



**NOTICE
PUBLIC MEETING OF THE
PIMA COUNTY ANIMAL CARE ADVISORY COMMITTEE**

October 15, 2015 – 5:30 p.m.

**Herbert K. Abrams Public Health Center
3950 S. Country Club Road
Tucson, Arizona
(520) 724-7729**

Functions of the Committee

1. Serve in an advisory capacity to the Board, and to the Manager of the Pima Animal Care Center; and
2. Review and evaluate the operations of the Center to make recommendations in writing to the Board for the formulation of guidelines to assure that:
 - A. The Center's operations are conducted in the best interest of the public health and safety; and
 - B. The Center keeps pace with the most modern practices and procedures of animal care and welfare; and
3. Review complaints from the public concerning policies of the Center and make recommendations for resolution to the proper authority.

AGENDA

1.	Call to Order <ul style="list-style-type: none"> • Roll Call • Establishment of Quorum and Pledge of Allegiance 			
2.	Review and Adoption of Minutes: <ul style="list-style-type: none"> • Adoption of September 17, 2015 meeting minutes 			
3.	Animal Welfare and Dangerous Animal Cases for the Month of September and Recent Holds Snapshot			
	Welfare		Dangerous Dogs	
	A15-178666	A15-177490	A15-166785	A15-179180
	A15-178038	A15-179515	A14-162579	A15-178040
	A15-178869	A14-175928	A14-144950	A15-179240
	A15-173454	A15-177726	A15-177657	A14-150324
	A15-177950	A15-176556	A15-178009	
4.	Call to the Audience			
5.	Management Report			
6.	Old Business <ul style="list-style-type: none"> • Procedures Related to Agenda Items (Schwerin/Emptage) • Process used by PACC to track every animal's care every day that does not include volunteers (Neuman) • Ajo Animal Care Center Veterinary Services (Neuman) 			
7.	New Business <ul style="list-style-type: none"> • Public Concerns and Perceptions (Emptage) • Issues with Pet Food and Linen Donations • Committee Resignation: Ms. Hurley, City of Tucson Representative 			
8.	Donations: A total of 1,430 individuals gave \$54,967.27 in donations during the month of September.			
9.	Complaints and Commendations: There was one complaint and two commendations received by staff during September.			
10.	Call to the Audience			
11.	Announcements, Schedules and Proposed Agenda Items			
12.	Next Meeting – November 19, 2015			
13.	Adjournment			

Copies of this agenda are available upon request at the Pima County Health Department, 3950 S. Country Club Road, by calling 724-7729 or at www.pima.gov/animalcare. The Committee may discuss and take action on any item on the agenda. At the conclusion of an open call to the public Committee members may only respond to criticism made; ask staff to review the matter raised; or ask to include the matter on a future agenda.

Should you require ADA accommodations, please contact the Pima County Health Department at 724-7729 five (5) days prior to the meeting.

Pima County Animal Care Advisory Committee
Minutes
September 17, 2015
3950 S. Country Club Road
Tucson, Arizona 85714

Draft

1. Call to Order

Ms. Emptage called the meeting to order at 5:34 pm

- Attendance

Present:

Tamara Barrick, Pima Paws for Life
Nancy Emptage, Chair, Animal Welfare Coalition
Pat Hubbard, Humane Society of Southern Arizona
Yvette Hurley, City of Tucson
Pat Jacobs, Tucson Kennel Club
Sophia Kaluzniacki, DVM, SPCA of AZ, Inc Derek Marshall, Public Education
Jack Neuman, Vice-Chair, PACC Volunteers
Erin O'Donnell, DVM, Southern AZ Veterinary Medical Association
Jane Schwerin, People for Animals in the Prevention of Cruelty and Neglect
Marcy Flanagan, Health Department Deputy Director, New Ex-Officio

Absent:

Helen Mendelsohn, Disabled Community
Gail Smith, MD, Board of Health

- Pledge of Allegiance

2. Adoption of the Minutes

- Adoption of the August 20, 2015 Meeting Minutes

The motion was made and seconded (Hubbard/Barrick) that the August 20, 2015 meeting minutes be adopted as written. The motion carried (10-0).

3. Line and Space Architect Firm Presentation on the Future Animal Care Facility

Facilities Management Architect Martyn Klell gave some background on the project. The County has already selected Line and Space as the architecture firm for the project. Line and Space has a strong local presence. Line and Space is teaming with Animal Arts, an animal shelter design firm out of Boulder, Colorado, and the UC Davis Koret Shelter Medicine Program. The County has also hired Sundt Construction as the construction manager. The County had eight companies submit proposals and they interviewed four before selecting Sundt. Sundt recently completed Pima County's Emergency Operations Center. The County didn't go with the bidding process; instead they chose the construction manager at risk (CMAR) route, which allows the choice to be made on qualifications and allows for construction input during the design process. Sundt will constantly be getting prices (sub-contractor bids) as the construction plans develop to ensure the project adheres to the budget. Mr. Klell said the County has acquired property south of PACC, from Tucson Electric Power, and is trying to purchase property east of PACC from the City of Tucson. The more property the more options there are and the less phasing will be required. Mr. Klell added that one percent of the

building's budget must be spent on art, so there is an art committee and they are searching for art proposals. The County is also looking into solar opportunities for the project. Mr. Klell added that the Silverbell Road widening is a four-year project and the County is interfacing with those in charge of the Silverbell construction. Mr. Klell said construction on the new animal care facility is to start in December of 2016 and end in November of 2017.

Three representatives from Line and Space presented to the Committee: Henry Tom, Bob Clements and Mike Anglin. Mr. Tom reiterated that Line and Space's team includes Animal Arts and the UC Davis Koret Shelter Medicine Program and said Line and Space has been in Tucson since 1978. Line and Space just completed the program process for the new facility. The program includes the wants, needs, goals and objectives for the new facility. The conceptual design is the next step and it should be done by early October. Ms. Emptage asked if the new facility will include indoor/outdoor runs. The reply was that's been programmed and they will try to do them as much as they can. Ms. Emptage also asked about noise control. Moving dogs east is a thought to get them farther from neighbors to the west. Line and Space also has as a resource a local acoustic engineer who has worked with the Humane Society.

Mr. Clements said they are very program intensive and spent a lot of time listening to stakeholders before they compiled the program. He talked about the site dictating a number of things and pointed out a sewer main, which cannot be built over, runs through the property. The program includes a report from Koret on numbers and types of animals and recommendations for PACC to help achieve goals and objectives. Based on the information received they go on to make conceptual diagrams of spaces to ensure they include everything required, including sufficient space for furniture and equipment. They add up all the areas to get what they call the net area and they add additional square footage for things such as wall thickness and mechanical spaces to get the total area for the building. The program represents the wish list and will need to be balanced against the budget.

Ms. Hubbard pointed out that intake numbers have been on a downward trend and asked if the design allows for space modification for other use. In response Mr. Clements spoke about multipurpose space, the need for sufficient storage space, and opportunities for flexibility. Ms. Hubbard asked about scheduling penalties. Mr. Klell said typically scheduling penalties are in place, but seldom needed. Discussion underscored that having Sundt already on board and involved in the process with sub-contractors lessens confusion and scheduling challenges. Ms. Hubbard also asked about the HVAC systems. Mr. Clements discussed that the HVAC systems have not been designed yet; however Line and Space understands the importance as it relates to disease control and will be working closely with Animal Arts, which has much more knowledge and experience with shelter design.

