Moines or Iowa)	
43. Impounded or bite animal owner's name (Last, First M.I.): <b>SMITH, RUSTY</b>		24. Residence phone number:	
44. Residence address: <b>126 E Jackson 50315</b> (City and/or state if not Des Moines or Iowa)		25. Business or cellular phone number:	
45. Residence phone number: <b>515-423-5123</b>	46. Place of employment or school:		47. Business or cellular phone number:
48. Animal owner notification: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	48A. Date and time of notification: <b>05-Jul-11 2135 hrs</b>	48B. Person making notification: <b>WILSON, J/AR5</b>	48C. Means of notification: <b>Verbal</b>
49. Witness' name (Last, first): <b>BAKER, SHELLY</b>	50. Residence address: <b>1404 E Walnut St. 50316</b> (City and/or state if not Des Moines or Iowa)	51. Daytime or cellular phone number: <b>515-554-2219</b>	
52. Witness' name (Last, First):	53. Residence address: (City and/or state if not Des Moines or Iowa)	54. Daytime or cellular phone number:	
55. Investigative notifications and/or photographs taken: ARL Supervisor: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Sergeant: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Police Officer: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Photographs taken by ARL or PO: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
<b>Victim animal</b>		56. Victim animal ARL number: Impounded: No <input type="checkbox"/> Yes <input type="checkbox"/> ARL#:	
57. Animal type: Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other <input type="checkbox"/>		58. Animal breed:	
59. Animal color:		60. Animal fur length: Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Other <input type="checkbox"/>	
61. Animal sex: Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Unknown <input type="checkbox"/>		62. Rabies tag: No <input type="checkbox"/> Yes <input type="checkbox"/> R/T#:	
63. Microchip: No <input type="checkbox"/> Yes <input type="checkbox"/> M/C#:		62A. Date of vaccination:	
64. License: No <input type="checkbox"/> Yes <input type="checkbox"/> Lic#:		62B. Date of vaccination expiration:	
65. Type and location of injury:		62C. Veterinarian:	
66. Medical treatment:		67. Confinement/quarantine location:	
68. Victim animal owner's name (Last, First M.I.):		69. Residence address: (City and/or state if not Des Moines or Iowa)	
70. Residence phone number:		71. Business or cellular phone number:	
72. Reporting official: <b>WILSON, J.</b> <i>Jh</i>		I.D. No. <b>AR5</b>	73. Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Excep. Closed <input type="checkbox"/> Case file <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded
74. Copy/copies made by:		75. Referred to: <input checked="" type="checkbox"/> Animal Control <input type="checkbox"/> Detectives <input type="checkbox"/> PIO <input type="checkbox"/> Chief <input type="checkbox"/> OPS <input type="checkbox"/> Other:	
76. Second reporting official:		I.D. No.	77. Supervisor approving report: <i>J. Colvin AR-1</i>
78. Reviewed by: <i>AB</i>			