Ms. Hurley asked about animal housing numbers and signage. Mr. Anglin said there are two tiers of recommendations from Koret which were based on PACC's operations and priorities including five years of PACC Chameleon data. Koret's numbers include 425 housing units for dogs capable of housing around 493 dogs and puppies and 170 cat units for up to 268 animals during kitten season. The lower tier numbers based on implementation of Koret operational change recommendations are: 375 dog units and 140 cat units. Mr. Anglin said currently PACC has approximately 280 dog housing units. Regarding signage, Mr. Clements said they like to design to include landscaping, furniture and signage. Part of design includes way-finding, helping people find the front door. Good design reduces the need for signage; however, they will also either design signage themselves or will be working closely with those who do the signage. Ms. Schwerin asked about population growth and

the ability to house more animals. Mr. Clements said both Animal Arts and Koret are predicting a spike once the new center opens. Operational changes such as managed intake will be important in keeping the spike from overwhelming the housing capacity. Managed intake involves scheduled appointments for intake, which will also make staff utilization more efficient. Ms. Schwerin was concerned about managed intake appointments saying that some people would rather dump an animal in the desert or street rather than wait for an appointment. Health Department Deputy Director Marcy Flanagan said managed intake has been a topic of discussion for a while now and there are exceptions. If someone finds a stray and brings it in on the way to work, they don't need an appointment. The managed intake is for owner surrenders. Most shelters around the nation do some type of strategic intake. Ms. Schwerin asked if the new building will be able to expand, to which Mr. Anglin responded that the building site is tight, but future expansion is something they are thinking about. Mr. Clements touched on the hope for operational changes being implemented before the new facility is completed, to mitigate animal housing numbers.

The questions continued. Ms. Schwerin asked if the new facility is being designed with animals other than dogs and cats in mind. Mr. Clements said the program includes some space for short-term housing of other small mammals. Mr. Anglin added the program includes some flexible, adaptable space for other types of animals. Mr. Neuman asked about space for volunteers. Mr. Anglin said volunteer space includes lockers, a microwave oven and a refrigerator and said management stressed the volunteer space cannot be cut. Mr. Neuman asked about quiet spaces for volunteers and staff to talk with prospective adopters and Mr. Anglin said they are included in the program, plus meet and greet rooms and evaluation rooms. Ms. Schwerin asked about being able to house more animals, and Mr. Clements talked about the housing units designed ideally for one animal per housing unit with guillotine partitions and the ability to accommodate a spike beyond ideal conditions. Mr. Anglin said staffing is not expected to increase for the new facility and could not handle a housed animal census double PACC's current housing. Mr. Jacobs asked what the biggest challenge is related to the new building project and the answer was size versus budget. He asked what facility Line and Space would recommend people visit and Mr. Anglin said the Denver facility although they are dealing with a different animal population and climate. Dr. Kaluzniacki added that if people cannot travel to Denver, the Animal League of Green Valley is a good local facility to visit. Mr. Jacobs also asked if the program will be made public, available on line. Kim Smith from Pima County Communications said there is a web page dedicated to this project under bonds, and said she anticipated at least the program summary would be posted, but wasn't sure if the whole program would be posted. Ms. Emptage asked if the facility will be keeping the newer indoor/outdoor kennels and the answer was they will try to as other priorities permit. Dr. O'Donnell asked if Koret and Animal Arts have contributed ideas to help animal behavioral health, to which Mr. Anglin replied, "Definitely." Mr. Neuman asked about kennel sizes. The typical cat kennel is two and a half feet by five feet split down the middle with a portal. There are variations in the dog kennels which range from four by seven to four by nine, then double for indoor/outdoor kennels. Ms. Schwerin asked if the new sick bay divided dogs, and cats and the answer was yes. Mr. Neuman asked about sick bay kennel numbers. Mr. Anglin said of the 425 total kennels (canines) general population is 260; custody quarantine is 80; special care neonatal is 20; and isolation sick bay is 65. Ms. Barrick asked about rescue egress, which currently parades sick animals through the building. Mr. Anglin said all cross contamination issues will be addressed through Koret and could be as simple as adding a back door.

4. Old Business

- Tie-Out Prevention Campaign

Mr. Marshall said 13 videos were submitted for the tie-out prevention campaign, but one went over the time limit and two were submitted after the cut-off. He played the ten qualifying videos for the Committee. Mr. Marshall said the grand prize is a \$400 camcorder plus a \$75 gift basket from Acacia Animal Hospital; second place is a \$200 camera stabilizer; and third place is a \$150 set of headphones. Part of the video solicitation included that PACC gets possession of the videos and can use them as they wish.

- Procedures Related to Agenda Items

Ms. Emptage said historically any Committee member can submit an agenda item. However, she said if an item has been voted on and brought up again by a member of the minority it is not readdressed. She added that she wants to continue this discussion at the next meeting.

5. Announcements, Schedules and Proposed Agenda Items

Ms. Emptage said there has been a request to again bring up the topic of delaying spay-abort procedures which was discussed in July. In the July meeting a motion related to a recommendation for delaying the spay-abort practice did not pass. Ms. Emptage asked what was the pleasure of the Committee regarding the spay-abort agenda item request. Ms. Hurley said she wants a 72-hour hold on the spay-abort policy so rescues can come in and pick up the animal, and wants this on October's agenda.

Mr. Jacobs made the motion to place the 72-hour hold on the spay-abort policy item on the next agenda; seconded by Dr. Kaluzniacki. The motion did not pass (4-6): Jacobs, Marshall, Hurley and Kaluzniacki for; and Hubbard, Barrick, Schwerin, Emptage, Neuman and O'Donnell opposed.

Ms. Hurley protested that what was voted on in July was a temporary month long hold until she could gather more information and refine a proposal regarding the spay-abort policy, not a permanent 72-hour hold. Ms. Barrick suggested the actual recording of the July meeting be referenced for clarification.

Mr. Jacobs voiced opposition to there not being a call to the audience. Ms. Flanagan said legally a call to the audience is not required. Ms. Schwerin said the Committee in the past had voted to have two calls to the audience. Ms. Emptage asked if anyone from the audience wished to speak and no one responded.

6. Next Meeting – October 15, 2015

Ms. Emptage said the next meeting will be October 15 at the Abrams building.

7. Adjournment

The meeting adjourned at 7:14 pm



PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD • TUCSON, AZ 85745
(520) 724-5900 FAX (520) 724-5960
www.pima.gov/animal/care

MEMORANDUM

TO: Marcy Flanagan, Deputy Director
FROM: Jose Chavez, Enforcement Operations Manager
DATE: 9-30-15
SUBJECT: Welfare report for September 2015

1. A15-178666 One animal (sick) was surrendered to PACC. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The animal was euthanized due to the severity of the illness. The case is closed.
2. A15-178038 Two animals were impounded and surrendered to PACC. Staff reviewed animal welfare requirements and laws and cited the owner. The dogs are now in foster care. The case is closed.
3. A15-178869 One animal was impounded. Staff reviewed the animal welfare requirements and laws with the owner and cited at PACC. The animal was redeemed. The case is closed.
4. A15-173454 One animal was impounded. Staff reviewed welfare requirements and laws with the owner and cited at PACC. The animal was redeemed. The case is closed.
5. A15-177950 No animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited. The complaint is closed.
6. A15-177490 One animal (sick) was impounded. Staff reviewed animal welfare requirements and laws with the owner cited. The animal was euthanized due to the severity of the illness. The complaint is closed.
7. A15-179515 Seven dog were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The animals were redeemed. The complaint is closed.
8. A15-175928 One animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and required follow up vet care. A recheck was done owner cited for neglect vet care. The animal was observed and appeared healthy. The complaint is closed.
9. A15-177726 No animals impounded. Staff reviewed animal welfare requirements and laws with the owner and cited. Owner was found in compliance. This complaint is closed.
10. A15-176556 One animals were impounded. Staff and reviewed the animal welfare requirements and laws with the owner and cited at PACC. The animal was redeemed. The complaint is closed.