79. Page: <b>2 of 2</b>		<b>Animal Incident Investigation Report</b> Des Moines, Iowa				80. DMPD case number (if applicable): <b>11-21352</b>		
81. Suspect or offender <u>one</u> (1) name (Last, first Middle):					82. Arrested: No <input type="checkbox"/> Yes <input type="checkbox"/>	83. Warrant needed: No <input type="checkbox"/> Yes <input type="checkbox"/>	84. Charges filed: No <input type="checkbox"/> Yes <input type="checkbox"/>	
85. Race:	86. Sex:	87. Age:	88. Date of birth:	89. Ethnicity: H <input type="checkbox"/> NH <input type="checkbox"/>	90. Height:	91. Weight:	92. Hair color:	93. Eye color:
94. Residence address: (City and/or state if not Des Moines or Iowa)								
95. Residence or alternate phone number:			96. Driver license number or social security number:			96A. State:	97. Sobriety: Sob. <input type="checkbox"/> H.B.D. <input type="checkbox"/>	
98. Citation number and crime:				99. Citation number and crime:				
100. Suspect or offender <u>two</u> (2) name (Last, First Middle):					101. Arrested: No <input type="checkbox"/> Yes <input type="checkbox"/>	102. Warrant needed: No <input type="checkbox"/> Yes <input type="checkbox"/>	103. Charges filed: No <input type="checkbox"/> Yes <input type="checkbox"/>	
104. Race:	105. Sex:	106. Age:	107. Date of birth:	108. Ethnicity: H <input type="checkbox"/> NH <input type="checkbox"/>	109. Height:	110. Weight:	111. Hair color:	112. Eye color:
113. Residence address: (City and/or state if not Des Moines or Iowa)								
114. Residence or alternate phone number:			115. Driver license number or social security number:			115A. State:	116. Sobriety: Sob. <input type="checkbox"/> H.B.D. <input type="checkbox"/>	
117. Citation number and crime:				118. Citation number and crime:				
119. Narrative:								
<p>Reporting Officer WILSON, J./AR5 was dispatched to 436 E Livingston Ave. on 05-Jul-11 to investigate a report of a dog bite. On arrival to that address, R/O contacted the victim, HAUGEN, KELLY N. who related that she had been at the Phillips 66 gas station at the corner of e 1<sup>st</sup> and Jackson Ave on 04-Jul-11 at approximately 2130 hrs. While at that location, a friend of HAUGEN, named BAKER, SHELLY, who works at the business went to give a treat to a Siberian Husky, black and white in color, named "Whiskers" that is owned by SMITH, RUSTY who was at the business. BAKER went to give the dog a treat and HAUGEN accompanied her. As HAUGEN approached the dog, she put her hand down to allow the dog to sniff it. The dog lunged forward suddenly and bit HAUGEN on the index finger of the right hand, leaving a small laceration on the finger. The owner, who HAUGEN did not know but BAKER did, left at that time with the dog.</p> <p>R/O went to the business and contacted BAKER, who identified the owner of the above dog as SMITH, RUSTY and that he resided at 126 E Jackson Ave. BAKER mentioned to R/O that the dog "Whiskers" had bitten several times previous to this event. R/O contacted DMPD dispatch and they did not have any record of bite calls to that address, so R/O was unable to confirm whether or not any bites had been previously reported.</p> <p>R/O went to 126 E Jackson Ave. and there contacted SMITH who claimed that he was not aware of the bite incident on 04-Jul-11. R/O notified him that the bite had occurred and that the dog would need to be placed under quarantine. SMITH showed R/O proof of current rabies vaccination. R/O placed the dog under home quarantine at this time with plans to review any case files on this address on returning to ARL ACCC.</p> <p>R/O returned to ARL ACCC and picked up a "Netbook" between calls and ran a records check on SMITH and the address of 126 E Jackson Ave. R/O found a bite for the dog "Whiskers" under the name of SMITH, JAMES and DMPD case #10-24167 occurring 28-Jul-10. R/O also found 2 bites on the dog "Whiskers" under the name SMITH, RUSTY and DMPD case #11-4291 occurring on 11-Feb-11 and case # 11-18707 occurring on 13-Jun-11. As this was the fourth reported bite on this dog, R/O returned to 126 E Jackson Ave. and notified SMITH that the dog "Whiskers" was being impounded for quarantine due to the repeated bites. R/O had SMITH load the dog into the animal control vehicle. As R/O was preparing to leave, SMITH commented that he was going to go jump in the river and began walking in the direction of the SE 1<sup>st</sup> Ave. bridge over the Des Moines River. R/O contacted DMPD dispatch to send a cruiser and maintained visual contact with SMITH until a DMPD cruiser arrived and detained SMITH. R/O then returned to ARL ACCC with the dog "Whiskers"</p> <p>Hold dog "Whiskers" for quarantine through 14-Jul-11 after 2130 hrs.</p>								
						120. Date of this report: <b>05-Jul-11</b>		

# Animal Incident Investigation Report

Des Moines, Iowa

1. ARL case number: <b>00834133</b>		2. DMPD case number (if applicable): <b>11-18707</b>	
<b>Impounded or bite animal</b>		3. Victim's name (Last, First M.I.): <b>Peacock, Tanner</b> (Human victim or society)	
32. Impounded or bite animal ARL number: Impounded: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> ARL#:		4. Race: <b>W</b>	5. Sex: <b>M</b>
		6. Age: <b>18</b>	7. Date of birth: <b>12/31/1992</b>
		8. Ethnicity: H <input type="checkbox"/> NH <input checked="" type="checkbox"/>	9. Sobriety: Sob. <input checked="" type="checkbox"/> H.B.D. <input type="checkbox"/>
33. Animal type: Cat <input type="checkbox"/> Dog <input checked="" type="checkbox"/> Other <input type="checkbox"/> : <b>"Whisker"</b>		10. Residence address: (City and/or state if not Des Moines or Iowa) <b>212 E Granger</b>	
34. Animal breed: <b>Husky</b>		11. Residence phone number: <b>515-288-7868</b>	12. Business or cellular phone number: <b>4</b>
35. Animal color: <b>Black/white</b>		13. Place of employment or school:	
36. Animal fur length: Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Other <input type="checkbox"/> :		14. Type and location of injury: <b>3 minor Laceractions on Left side of chest</b>	
37. Animal sex: Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Unknown <input type="checkbox"/>		15. Medical treatment: <b>self</b>	
38. Microchip: No <input type="checkbox"/> Yes <input type="checkbox"/> (Records Personnel: Enter M/C# as a serial number)  M/C#:		16. Reporting person's name (Last, First M.I.): <b>Victim</b>	
		17. Race:	18. Sex:
		19. Age:	20. Date of birth:
		21. Ethnicity: H <input type="checkbox"/> NH <input type="checkbox"/>	22. Sobriety: Sob. <input type="checkbox"/> H.B.D. <input type="checkbox"/>
39. Rabies tag: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> R/T#: <b>2247</b>		23. Residence address: (City and/or state if not Des Moines or Iowa)	
39A. Date of vaccination: <b>05/05/2012</b>		24. Residence phone number:	
39B. Date of vaccination expiration: <b>05/05/2012</b>		25. Business or cellular phone number:	
39C. Veterinarian: <b>Afford A Care 280-5336</b>		26. Location of incident (address): <b>SE 1<sup>st</sup> &amp; Jackson</b> <b>50315</b>	
40. License: No <input type="checkbox"/> Yes <input type="checkbox"/> Lic#:		27. Location type: <b>Gas Station</b>	
41. Other identifiers (Collar, tattoo, etc.):		28. Date and time incident occurred: <b>13 June 11 1900</b>	29. Date and time incident reported: <b>14 June 11 1645</b>
42. Confinement/quarantine location: <b>Home Q/T</b>		30. Crime/incident type: <b>Animal: Bite - Dog</b>	
43. Impounded or bite animal owner's name (Last, First M.I.): <b>Smith, Rusty</b>		31. Classification:	
44. Residence address: (City and/or state if not Des Moines or Iowa) <b>126 E Jackson Ave</b>			
45. Residence phone number: <b>515-423-5123</b>	46. Place of employment or school:		47. Business or cellular phone number:
48. Animal owner notification: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	48A. Date and time of notification: <b>14 June 11 1720</b>	48B. Person making notification: <b>D.Randall AR6</b>	48C. Means of notification: <b>In Person</b>
49. Witness' name (Last, first):	50. Residence address: (City and/or state if not Des Moines or Iowa)	51. Daytime or cellular phone number:	
52. Witness' name (Last, First):	53. Residence address: (City and/or state if not Des Moines or Iowa)	54. Daytime or cellular phone number:	
55. Investigative notifications and/or photographs taken: ARL Supervisor: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Sergeant: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Police Officer: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Photographs taken by ARL or PO: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
<b>Victim animal</b>		56. Victim animal ARL number: Impounded: No <input type="checkbox"/> Yes <input type="checkbox"/> ARL#:	
57. Animal type: Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other <input type="checkbox"/> :		58. Animal breed:	
59. Animal color:		60. Animal fur length: Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Other <input type="checkbox"/> :	
61. Animal sex: Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Unknown <input type="checkbox"/>		62. Rabies tag: No <input type="checkbox"/> Yes <input type="checkbox"/> R/T#:	
63. Microchip: No <input type="checkbox"/> Yes <input type="checkbox"/> M/C#:		62A. Date of vaccination:	
64 License: No <input type="checkbox"/> Yes <input type="checkbox"/> Lic#:		62B. Date of vaccination expiration:	
65. Type and location of injury:		62C. Veterinarian:	
66. Medical treatment:		67. Confinement/quarantine location:	
68. Victim animal owner's name (Last, First M.I.):		69 Residence address: (City and/or state if not Des Moines or Iowa)	
70. Residence phone number:		71. Business or cellular phone number:	
72. Reporting official: <b>D.Randall</b> <i>[Signature]</i> I.D. No <b>AR6</b>	73. Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Excep. Closed <input type="checkbox"/> Case file <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded	74. Copy/copies made by:	75. Referred to: <input checked="" type="checkbox"/> Animal Control <input type="checkbox"/> Detectives <input type="checkbox"/> PIO <input type="checkbox"/> Chief <input type="checkbox"/> OPS <input type="checkbox"/> Other:
76. Second reporting official: <i>[Signature]</i> I.D. No:	77. Supervisor approving report: <b>J. Colin AR-1</b> I.D. No:	78. Reviewed by: <i>[Signature]</i>	