WC 1

INVESTIGATION REPORT		SUSPECT Hector Ramirez				ACO NAME / BADGE # Attebery, 1929		COMPLAINT NUMBER A15-178666	
Pima County Health Department Pima Animal Care Center 300 N. Silverbell Rd. Tucson, Arizona 85745 Phone: (520) 724-5960 Fax: (520) 724-5960 www.pimaanimalcare.org		SUSPECT'S ADDRESS La Cholla Blvd				BITE WELFARE XX DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
		ZIP	CITY Tucson	STATE AZ	RESIDENCE PHONE NUMBER		CODE IF OTHER :		
		SUSPECT'S Mailing Address				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
		ZIP	CITY	STATE	BUSINESS PHONE NUMBER		Driver's License/ IDENTIFICATION		
		SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN
IS THIS INCIDENT REQUIRE VICTIM REQUEST FOR NUMBER OF RIGHTS? YES NO <input type="checkbox"/>		LOCATION OF INCIDENT 4000 N Silverbell Rd				DATE AND TIME REPORTED 9/9/2015 0725 pm		DATE AND TIME OCCURRED 9/9/2015 0735 pm	
		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>							
HOUSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME Pima Animal Care Officer Attebery, 1929				RESIDENCE PHONE NO.		BUSINESS PHONE NO. 520-724-5900	
I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS				ZIP	CITY	STATE	
REQUEST/WAIVER exception per A.R.S. § 13-15 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS 4000 N Silverbell Rd				ZIP 85745	CITY Tucson	STATE AZ	
TYPE OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		DANGEROUS CASE NUMBER		OTHER AGENCY CASE <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:	
								FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:	
ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:		TREATED BY		PHONE NUMBER	DATE QUARANTINED
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: Leg					RELEASE DATE
PHONE NUMBER		VET CLINIC				PHONE NUMBER		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	
								FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>	
FULL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS				QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	
		3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		CITING ACO Attebery, 1929		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/TRD VIOLATED 4-3(2)(D)						OTHER ADDITIONAL REPORTS	
		CITATIONS/NUMBERS 71591						REVIEWED BY 9-11-15 DTK 1911	
								BOND YES <input type="checkbox"/> NO <input type="checkbox"/>	
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME		COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #
American Bulldog/ t bull		Lacey		White/Black	F	8			
VICTIM OWNER <input checked="" type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
WITNESS 1		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #	
Enforcement Field Supervisor Tenkate 1911		M <input type="checkbox"/> F <input checked="" type="checkbox"/>		4000 N Silverbell Rd				724-5900	
WITNESS		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #	
		M <input type="checkbox"/> F <input type="checkbox"/>							
WITNESS		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #	
		M <input type="checkbox"/> F <input type="checkbox"/>							
WITNESS 4		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #	
		M <input type="checkbox"/> F <input type="checkbox"/>							

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INVESTIGATION REPORT

Activity Number: A15-178666
ACO name & Badge: Attebery, 1929

On 9/9/2015 at around 0725 pm, I, Animal Care Field Officer Attebery, 1929, arrived at Pima Animal Care Center to unload animals and write reports.

I met Field Enforcement Supervisor Tenkate #1911, in parking lot. Per Tenkate, a man had arrived at Pima Animal Care after hours with his sick dog that he wished to give to Pima Animal Care Center. Tenkate wanted me to look at animal and determine if cites are to be issued.

I went to the Pima Animal Care Receiving Area and examined a pit bull/American bulldog female dog known as Lacey. Visual examination revealed that all 4 of the dog's limbs were swollen from paws up into the shoulder/rump area. Jowls of dog were swollen to such an extent that it made her head look small. Dog appeared alert but slightly depressed with spinal column and ribs with no flesh and bones prominently sticking up.

I then met dog owner, Hector Ramirez, in the Pima Animal Care Receiving Area. Per Hector, he had adopted the dog from Pima Animal Care Center and animal was healthy until about 2 weeks ago. 2 weeks ago, dog stopped eating. After a while, Hector would be able to get her to eat for a day or so and then dog would stop eating again. The swelling of her limbs occurred several days ago and he never noticed the swollen jowls.

When asked why he did not take dog to the vet, he explained that he believed that the dog would get better. He also explained that he was a first time pet owner. He had no explanation as to why he did not call a veterinarian or why he waited so long to bring the dog to Pima Animal Care Center.

Pima Animal Care records indicate that Hector Rameriz adopted dog in January 2015. At time of adoption, dog was healthy.

Hector Ramirez was then cited for neglect vet care on the dog and animal impounded at no charge to dog owner.

Officer's Signature:

A handwritten signature in black ink, appearing to be "A. Attebery", written over a horizontal line.

Date: 9/10/2015

2C 2

INVESTIGATION REPORT

Pima County Health Department
 Pima Animal Care Center
 4000 N. Silverbell Rd.
 Tucson, Arizona 85745
 Phone: (520) 243-5960
 Fax: (520) 243-5960
 www.pimaanimalcare.org

SUSPECT Cynthia Loreto				ACO NAME / BADGE # 1942 Eckelbarger		COMPLAINT NUMBER A15-178038	
SUSPECT'S ADDRESS 45th St				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY Tucson	STATE AZ	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS				CODE IF OTHER :			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES NO

LOCATION OF INCIDENT 45th St	DATE AND TIME REPORTED 8-31-15 / 1416	DATE AND TIME OCCURRED 9-1-15 / 1000
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input checked="" type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIE-OUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>		

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME 1942 Eckelbarger	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. 724-5992
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I WAIVE "upon request" rights in this case.

VICTIM'S ADDRESS	ZIP	CITY	STATE
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REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)

VICTIM'S BUSINESS ADDRESS 4000 N. Silverbell Rd	ZIP 85745	CITY Tucson	STATE AZ
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NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)

DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:	FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:
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ADDRESS AND PHONE NUMBER SAME AS VICTIM

<input type="checkbox"/> VIOLATION	BITE SEVERITY:	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/>
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RELATIONSHIP TO VICTIM

<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:	RELEASE DATE:	VET	HOME
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PHONE NUMBER

VET CLINIC	PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	FTQ <input type="checkbox"/>	UTQ <input type="checkbox"/>
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LAWFUL REPRESENTATIVE ADDRESS

CLINIC'S ADDRESS	QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	FRA HEAD# <input type="checkbox"/>
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VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

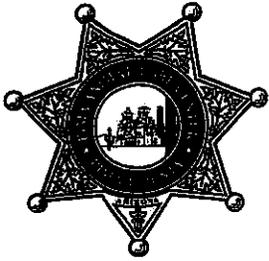
3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO 1942 Eckelbarger	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
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CODE/ORD VIOLATED 4-3 (2)(D)	CITATIONS/NUMBERS 74623 (A)	REVIEWED BY 2002 KONST 9/2	BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Pit-bull VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Justice	Blue	F	3yr		Impound		P	A532756
Pit-bull VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Nomas	Nomas	M	2yr		Impound		T	A532757
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

WITNESS 1 Dr. Jennifer Wilcox	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB	ADDRESS 4000 N. Silverbell Rd /Pima Animal Care Center	RESIDENCE PHONE #	BUSINESS PHONE # 724-5900
WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

WC 2



INVESTIGATION REPORT

Activity Number: A15-178038

ACO name & Badge: 1942 Eckelbarger

On 9-1-15 at 0930 hours I Investigator Eckelbarger (1942) and Officer Sanchez (2072) responded to . 45th St where we met with dog owner, Cynthia Loreto . Ms. Loreto stated she owned two pit-bulls in the backyard. She stated she was partially disabled and had a hard time getting out into the backyard to feed and water the dogs. She then showed us the dogs in the backyard. I observed a female pit-bull "Justice" who appeared thin and had a tumor hanging down from her under her chest. Ms. Loreto stated the tumor showed up approximately 6 months ago and she did not take the dog for veterinary treatment. I also observed a male pit-bull "Nomas" who appeared thin. Both dogs had a little bit of water and there was shade available. Ms. Loreto stated she would like to sign the dogs over as she cannot really care for them anymore. She stated she has had them for a couple years.

I then cited Ms. Loreto for neglect-vet care on "Justice" under City jurisdiction. Ms. Loreto signed and received her copy of the citation. She then relinquished ownership of both dogs by signing a release of ownership form. We then impounded both dogs. I setup Justice to be examined by a Pima Animal Care Center veterinarian.

I included Dr. Jennifer Wilcox' veterinary report.

Officer's Signature:

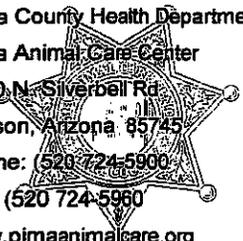
A large, stylized handwritten signature in black ink, appearing to be "Eckelbarger".

Date: 9-2-15

WC 3

INVESTIGATION REPORT

Pima County Health Department
 Pima Animal Care Center
 4000 N Silverbell Rd
 Tucson, Arizona 85745
 Phone: (520) 724-5900
 Fax: (520) 724-5960
 www.pimaanimalcare.org



SUSPECT Nicole Leon				ACO NAME / BADGE # Attebery, 1929		COMPLAINT NUMBER A15-178869					
SUSPECT'S ADDRESS 34th St				BITE WELFARE XX DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>							
ZIP	CITY Tucson	STATE AZ	RESIDENTIAL PHONE NUMBER								
SUSPECT'S Mailing Address				CODE IF OTHER :							
ZIP				CITY		STATE		BUSINESS PHONE NUMBER		Driver's License/ IDENTIFICATION	
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN				

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES NO

LOCATION OF INCIDENT 34th			DATE AND TIME REPORTED 9/12/2015 0832 pm			DATE AND TIME OCCURRED 9/12/2015 0900 pm					
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN	WASTE	OTHER (EXPLAIN)		

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME Pima Animal Care Officer Attebery, 1929				RESIDENCE PHONE NO.		BUSINESS PHONE NO. 520-724-5900	
---	--	--	--	---------------------	--	---	--

I WAIVE "upon request" rights in this case.

VICTIM'S ADDRESS				ZIP	CITY	STATE
------------------	--	--	--	-----	------	-------

REQUEST/WAIVER exception per A.R.S. § 8-1405 (B) and § 8-296 (B)

VICTIM'S BUSINESS ADDRESS 4000 N Silverbell Rd				ZIP 85745	CITY Tucson	STATE AZ
--	--	--	--	---------------------	-----------------------	--------------------

NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)

DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:	
--	---	-----------------------	---	--	--	--

ADDRESS AND PHONE NUMBER SAME AS VICTIM

<input type="checkbox"/> VIOLATION	BITE SEVERITY:	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/>
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RELATIONSHIP TO VICTIM

<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN: Leg	RELEASE DATE		VET <input type="checkbox"/>	HOME <input type="checkbox"/>
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PHONE NUMBER

VET CLINIC	PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	FTQ <input type="checkbox"/>	LTQ <input type="checkbox"/>
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LAWFUL REPRESENTATIVE ADDRESS

CLINIC'S ADDRESS	QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	FRA HEAD#
------------------	--	-----------

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO Field Supervisor Konst #2002	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
--	--	--	----------------------	--------------------------

CODE/ORD VIOLATED 4-3(2) B 4-3(2) C 4-3(2) E 2	REVIEWED BY <i>Konst 9/17</i>
CITATIONS/NUMBERS 74274	BOND YES <input type="checkbox"/> NO <input type="checkbox"/>

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Pit bull VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Blue	White/Brown	M	14 m		Impounded		N	A494283
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

WITNESS 1	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

223



INVESTIGATION REPORT

Activity Number: A15-178869
ACO name & Badge: Attebery, 1929

On 9/12/2015 at around 0855 pm, I, Pima Animal Care Officer Attebery, 1929, arrived at 34th St reference neighbor's dog on a tie out that was enmeshed in common chain link fence and was aggressive.

While at 34th St, I saw a hole in the common chain link fence and a chain tangled around some wood and the chain link fence. One end of the chain was fastened around the neck of a white/brown pit bull mix dog. The other end of the chain led into the yard located at 34th St. Chain appeared to be fastened to a plastic dog house about fifteen feet from fence. Next to dog house was a five gallon plastic bucket and small metal container next to the house. The chain tie out was so entangled that dog could not gain access to its water bucket or dog house.

The 34th St address had chain link enclosing property with the gates padlocked. Three other pit bull dogs were seen in an enclosed area on west side of residence. Dogs appeared healthy and had dog houses. A plastic five gallon bucket was seen inside pen area by the house's west door. No one at that address came out to meet with me.

I had to cut the chain to free the dog from its situation. Dog was then impounded from the yard at 34th St. I left a notice of impoundment on gate at 34th St.

After dog was kenneled at Pima Animal Care Center located at 4000 N Silverbell Rd, I made a notation on the kennel card. Per notation, if dog was redeemed, dog owner was to be cited for neglect tie out, neglect no water, and neglect no shelter.

On 9/14/2015, woman arrived at Pima Animal Care Center and claimed the dog. Enforcement Field Officer Konst #2002, wrote citation 74274, to Nicole Leon.

Officer's Signature: _____

[Handwritten signature]
1929

Date: 9/16/2015

WC 4

INVESTIGATION REPORT
 Pima County Health Department
 Pima Animal Care Center
 4000 N. Silverbell Rd.
 Tucson, Arizona 85745
 Phone: (520) 724-5900
 Fax: (520) 724-5960
 www.pimaanimalcare.org

SUSPECT Robert Bennett Humphrey		ACO NAME / BADGE # Hendrickson, M 2066		COMPLAINT NUMBER A15-173454					
SUSPECT'S ADDRESS San Rafael Ave				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>					
ZIP	CITY Tucson	STATE AZ	RESIDENCE PHONE NUMBER						
SUSPECT'S BUSINESS ADDRESS NA				CODE IF OTHER :					
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE				
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN				
LOCATION OF INCIDENT San Rafael Ave				DATE AND TIME REPORTED 9/8/15 / 0842hrs	DATE AND TIME OCCURRED 9/10/15 / 1214hrs				
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input checked="" type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>									
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME Marilyn Hendrickson #2066		D.O.B	RESIDENCE PHONE NO.				
<input type="checkbox"/> I WAIVE "upon request" rights in this case		VICTIM'S ADDRESS		ZIP	CITY				
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-405 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS 4000 N Silverbell Rd		ZIP 85745	CITY Tucson				
NAME OF LAWFUL REPRESENTATIVE IF APPLICABLE		DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:				
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:					
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:					
PHONE NUMBER		VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>				
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	<input type="checkbox"/> FRA HEAD#				
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO D Tenkate #1911	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER				
CODE/ORD VIOLATED 4-3(2)(E)(2)		OTHER ADDITIONAL REPORTS			REVIEWED BY Kensy 9/13				
CITATIONS/NUMBERS 73815		BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Jalmatian	Tenley	White/Black	F	10y				N	A533775
VICTIM OWNER <input checked="" type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
WITNESS 1	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #		
WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #		
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #		
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #		

WC 4

INVESTIGATION REPORT



Activity Number: A15-173454

ACO name & Badge: D Tenkate #1911

On 09/10/15 at 12:14 Hours Officer Hendrickson #2066 arrived at I San Rafael in response to a neglect call stating there is a dog on a tie-out. She knocked on the door and a man answered and stated he does not own a dog but allows a man with a dog to live in his back yard in a tent. The man also said he has no way to contact the dog owner.

Officer Hendrickson then walked around to the back yard and observed a white and black Dalmatian on a tie-out. She was unable to get a response from within the tent. The dog had access inside the tent for shelter and shade along with two containers with green water inside. The dog appeared healthy and was in good weight and had clean water available in a kiddie pool. She also observed a large healthy looking macaw with food and water in a cage near the Dalmatian. Officer Hendrickson took photographs, impounded the dog and left a notice of impound. The kennel card was marked 3C to issue citations to the dog owner for neglect tie out if the dog is redeemed.

On 9/10/15 at 1810 Hours I, Supervisor Tenkate #1911 met with the dog owner Robert Barnett Humphrey when he came to PACC to redeem his Dalmatian name Tenley. He stated that Tenley is deaf and is able to jump the 4' chain link yard fence. I explained that tie outs were illegal and that he would need a covered kennel run to keep Tenley confined. Mr. Humphrey said he is going to buy a kennel run and will keep Tenley inside until the kennel run is constructed. He then signed and received a copy of citation #73815 for Neglect Tie Out. He is aware of his court date, time and location.