2011 JUN 16 PM 1:02

## Animal Incident Investigation Report

Des Moines, Iowa

80. DMPD case number (if applicable):  
11-18707

81. Suspect or offender <u>one</u> (1) name (Last, first Middle):				82. Arrested: No <input type="checkbox"/> Yes <input type="checkbox"/>		83. Warrant needed: No <input type="checkbox"/> Yes <input type="checkbox"/>		84. Charges filed: No <input type="checkbox"/> Yes <input type="checkbox"/>	
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85. Race:	86. Sex:	87. Age:	88. Date of birth:	89. Ethnicity: H <input type="checkbox"/> NH <input type="checkbox"/>	90. Height:	91. Weight:	92. Hair color:	93. Eye color:
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94. Residence address: \_\_\_\_\_ (City and/or state if not Des Moines or Iowa)

95. Residence or alternate phone number:	96. Driver license number or social security number:	96A. State:	97. Sobriety: Sob. <input type="checkbox"/> H.B. <input type="checkbox"/>
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98. Citation number and crime:	99. Citation number and crime:
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100. Suspect or offender <u>two</u> (2) name (Last, First Middle):				101. Arrested: No <input type="checkbox"/> Yes <input type="checkbox"/>		102. Warrant needed: No <input type="checkbox"/> Yes <input type="checkbox"/>		103. Charges filed: No <input type="checkbox"/> Yes <input type="checkbox"/>	
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104. Race:	105. Sex:	106. Age:	107. Date of birth:	108. Ethnicity: H <input type="checkbox"/> NH <input type="checkbox"/>	109. Height:	110. Weight:	111. Hair color:	112. Eye color:
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113. Residence address: \_\_\_\_\_ (City and/or state if not Des Moines or Iowa)

114. Residence or alternate phone number:	115. Driver license number or social security number:	115A. State:	116. Sobriety: Sob. <input type="checkbox"/> H.B.D. <input type="checkbox"/>
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117. Citation number and crime:	118. Citation number and crime:
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119. Narrative:

**On this date, I went to 212 E Granger in reference to an animal bite. At this address, I spoke with Tanner Peacock (adult) and his father Chris Peacock. According to Tanner Peacock, he was visiting with a friend at the gas station on the corner of SE 1st and Jackson, and when he walked out and started to head home he came up to a male walking a black and white husky. According to Peacock, he stuck out his hand and the dog jumped up on him and sniffed his hand. When Peacock saw the dog was going to nip him, he jumped back, but was bitten just below his chest on the left side. The male told Peacock that the dog was current on rabies vacc. Peacock and his father then pointed out the address of 126 E Jackson as the home of the bite dog.**

**I went to that address and spoke with Rusty Smith. Smith claimed ownership of the dog, the was currently sleeping chained up on the porch. Smith provided the rabies tag, but did not have the vet information showing if the dog was current. I contacted Afford A Care by phone and confirmed the expiration date of the rabies vacc for the bite dog, named Whisker. I explained the rules for home Q/T to Smith and allowed this after speaking with him.**

**F/u on 06/23/2011 after 1900 to release the dog from Q/T.**

**Animal Incident Supplemental Report**  
Des Moines, Iowa

1. Human victim or reporting person or animal owner name (Last, First M.I.): <b>PEACOCK, TANNER</b>	2. Case number: <b>11-18707</b>
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3. Form used as a continuation of an Animal Incident Investigation Report: <input type="checkbox"/>	4. Date of this report: <b>15-Jun-11</b>	5. Date incident occurred: <b>13-Jun-11</b>
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6. Form used to report a follow-up investigation or additional information: <input checked="" type="checkbox"/>	7. Crime/incident type: <b>Animal: Bite/dog</b>	Changed: <input type="checkbox"/> Yes
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8. Page: <b>1</b> of <b>1</b>	9. If this report is a continuation of another report then indicate the box number(s) continued below:
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THIS DATE I WAS ADVISED BY AR1 COLVIN THAT THE HUSKY IN THIS BITE CASE, OWNED BY RUSTY SMITH, HAS BEEN INVOLVED IN A PREVIOUS BITE. HE ADVISED THAT HOME QUARANTINE WOULD NOT BE ALLOWED AND THE DOG MUST BE IMPOUNDED TO ARLCC FOR THE REMAINDER OF THE QUARANTINE PERIOD. I WENT TO 126 E JACKSON AND GOT NO ANSWER AT THE FRONT OR BACK DOOR. I LEFT A DOOR HANGER STATING IMMEDIATE CONTACT REQUIRED REGARDING THE HUSKY BITE DOG IN THIS CASE. CINDY ALLEY AR2

10. ARL reporter: <b>CINDY ALLEY AR2</b>	I.D. No.	11. Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Excep. Closed <input type="checkbox"/> Case file <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded	12. Copy/copies made by:	13. Referred to: <input checked="" type="checkbox"/> Animal Control <input type="checkbox"/> Detectives <input type="checkbox"/> PIO <input type="checkbox"/> Chief <input type="checkbox"/> OPS <input type="checkbox"/> Other: _____
14. Second ARL reporter:	I.D. No.	15. Supervisor approving report: <i>J. Colvin AR1</i>	I.D. No.	16. Reviewed by: <i>at</i>

20110615 11:23:58

**Animal Incident Supplemental Report**  
Des Moines, Iowa

1. Human victim or reporting person or animal owner name (Last, First M.I.): <b>Smith, Rusty</b>	2. Case number: <b>11-18707</b>
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3. Form used as a continuation of an Animal Incident Investigation Report: <input type="checkbox"/>	4. Date of this report: <b>19-Jun-11</b>	5. Date incident occurred: <b>13-Jun-11</b>
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6. Form used to report a follow-up investigation or additional information: <input checked="" type="checkbox"/>	7. Crime/incident type: <b>Animal: bite- dog</b>	Changed: <input type="checkbox"/> Yes
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8. Page: <b>1</b> of <b>1</b>	9. If this report is a continuation of another report then indicate the box number(s) continued below:
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On this date, I went to 126 E Jackson to speak with Rusty Smith in reference to this being the second bite from this dog, with the previous bite occurring 07/28/2010. There was no answer at the door so I left a door hanger advising to call an animal control officer to speak with him. Several hours later, I received a call back and went to the address again. Smith claimed he had attempted to call back the number from the last door hanger, but was not able to get a hold of anyone. Smith then claimed that the dog got out the front door and ran away. I told Smith I did have a hard time believing the dog coincidentally disappeared after he was informed it had to be impounded, so Smith walked me through his entire house. I did press further and asked Smith if he was harboring it at a friend's house, and Smith replied that he "wasn't looking for trouble" and "wants to find his dog more than I do." Smith stated he would contact DMPD dispatch if the dog reappeared. Smith also noted that he would like this dog at home because he was recently assaulted under case#11-18254 and the dog was the only thing that made him feel protected in his home. Smith also stated he has been, and will continue to ride his bike in the area to look for the dog. I did a patrol of the area, but was UTL on the dog.

2011 JUN 22 PM 5:57

10. ARL reporter: <b>D.Randall</b> <i>[Signature]</i>	I.D. No.	11. Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Excep. Closed <input type="checkbox"/> Case file <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded	12. Copy/copies made by:	13. Referred to: <input checked="" type="checkbox"/> Animal Control <input type="checkbox"/> Detectives <input type="checkbox"/> PIO <input type="checkbox"/> Chief <input type="checkbox"/> OPS <input type="checkbox"/> Other: _____
14. Second ARL reporter:	I.D. No.	15. Supervisor approving report: <i>[Signature]</i> AR-1	I.D. No.	16. Reviewed by: <i>[Signature]</i>