Officer's Signature: *D. Tenkate*

Date: *9-10-15*

WC 5

INVESTIGATION REPORT

Pima County Health Department
 Pima Animal Care Center
 4000 N. Silverbell Rd.
 Tucson, Arizona 85745
 Phone: (520) 724-5900
 Fax: (520) 724-5960
 www.pimaanimalcare.org

SUSPECT Maria Cecilia Blanco - Careaga				ACO NAME / BADGE # A. Kirby #2057		COMPLAINT NUMBER A15-177950	
SUSPECT'S ADDRESS . Drexel Rd.				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY Tucson	STATE AZ	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS N/A				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		PASSPORT		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN N/A

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	LOCATION OF INCIDENT Drexel Rd., Tucson, AZ 85706	DATE AND TIME REPORTED 08/30/15 / 0918 hrs	DATE AND TIME OCCURRED 08/30/15 / 0932 hrs
FOOD <input type="checkbox"/> WATER <input checked="" type="checkbox"/> SHELTER <input checked="" type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input checked="" type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>			

<input type="checkbox"/> I CHOOSE "upon request" rights in this case	VICTIM/COMPLAINANT NAME PACC Officer A. Kirby #2057	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. 520-724-5900 Ext. 3
<input type="checkbox"/> I WAIVE "upon request" rights in this case.	VICTIM'S ADDRESS	ZIP	CITY	STATE
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-1405 (B) and § 8-286 (B)	VICTIM'S BUSINESS ADDRESS 4000 N. Silverbell Rd.	ZIP 85745	CITY Tucson	STATE AZ

NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)	DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:	FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:
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<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input type="checkbox"/> VIOLATION	BITE SEVERITY:	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/>
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	VET <input type="checkbox"/>
PHONE NUMBER	VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		HOME <input type="checkbox"/>
LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	FTQ <input type="checkbox"/>

3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO A. Kirby #2057	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE VERBAL				REVIEWED BY 2002 KIRST 9/3
CODE/ORD VIOLATED 6.04.110(B)(5), 6.04.110(B)(2), 6.04.110(B)(3), 6.04.070				BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CITATIONS/NUMBERS 74934				

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
German Shepherd VICTIM OWNER <input checked="" type="checkbox"/>	Banda	Tan/Bik	M	A	N/A	Cited	Cited	N	A532593
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									

WITNESS 1	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

WC 5



INVESTIGATION REPORT

Activity Number: A15-177950

ACO name & Badge: A. Kirby #2057

On 08/30/15 at approximately 0932 hours I Officer A. Kirby #2057 arrived at [redacted] Drexel Rd. and located a tan/black large German Shepherd tied to a fence with an approximately 1 foot long slip lead type leash that would tighten on the dogs neck if it would pull away or attempt to lay down, the dog had no movement or ability to even lay down. I observed no water near the dog, and no shelter with the dog located in direct sunlight. Current ambient temperature per University of Arizona weather was 92 degrees Fahrenheit. I then used a remote thermal temperature device to determine the ground temperature to be approximately 120 degrees Fahrenheit. I was able to make contact with Maria Cecilia Blanco-Careaga who was only able to provide me with a Mexico Passport for identification purposes. I asked Ms. Blanco-Careaga about the dog being tied out. She stated the dog had been there since yesterday (08/29/15), when her juvenile son tied the dog to the fence. The dog appeared to be severely dehydrated and was panting very rapidly. I immediately had the residents remove the dog from the tie-out and provide it with water inside the air conditioned home. I issued citations to Ms. Blanco-Careaga for Neglect - Tie out, Neglect - No water, and Neglect - No Shelter, No License, and No Rabies Vaccinations, Ms. Blanco-Careaga was explained her citation, court date, time, and located, stated she understood and signed the citation. Ms. Blanco-Careaga stated the dog is not hers it belongs to her brother, but it has lived with her for approximately 4 months now. I advised her that by law that makes her an owner of the dog due to her being in care and custody of the animal. I provided Ms. Blanco-Careaga with a laws brochure advising of the animal laws in Pima County as well as contact information to obtain licensing for the dog. Photos of the dog are attached to the activity and of the tie-out used; I impounded the tie out do to the admission of this tie-out being commonly used whenever they enter or exit the property.

Officer's Signature:

A handwritten signature in black ink, appearing to be "A. Kirby", written over a horizontal line.

Date:

08/30/15

NC 6

INVESTIGATION REPORT

Pima County Health Department
 Pima Animal Care Center
 4000 N. Silverbell Rd
 Tucson, Arizona 85745
 Phone: (520) 243-5900
 Fax: (520) 243-5960
 www.pimaanimalcare.org

SUSPECT Gabriella Maria Bustamante				ACO NAME / BADGE # X. Delgadillo #2047		COMPLAINT NUMBER A15-178790	
SUSPECT'S ADDRESS . Holladay St				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY Tucson	STATE AZ	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVER'S LICENSE		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN
LOCATION OF INCIDENT . Holladay St.				DATE AND TIME REPORTED 09/11/15 / 13:05		DATE AND TIME OCCURRED 09/11/2015 / 18:12	
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/>				ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/>		OTHER (EXPLAIN) <input checked="" type="checkbox"/> Neglect- Vet Care	
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME X. Delgadillo #2047		D.O.B		RESIDENCE PHONE NO.	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS		ZIP		CITY STATE	
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-285 (B)		VICTIM'S BUSINESS ADDRESS 4000 N. Silverbell Rd		ZIP 85745		CITY STATE Tucson AZ	
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		DANGEROUS CASE NUMBER	
				OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:	
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:		TREATED BY	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:		PHONE NUMBER	
PHONE NUMBER		VET CLINIC		PHONE NUMBER		DATE QUARANTINED	
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		RELEASE DATE:	
				QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	
		3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITING ACO		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED 6.04.70, 6.04.110 (B) (2)				REVIEWED BY <i>Korst 9/13</i>	
		CITATIONS/NUMBERS 74742				BOND YES <input type="checkbox"/> NO <input type="checkbox"/>	

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Heeler Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Rocky	Red/White	M	P					533935
Heeler Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Iggy	White/Red	F	A		Cited			
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

WITNESS 1 M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 2 M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

WC6



INVESTIGATION REPORT

Activity Number: A15-178790

ACO name & Badge: X. Delgadillo #2047

On September 11, 2015 at approximately 18:12 I, Officer Delgadillo #2047, arrived to Holladay St regarding a complaint of neglect; dog in distress, seizing.

When I arrived I observed a red/white dog in the carport area lateral; shaking and whimpering attempting to get up but could not. There was another adult White and Red heeler mix in the yard. I honked repeatedly and banged on the gate and received no answer. I attempted to enter the yard to confiscate the dog in distress but the other dog would not allow me to get near. I went back to my vehicle to get a snare pole when a young male came from around the rear of the house. I asked him if his parents were home and he called his grandmother out.

I met with Maria Alvarez and asked her to secure the other dog and her grandchildren came out. I asked her if she knew the dog was ill and she stated yes that she had been moving it to shaded area of the yard all day.

The first complaint was received at 13:05 and the complainant stated that the dog was walking uneven and thin; the second was received at 16:57 and the complainant stated that the dog was seizing and dying.

I asked her how long the dog had been sick and she stated that she did not know. I said the dog looks like it needs vet care and she stated that it was probably dying. I asked why she did not take the dog to the vet and she stated that they had already given it store bought Parvo shots. I asked to her move the dog outside of the gates as the other dog would not allow me to pick up the dog and they could not handle the adult dog. Once the dog was outside of the gates, I placed the dog in the kennel and advised I was confiscating the dog.

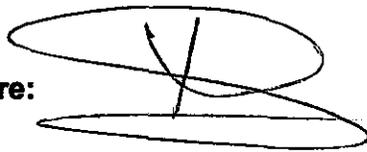
As I was writing the citations her daughter Gabriella Mara Bustamante arrived and stated that the dog was hers and to issue citations to her. I asked her why hadn't she taken the dog to the vet and provided a vaccination shot from Country Feed Store. Ms. Bustamante stated that the dog just sick this afternoon and she has security cameras in her yard to prove the dog was healthy this morning. I advised the dog is lateral; shaking; labored breathing and drooling.

WCB

Ms. Bustamante was cited into Pima County Justice Court for Neglect Vet - Care for Rocky, a male Red/White Heeler mix approximately 5 months old; No License for Iggy, a female white and red heeler mix. Ms. Bustamante signed her citations; received a copy and was advised of her court date and time.

When I arrived to Pima Animal Care Center, Rocky was seen by medical staff who determined due to the severity of the dog's illness the dog was euthanized.