**Animal Incident Supplemental Report**  
Des Moines, Iowa


1. Human victim or reporting person or animal owner name (Last, First M.I.): <b>PEACOCK, TANNER</b>	2. Case number: <b>11-18707</b>
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3. Form used as a continuation of an Animal Incident Investigation Report: <input type="checkbox"/>	4. Date of this report: <b>24-Jun-11</b>	5. Date incident occurred: <b>13-Jun-11</b>
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6. Form used to report a follow-up investigation or additional information: <input checked="" type="checkbox"/>	7. Crime/incident type: <b>ANIMAL: BITE/DOG</b>	Change <input type="checkbox"/> Yes
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8. Page: 1 of 1	9. If this report is a continuation of another report then indicate the box number(s) continued below:
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THIS DATE I WENT TO 126 E JACKSON BEGINNING OF SHIFT 0715 HRS. AT THIS LOCATION I MET WITH SMITH, RUSTY ON HIS FRONT PORCH WITH HIS HUSKY DOG. I ASKED SMITH WHEN HE FOUND THE HUSKY. HE STATES HE FOUND IT OVER ON THE SOUTH SIDE A DAY OR TWO AGO AND HE HAS ATTEMPTED TO CALL THE OTHER OFFICER IN THIS CASE (AR6 RANDALL) WITHOUT SUCCESS. I VIEWED THE DOG AND THE DOG APPEARS TO BE HEALTHY. I ADVISED THAT THE QT PERIOD HAD EXPIRED AND THE DOG WAS RELEASED FROM QUARANTINE. I CALLED THE BITE VICTIM IN THIS CASE, TANNER PEACOCK. I ADVISED THAT I HAD VIEWED THE DOG THAT BIT HIM IN THIS CASE, THAT THE DOG APPEARED HEALTHY AND THE QT PERIOD HAD EXPIRED. CINDY ALLEY AR2

10. ARL reporter: <b>CINDY ALLEY AR2</b>	I.D. No.	11. Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Excep. Closed <input checked="" type="checkbox"/> Case file <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded	12. Copy/copies made by:	13. Referred to: <input checked="" type="checkbox"/> Animal Control <input type="checkbox"/> Detectives <input type="checkbox"/> PIO <input type="checkbox"/> Chief <input type="checkbox"/> OPS <input type="checkbox"/> Other: _____
14. Second ARL reporter:	I.D. No.	15. Supervisor approving report:	I.D. No.	16. Reviewed by: 

# Animal Incident Investigation Report FEB 11 PM 12:03

Des Moines, Iowa

1. ARL case number: <b>000745290</b>		2. DMPD case number (if applicable): <b>11-4291</b>	
<b>Impounded or bite animal</b>		3. Victim's name (Last, First M.I.): <b>PINKERTON, NATHAN</b> (Human victim or society)	
32. Impounded or bite animal ARL number: Impounded: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> ARL#:		4. Race: <b>W</b>	5. Sex: <b>M</b>
		6. Age: <b>47</b>	7. Date of birth: <b>06-16-1963</b>
		8. Ethnicity: <b>H</b> <input type="checkbox"/> <b>NH</b> <input checked="" type="checkbox"/>	9. Sobriety: Sob. <input checked="" type="checkbox"/> <b>H.B.D.</b> <input type="checkbox"/>
33. Animal type: Cat <input type="checkbox"/> Dog <input checked="" type="checkbox"/> Other <input type="checkbox"/>		10. Residence address: <b>1101 CROCKER # 710</b> (City and/or state if not Des Moines or Iowa)	
34. Animal breed: <b>HUSKY</b>		11. Residence phone number: <b>897-8815</b>	12. Business or cellular phone number:
35. Animal color: <b>WHITE AND GRAY</b>		13. Place of employment or school:	
36. Animal fur length: Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Other <input type="checkbox"/>		14. Type and location of injury: <b>1 TOOTH PUNCTURE WITH TEAR</b>	
37. Animal sex: Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Unknown <input checked="" type="checkbox"/>		15. Medical treatment: <b>BROADLAWNS ER</b>	
38. Microchip: No <input type="checkbox"/> Yes <input type="checkbox"/> (Records Personnel: Enter M/C# as a serial number)  M/C#:		16. Reporting person's name (Last, First M.I.): <b>PINKERTON, NATHAN</b>	
		17. Race: <b>W</b>	18. Sex: <b>M</b>
		19. Age: <b>47</b>	20. Date of birth: <b>06-16-1963</b>
		21. Ethnicity: <b>H</b> <input type="checkbox"/> <b>NH</b> <input checked="" type="checkbox"/>	22. Sobriety: Sob. <input checked="" type="checkbox"/> <b>H.B.D.</b> <input type="checkbox"/>
39. Rabies tag: No <input type="checkbox"/> Yes <input type="checkbox"/> R/T#:		23. Residence address: <b>1101 CROCKER #710</b> (City and/or state if not Des Moines or Iowa)	
39A. Date of vaccination:	39B. Date of vaccination expiration:	24. Residence phone number: <b>897-8815</b>	25. Business or cellular phone number:
39C. Veterinarian:		26. Location of incident (address): <b>401 SW 8</b>	
40. License: No <input type="checkbox"/> Yes <input type="checkbox"/> Lic#:		27. Location type: <b>UNITED COMMUNITY SERVICES 208-3860</b>	
41. Other identifiers (Collar, tattoo, etc.): <b>YES BUT UNSURE ON COLOR</b>		28. Date and time incident occurred: <b>11 FEB 11 0600</b>	29. Date and time incident reported: <b>11 FEB 11 1430</b>
42. Confinement/quarantine location:		30. Crime/incident type: <b>ANIMAL BITE DOG</b>	
43. Impounded or bite animal owner's name (Last, First M.I.):		31. Classification:	
44. Residence address: (City and/or state if not Des Moines or Iowa)			
45. Residence phone number:	46. Place of employment or school:	47. Business or cellular phone number:	
48. Animal owner notification: No <input type="checkbox"/> Yes <input type="checkbox"/>	48A. Date and time of notification:	48B. Person making notification:	48C. Means of notification:
49. Witness' name (Last, first):	50. Residence address: (City and/or state if not Des Moines or Iowa)	51. Daytime or cellular phone number:	
52. Witness' name (Last, First):	53. Residence address: (City and/or state if not Des Moines or Iowa)	54. Daytime or cellular phone number:	
55. Investigative notifications and/or photographs taken: ARL Supervisor: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Sergeant: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Police Officer: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Photographs taken by ARL or PO: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
<b>Victim animal</b>		56. Victim animal ARL number: Impounded: No <input type="checkbox"/> Yes <input type="checkbox"/> ARL#:	
57. Animal type: Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other <input type="checkbox"/>			
58. Animal breed:	59. Animal color:	60. Animal fur length: Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Other <input type="checkbox"/>	
61. Animal sex: Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Unknown <input type="checkbox"/>	62. Rabies tag: No <input type="checkbox"/> Yes <input type="checkbox"/> R/T#:		
63. Microchip: No <input type="checkbox"/> Yes <input type="checkbox"/> M/C#:	62A. Date of vaccination:		62B. Date of vaccination expiration:
64 License: No <input type="checkbox"/> Yes <input type="checkbox"/> Lic#:	62C. Veterinarian:		
65. Type and location of injury:		66. Medical treatment:	
67. Confinement/quarantine location:		68. Victim animal owner's name (Last, First M.I.):	
69 Residence address: (City and/or state if not Des Moines or Iowa)		70. Residence phone number:	71. Business or cellular phone number:
72. Reporting official: <b>TINA UPDEGROVE AR5</b> <i>TU</i>	I.D. No.	73. Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Excep. Closed <input type="checkbox"/> Case file <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded	74. Copy/copies made by:
76. Second reporting official:	I.D. No.	77. Supervisor approving report: <i>J. Colvin AR-1</i>	I.D. No.
		78. Reviewed by: <i>JW</i>	
75. Referred to: <input checked="" type="checkbox"/> Animal Control <input type="checkbox"/> Detectives <input type="checkbox"/> PIO <input type="checkbox"/> Chief <input type="checkbox"/> OPS <input type="checkbox"/> Other: _____			

## Animal Incident Investigation Report

Des Moines, Iowa

80. DMPD case number (if applicable):  
11-429181. Suspect or offender one (1) name (Last, first Middle):

82. Arrested:

No  Yes 

83. Warrant needed:

No  Yes 

84. Charges filed:

No  Yes 

85. Race:

86. Sex:

87. Age:

88. Date of birth:

89. Ethnicity:

H  NH 

90. Height:

91. Weight:

92. Hair color:

93. Eye color:

94. Residence address:

(City and/or state if not Des Moines or Iowa)

95. Residence or alternate phone number:

96. Driver license number or social security number:

96A. State:

97. Sobriety:

Sob.  H.B.D. 

98. Citation number and crime:

99. Citation number and crime:

100. Suspect or offender two (2) name (Last, First Middle):

101. Arrested:

No  Yes 

102. Warrant needed:

No  Yes 

103. Charges filed:

No  Yes 

104. Race:

105. Sex:

106. Age:

107. Date of birth:

108. Ethnicity:

H  NH 

109. Height:

110. Weight:

111. Hair color:

112. Eye color:

113. Residence address:

(City and/or state if not Des Moines or Iowa)

114. Residence or alternate phone number:

115. Driver license number or social security number:

115A. State:

116. Sobriety:

Sob.  H.B.D. 