Officer's Signature:



Date:

9/11/15

WC 7

INVESTIGATION REPORT

Pima County Health Department
 Pima Animal Care Center
 4000 N. Silverbell Rd.
 Tucson, Arizona 85745
 Phone: (520) 243-5900
 Fax: (520) 243-5960
 www.pimaanimalcare.org

SUSPECT Rosemarie Carol Garrison				ACO NAME / BADGE # D. Hinte 2068		COMPLAINT NUMBER A15-179515	
SUSPECT'S ADDRESS Delgado Rd.				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY Tucson	STATE AZ	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS				CODE IF OTHER :			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVER'S LICENSE		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	LOCATION OF INCIDENT Delgado Rd	DATE AND TIME REPORTED 09/23/15 / 1541	DATE AND TIME OCCURRED 09/23/15 / 1659
FOOD <input type="checkbox"/> WATER <input checked="" type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input checked="" type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>			

<input type="checkbox"/> I CHOOSE "upon request" rights in this case	VICTIM/COMPLAINANT NAME Officer D. Hinte 2068	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. 520-724-5900
<input type="checkbox"/> I WAIVE "upon request" rights in this case	VICTIM'S ADDRESS Pima Animal Care Center	ZIP	CITY	STATE
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)	VICTIM'S BUSINESS ADDRESS 4000 N. Silverbell Rd.	ZIP 85745	CITY Tucson	STATE AZ

NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)	DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input checked="" type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER: 150923110	FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:
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<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input type="checkbox"/> VIOLATION	BITE SEVERITY:	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/>
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	VET <input type="checkbox"/>
PHONE NUMBER	VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		HOME <input type="checkbox"/>
LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	FTQ <input type="checkbox"/>

3 RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO D. Hinte 2068	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
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VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	CODE/ORD VIOLATED 6.04.110(B)(2); 6.04.110(B)(5)	REVIEWED BY 2002 Konst
	CITATIONS/NUMBERS 75051 A-E; 75052 A-D	BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Heeler mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Booger	Tan/white	M	Adult			OK	A535502
Heeler mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	RD	Brown/white	M	Adult			OK	A535505
Heeler mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Freckles	Brown/white	M	Adult			OK	A535504
Heeler mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Patti	Brown/white	F	Adult			OK	A535506
Heeler mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Baby Girl	Tan/white	F	Adult			OK	A535507
Collie mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Nippy	Tan/white	M	Adult			OK	A535508
LH Dachshund VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Harry	Black/tan	M	Adult			OK	A535509

WITNESS 1 Deputy Jansen #7332	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS 1750 E Benson Highway	RESIDENCE PHONE #	BUSINESS PHONE # 520-351-4600
WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

WC7



INVESTIGATION REPORT

Activity Number: A15-179515

ACO name & Badge: D. Hinte 2068

On September 23, 2015 at 3:41 PM, Pima Animal Care Center (PACC) dispatch received a call for assistance from the Pima County Sheriff's Department.

On September 23, 2015 at 4:59 PM, I, Officer Hinte 2068, arrived at Delgado Rd. I met with PCSO Deputy Jansen #7332 who provided his case number of 150923110. He informed me that they were conducting a search warrant on three mobile homes on the property. Two of the owners had dogs, some of which were on tie-outs. I observed one large tan and white male Heeler mix on a tie out that was attached to the rear of a travel trailer. There was a bucket of non-potable water nearby that was thick and brown in color. This trailer and dog reportedly belonged to [redacted] who had been arrested earlier in the day. I observed six dogs in the fenced yard of a second mobile home. One of these dogs was on a tie-out that was attached to a tree limb. I observed one large plastic children's sandbox that was filled with non-potable water. The water was brown in color and completely opaque. This trailer and the six dogs in the yard were reportedly owned by Rosemarie Garrison [redacted] who had been arrested earlier in the day. The third trailer did not house any animals. Due to the owner arrests leaving no one to care for the animals, it was determined they would need to be impounded for their continued well-being. I called for assistance due to the number of dogs in the fenced yard, some of which were acting aggressively. I took photographs of the dogs and the living conditions while waiting. Officer Delgadillo 2047 arrived to assist. We impounded all seven animals off of the property without incident. I posted notices of impoundment at both trailers. PCSO and I then cleared the scene.

On September 26, 2015 at 5:00 PM, I, Officer Hinte 2068, met with dog owner Rosemarie Garrison at PACC. She claimed all seven dogs that were confiscated on 9/23/15. She stated that the dog was tied to the other trailer because she was slowly integrating him into the pack. She also stated that the second dog was tied to a tree because he is food aggressive and will not allow the other dogs to eat. I informed her that tie outs are prohibited under all circumstances except the temporary tethering of livestock. She stated that she was aware but felt it was her only option. She acknowledged that she would need to find a new solution.

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I also informed her that the water I observed was dirty and non-potable. She stated that the dogs play in the water. I stated that she would need to provide a second water container, perhaps attached to the chain link fence several feet off the ground, so that there is always clean drinking water available. She stated that she understood, but felt the dogs would chew anything she put up. I issued citations to Ms. Garrison in the County for 2x neglect-tie out, and 7x neglect- water (non-potable). I explained her court date, time, and location. She stated that she understood, signed, and received her copy. I then issued a premise inspection for water and tie out. I noted a compliance date of 9/29/15 and explained that an officer would return for an inspection. She stated that she understood, signed, and received her copy.

Officer's Signature:



Date:

9/26/15

WC 8

INVESTIGATION REPORT

Pima County Health Department
 Pima Animal Care Center
 4000 N. Silverbell Rd.
 Tucson, Arizona 85745
 Phone: (520) 243-5900
 Fax: (520) 243-5960
 www.pimaanimalcare.org

SUSPECT Gabriel Machibya				ACO NAME / BADGE # D. Hinte 2068		COMPLAINT NUMBER A15-175928	
SUSPECT'S ADDRESS Cotton Bale Ln				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY Marana	STATE AZ	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS				CI <input type="checkbox"/> CO <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> MARANA			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES NO

LOCATION OF INCIDENT J. Cotton Bale Ln.	DATE AND TIME REPORTED 07/26/15 / 1748	DATE AND TIME OCCURRED 09/08/15 / 1849
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input checked="" type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>		

<input type="checkbox"/> I CHOOSE "upon request" rights in this case	VICTIM/COMPLAINANT NAME Officer D. Hinte 2068	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. 520-724-5900
<input type="checkbox"/> I WAIVE "upon request" rights in this case.	VICTIM'S ADDRESS Pima Animal Care Center	ZIP	CITY	STATE
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 8-405 (B) and § 8-206 (B)	VICTIM'S BUSINESS ADDRESS 4000 N Silverbell Rd.	ZIP 85745	CITY Tucson	STATE AZ
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)	DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:
	FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:			

<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS PET	<input type="checkbox"/> VIOLATION	BITE SEVERITY:	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/>
	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	VET <input type="checkbox"/>
RELATIONSHIP TO VICTIM	VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		HOME <input type="checkbox"/>
PHONE NUMBER						FTQ <input type="checkbox"/>
						UTQ <input type="checkbox"/>
LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	
	3 RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO D. Hinte 2068	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	CODE/ORD VIOLATED 6-4-2(A)(4)				REVIEWED BY 2007 KONST 9/10	
	CITATIONS/NUMBERS 74497 A				BOND YES <input type="checkbox"/> NO <input type="checkbox"/>	

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
domestic Shorthair VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Abby	Black	F	Adult				A512591
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								

WITNESS 1	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

WC 8



INVESTIGATION REPORT

Activity Number: A15-175928

ACO name & Badge: D. Hinte 2068

On July 26, 2015 at 5:48 PM, Pima Animal Care Center dispatch received a call concerning an injured or ill cat.

On July 26, 2015 at 6:24 PM, Officer Foster 2042 arrived at '.....' Cotton Bale Ln. She knocked on the front door and was met by the callers. They showed her the west side of their home where she observed a black domestic shorthair cat lateral under a gas meter. She lifted the towel the callers draped over the pipes to keep the cat in the shade and the cat got up and tried to run away. The cat ran around the to the front porch area and collapsed by the front door. She was then able to safely scruff the cat and place her in a transport carrier. The cat was open mouth breathing and began to hyper salivate after capture. She placed her immediately into an air conditioned kennel. She left the area and pulled over to scan the cat for a chip and re-assess its condition. She was able to locate chip #982000363881245 and attempted to call the owner of record but did not receive an answer. She then requested that dispatch call from a recorded line and was told that they did not receive an answer either. The cat still appeared in distress. She appeared to be dehydrated, poor coat, thin/emaciated, and mouth breathing. She then contacted dispatch staff and explained the cat's condition and was told to transport her back to PACC.