117. Citation number and crime:

118. Citation number and crime:

119. Narrative:

R.O MET WITH R/P-VICTIM AT BROADLAWNS ER. PINKERTON STATED HE WAS GETTING HIS MEDICATION AT UNITED COMMUNITY SERVICES LOCATED AT 401 SW 8 ST. PINKERTON STATED HE HAS SEEN THE DOG AND ITS OWNER BEFORE AT THIS LOCATION AND THERE HAS NEVER BEEN A PROBLEM BEFORE. PINKERTON STATED LIKE ALWAYS HE PUT HIS HAND OUT FOR THE DOG TO SMELL HIM WHEN THE DOG ATTACKED HIS HAND CAUSING A ONE TOOTH PUNCTURE AND TOOTH SCRAPE. PINKERTON STATED HE DOES NOT KNOW THE OWNERS NAME JUST THAT HE COMES TO THE LOCATION TO GET HIS MEDICATION AS WELL. PINKERTON STATED THE OWNER WAS VERY SORRY AND SAID THE DOG WAS CURRENT WITH EVERYTHING. PINKERTON STATED HE WENT INTO THE BATHROOM THERE AND WHEN HE CAME BACK OUT THE OWNER AND DOG WERE GONE. PINKERTON STATED THAT UNITED COMMUNITY SERVICES WILL KNOW WHO THE OWNER TO THE DOG IS AND STATED TO CONTACT "SUE" THERE. I CALLED UNITED COMMUNITY SERVICES TO BE ADVISED SUE HAD LEFT FOR THE DAY AND THE OTHER PEOPLE THAT WERE WORKING WHEN THE BITE TOOK PLACE HAD ALSO LEFT FOR THE DAY, I SPOKE TO JENN WHO STATED SOME OF THE WORKERS WOULD BE THERE TOMORROW MORNING FROM 0600-0745 AND THEY MAY KNOW WHO THE OWNER OF THE HUSKY IS. I ADVISED THAT AN OFFICER WOULD CALL 02-12-11 AT OR CLOSE TO 0700-0730 FOR THAT INFORMATION.

120. Date of this report:  
11 FEB 11

2011 FEB 14 AM 11:58

Animal Incident Supplemental Report  
Des Moines, Iowa

1. Human victim or reporting person or animal owner name (Last, First M.I.):

PINKERTON, NATHAN

2. Case number:

11-4291

3. Form used as a continuation of an Animal Incident Investigation Report:

4. Date of this report:

12-Feb-11

5. Date incident occurred:

11-Feb-11

6. Form used to report a follow-up investigation or additional information:

7. Crime/incident type:

DOG BITE

Changed:  Yes

8. Page: 1 of 1

9. If this report is a continuation of another report then indicate the box number(s) continued below:

IN ATTEMPTS TO SPEAK WITH "SUE", A WORKER AT THE PLACE OF INCIDENT THAT MAY HAVE KNOWLEDGE OF OWNER INFO, I CALLED THE NUMBER PROVIDED (WHICH WAS WROTE WRONG ON THE AIR, IT IS 280-3860) AND COULDN'T REACH ANYONE UNTIL ABOUT 0745. AT THAT TIME A MALE ANSWERED THE PHONE AND I EXPLAINED WHY I WAS CALLING AND HE SAID HE KNEW NOTHING OF THE INCIDENT OR A CLIENT WITH A HUSKY BUT TOOK ACCC CONTACT # & WOULD ASK AROUND AND GIVE US A CALL IF HE FOUND OUT ANYTHING AND THEN STATED THAT "SUE" WAS NOT IN ON THE WEEKEND TO HIS KNOWLEDGE AND PUT ME THROUGH TO HER VOICEMAIL. I LEFT A MESSAGE STATING WHAT HAPPENED AND TO GIVE ACCC A CALL WHEN SHE GETS THE MESSAGE.  
MORE FOLLOW UP NEEDED TO FIND BITE DOG.

10. Reporting official:  
L.ROBERTS I.D. No. AR4

11. Status:  Open  Closed  Excep. Closed  
 Case file  Suspended  Unfounded

12. Copy/copies made by:

13. Referred to:  
 Animal Control  
 Detectives  PIO  
 Chief  OPS  
 Other: \_\_\_\_\_

14. Second reporting official: I.D. No.

15. Supervisor approving report: I.D. No.

16. Reviewed by:

*J. Colvin* AR 1

KW