On July 31, 2015 at 1:53 PM, Officer Adkins 1961 met with the owner of the cat, Gabriel Machibya, at PACC for redemption. She issued Mr. Machibya a premise inspection ordering that the cat must receive vet care by 8/3/15. Mr. Machibya signed and received his copy of the form.

On September 8, 2015 at 6:49 PM, I, Officer Hinte 2068, arrived at Cotton Bale Ln. I knocked on the front door and met with a man who identified himself as Gabriel Machibya. I informed him of the reason for my visit. I asked for proof of vet care for Abby. Mr. Machibya stated that he had to "check if he had it." He went back inside the home and returned to the front door several minutes later. He stated that he was unable to locate the paperwork.

WC8

I asked what vet Abby was taken to. He hesitated, then replied, "Northwest" with inflection as if it was a question. I asked what name Abby would have been seen under and he stated it would be under his name. I contacted NorthWest Pet Clinic at 252 W Ina Rd using my personal cell phone. I provided Mr. Machibya's first and last name as well as the phone number he provided. No records could be located under his name or number. I asked if the database included both NW Pet Clinic locations and I was informed that it did. I ended the phone call and informed Mr. Machibya that no records were found under his name. I informed him that I would be issuing a citation for neglect-vet care as he was unable to provide proof that Abby was seen by a vet. I asked for his ID and he stated that he would have to locate it. After 5-10 minutes, Gabriel returned, with Abby in his arms, to inform me that he could not locate his ID. I observed Abby briefly before she jumped out of his arms and ran into the back of the house. I returned to the truck and found Mr. Machibya's driver's license number and birthdate in our system. I returned and asked Mr. Machibya for his approximate height and weight to complete the citation. I issued Mr. Machibya a citation in Marana for 1x neglect-vet care. I explained his court date, time, and location. He stated that he understood, signed, and received his copy. I provided him with the current PACC phone number and fax number in the event that he locates the necessary records.

Officer's Signature:



Date:

9/9/15

WC9

INVESTIGATION REPORT

Pima County Health Department
 Pima Animal Care Center
 4000 N. Silverbell Rd.
 Tucson, Arizona 85745
 Phone: (520) 243-5900
 Fax: (520) 243-5960
 www.pimaanimalcare.org

SUSPECT Cathriene D Hufford				ACO NAME / BADGE # D. Hinte 2068		COMPLAINT NUMBER A15-177726	
SUSPECT'S ADDRESS 1 Olive Tree				BITE <input checked="" type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP 85741	CITY Tucson	STATE AZ	RESIDENCE PHONE NUMBER 520-297-7115		CODE IF OTHER:		
SUSPECT'S BUSINESS ADDRESS				CI <input type="checkbox"/> CO <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> MARANA		DRIVERS LICENSE D04601009	
SEX F	WEIGHT 180	HEIGHT 5'2"	EYES BRO	HAIR COLOR BN	ORIGIN 5	DOB 01/17/146	SSN

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES NO

LOCATION OF INCIDENT 1 Ina Rd	DATE AND TIME REPORTED 08/26/15 / 1458	DATE AND TIME OCCURRED 08/26/15 / 0950
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FOOD WATER SHELTER INJURED/ILL VENTILATION ABANDONED TIEOUT BEATEN WASTE OTHER (EXPLAIN)

I CHOOSE "upon request" rights in this case

VICTIM/VICTIM'S ALTERNATE NAME	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO.
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I WAIVE "upon request" rights in this case.

VICTIM'S ADDRESS	ZIP	CITY	STATE
		Marana	AZ

REQUEST/WAIVER exception per A.R.S. § 13-1405 (B) and § 8-286 (B)

VICTIM'S BUSINESS ADDRESS	ZIP	CITY	STATE
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NAME OF LAWFUL REPRESENTATIVE IF APPLICABLE	DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	RESTITUTION REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:	FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:
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ADDRESS AND PHONE NUMBER SAME AS VICTIM

<input checked="" type="checkbox"/> VIOLATION	BITE SEVERITY:	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>
<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	

RELATIONSHIP TO VICTIM

VET CLINIC	PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>
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LAWFUL REPRESENTATIVE ADDRESS

CLINIC'S ADDRESS	QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	<input type="checkbox"/> FRA HEAD#
3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO D. Hinte 2068	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

CODE/ORD VIOLATED 6-3-1; 6-5-2(A); 6-4-2(A)(2); 6-4-2(A)(5)(B)	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
CITATIONS/NUMBERS 74494 A-E; 74495 A-C		REVIEWED BY 2002 KORST 9/10

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
ferrier mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Baby Dog	Black/white	M	Adult	CITED	EXPIRED	OK	A448094
Labrador mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Koko	Black/white	F	Adult	CURRENT	CURRENT	OK	A397638
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								

WITNESS 1 M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 2 M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 3 M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4 M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

WC9

INVESTIGATION REPORT



Activity Number: A15-177726

ACO name & Badge: D. Hinte 2068

On August 26, 2015 at 2:58 PM, Pima Animal Care Center received a call concerning a dog bite that occurred at a Fry's Food Store.

On September 3, 2015 at 5:19 PM, I, Officer Hinte 2068, arrived at Pepperbox Ln. I met with bite victim Mario Sanchez and his wife Dawnleah Sanchez. Mr. Sanchez stated that the incident occurred at Fry's Food Store at Ina Rd on 8/26/15 at approximately 9:50 AM. He stated that he walked from the parking lot towards the front of the store. He walked around the corner of a large column and was suddenly upon two dogs; one small black and white long-haired Terrier mix and one small to medium black short-haired Labrador mix. The dogs were tied to a metal hook embedded in the concrete. He stated that he was not able to move quick enough to avoid the dogs. He was bitten on his left calf. Mr. Sanchez advised that he has many health issues that were exacerbated by the bite. He stated that he tried to remain calm, but his blood pressure climbed extremely high and he began experiencing chest pains. His condition was such that a Fry's employee had to use his cell phone to contact his wife, as he was unable to do so. Since the incident, he has had to make several doctor appointments to check his conditions.

Mr. Sanchez stated that he heard Fry's staff members calling for the dog owner over the PA system for approximately 30 minutes. While waiting, he took photographs and video of the dogs. In the video that he showed me, I observed a Fry's employee trying to give the dogs water. After several seconds, the smaller, long-haired dog charged her and tried to bite her several times. The woman appeared to move quick enough to avoid direct contact. I provided my county email address and asked that he send the photos and video to me.

A woman finally came outside with a full cart of groceries and claimed the dogs. He stated that the woman immediately dismissed the accusation, saying that her dogs don't bite. She provided paperwork for an expired license for Koko A397638, which Mr. Sanchez photographed. Per this paperwork, the owner of the dogs is Cathy Hufford P253367. I located a current license for the dog named Koko, however, I did not find any record of a second dog licensed under her name.

WC9

Mrs. Sanchez met with the manager of the store, Robert Smith, at a later time. She stated that he seemed unconcerned and told her if she wished, she could call the police. She stated that she took his advice and called PCSO. She was told by the individual that she spoke to that law enforcement should have been contacted by a Fry's employee immediately. She stated that she returned to the store and met with Assistant Manager Erica. Erica provided her with an incident report form. Mrs. Sanchez filled out the form and kept a copy for her records. I photographed the form.

I informed Mr. and Mrs. Sanchez of the quarantine process and their right to seek prosecution. Mr. Sanchez requests that citations be issued for the incident and restitution be ordered by the court. I informed him that he needed to keep record of any out-of-pocket expenses. He stated that he understood.

On September 4, 2015 at 12:15 PM, Officer Meek 2015 responded to Olive Tree to follow up on a bite complaint, meet with the biting dog owner, and perform a health check on the dog. He arrived at the address and was able to meet with the dog owner, Ms. Cathy Hufford. He explained the reason for his visit which Ms. Hufford stated she remembered. He advised Ms. Hufford that he needed to perform a health check on the biter dog described as long haired white with black as well as issue citations requested by the bite victim. Ms. Hufford advised him that the victim stated he was not pressing charges and that the matter was closed. He advised Ms. Hufford that he understood but he was still going to issue citations and perform a health check. He again described the dog that bit and Ms. Hufford advised him that the dog named Daisy had nothing to do with the bite. Ms. Hufford advised him that Daisy does not have anything to do with the complaint.

Ms. Hufford then provided him with her AZDL. He issued Ms. Hufford the appropriate citations. He explained to Ms. Hufford that with the citations she would need to appear in court and provided her with the date. Ms. Hufford stated she understood her need to appear and signed the citations.

He then asked to see the dog described as the biter. Ms. Hufford produced a small Shih Tzu mix named Daisy. Daisy appeared bright, alert and responsive with no signs of rabies. He then concluded his meeting with Ms. Hufford.

Officer Meek returned to PACC to complete his notes at the end of his shift. I asked to speak with him about the call. I advised him that I had received an email from the victim on the day in question. I showed him the photographs of the dogs. One of the dogs that were photographed was not the dog Ms. Hufford showed him. He then voided the citations he had issued and we agreed that I would return to the property and issue for the correct dogs.

On September 8, 2015 at 3:21 PM, I, Officer Hinte 2068, arrived at Olive Tree. I met with dog owner Cathy Hufford. I informed her that I needed to conduct a health check on the second dog that was involved in the bite incident.

WC 9

I described the dog as a black terrier with white marking. She brought out adult male Baby Dog, which matched the dog in the photograph sent to me by the victim. Baby Dog appeared free of any signs or symptoms of rabies. I photographed him for the record. I inquired about rabies vaccination and license for Baby Dog. Ms. Hufford showed me his license tag: #208161. I found an expired license under Ms. Hufford's neighbor at Olive Tree. She stated that the neighbor had given her the dog six months ago. I explained that I would need to re-issue the citations for the correct dog. Ms. Hufford stated that she understood. I issued Ms. Hufford citations in Marana for 2x leash law, 1x biting animal, 1x biting animal (attempt), 2x neglect-tie out, and 2x neglect- no water. I explained her court date, time and location. She stated that she understood, signed, and received her copy. I then issued Ms. Hufford a citation in the County for 1x no license. I explained her court date, time, and location. She stated that she understood, signed, and received her copy. I informed her that her previous citations from Officer Meek can be discarded as they are now void.

After leaving the property, dispatch informed me via radio that Ms. Hufford had called and requested that I speak with her. I called Ms. Hufford via my personal cell phone. She asked if anything further would happen to Baby Dog, concerned that he would be impounded or euthanized. I informed her that at this time, the case would be closed and she would be dealing with the court system as the responsible party. She stated that she understood.

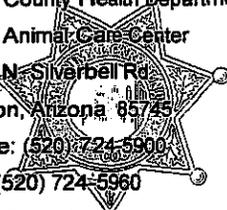
Officer's Signature: 

Date: 9/9/15

WC 10

INVESTIGATION REPORT

Pima County Health Department
 Pima Animal Care Center
 4000 N. Silverbell Rd
 Tucson, Arizona 85745
 Phone: (520) 724-5900
 Fax: (520) 724-5960
 www.pimaanimalcare.org



SUSPECT Alexandro Garcia Luna				ACO NAME / BADGE # Walton #1925		COMPLAINT NUMBER A15-176556	
SUSPECT'S ADDRESS 1st Guy Street							
ZIP		CITY Tucson		STATE AZ		RESIDENCE PHONE NUMBER	
SUSPECT'S BUSINESS ADDRESS Silverbell Road							
ZIP		CITY Tucson		STATE AZ		BUSINESS PHONE NUMBER	
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES NO

LOCATION OF INCIDENT Guy Street				DATE AND TIME REPORTED 8/5/15 / 1445		DATE AND TIME OCCURRED 8/5/15 / 1545	
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WASTE OTHER (EXPLAIN) <input type="checkbox"/>							

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME D. Windauer			D.O.B		RESIDENCE PHONE NO.		BUSINESS PHONE NO. 724-5900	
---	--	--	-------	--	---------------------	--	---------------------------------------	--

I WAIVE "upon request" rights in this case.

VICTIM'S ADDRESS				ZIP		CITY		STATE	
------------------	--	--	--	-----	--	------	--	-------	--

REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-226 (B)

VICTIM'S BUSINESS ADDRESS 4000 North Silverbell Road				ZIP 85745		CITY Tucson		STATE AZ	
--	--	--	--	---------------------	--	-----------------------	--	--------------------	--

NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)

DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DANGEROUS CASE NUMBER		OTHER AGENCY CASE # 150805180 <input checked="" type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:	
---	--	--	--	-----------------------	--	---	--	--	--

ADDRESS AND PHONE NUMBER SAME AS VICTIM

<input type="checkbox"/> VIOLATION		BITE SEVERITY:		TREATED BY		PHONE NUMBER		DATE QUARANTINED		PACC <input type="checkbox"/>	
<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:						RELEASE DATE:		VET <input type="checkbox"/>	

RELATIONSHIP TO VICTIM

VET CLINIC				PHONE NUMBER		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/>		UTQ <input type="checkbox"/>	
------------	--	--	--	--------------	--	---	--	------------------------------	--	------------------------------	--

PHONE NUMBER

LAWFUL REPRESENTATIVE ADDRESS

CLINIC'S ADDRESS				QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	
------------------	--	--	--	--	--	------------------------------------	--

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

3 RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO Walton #1925		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS	
--	--	-----------------------------------	--	--	--	----------------------	--	--------------------------	--

CODE/ORD VIOLATED 6.04.110(B)(5)				CITATIONS/NUMBERS 73841 (A)				REVIEWED BY 2002 Konst 8/6			
								BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Boxer VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Churro	Brindle/white	M	7m				N	A529705
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

WITNESS 1	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

WC 10



INVESTIGATION REPORT

Activity Number: A15-176556

ACO Name & Badge: Windauer #1984

On August 5, 2015 at approximately 1545 hours I, Officer Windauer #1984 met with Pima County Sheriff's Deputy Bolasky #7312 (case #150805180) at Guy Street reference a dog on tie out complaint. I was told by Deputy Bolasky that he had already gone to the front door and gotten no response. We entered the property which had field fencing on property sides and strands of wire across the front with no front gate. I saw on the westside of the driveway as we walked in a large tree with a large brindle boxer on a 8-10 foot long nylon leash and chain tie out around the large tree.

I saw the dog was in good condition and not in any distress. The dog had access to dirty water in a 5 gallon bucket at one end of the chain's circumference and a small bowl of kibble at the opposite end. I saw no shelter was available but there was adequate shade at this time of the day for the dog from the tree.

I took several pictures after knocking at manufactured home's side door and not getting any response. I then impounded the dog and took a few more pictures. I posted a doorknocker advising of impoundment on the side door.

On August 6, 2015 at approximately 1315 hours Officer Walton #1925 met with the dog's owner Alexandro Luna at the Pima Animal Care Center attempting to redeem their dog. They were advised of what had occurred and accepted a citation for the dog being on a tie out. This occurred at our shift change and I met with the owners at the end of the meeting. The dog was released to owner.

Officer's Signature:

OWindauer #1984

Date:

8/6/15



PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD • TUCSON, AZ 85745
(520) 724-5900 FAX (520) 724-5960
www.pimaanimalcare

MEMORANDUM

TO: Marcy Flanagan, Deputy Director Health Department
FROM: Neil Konst, Animal Care Field Supervisor *NK*
DATE: 10/01/15
RE: Dangerous dog cases for September 2015

Pima:

1. A15-166785 Gonzales; A dog named Sonny was declared dangerous by Investigator Klein who is monitoring compliance.
2. A14-162579 Ramsey; A dog named Smidge was declared not dangerous by Investigator Eckelbarger.

Tucson:

3. A14-144950 Gonder; On 09/14/15 Judge Chayet in Tucson City Court deemed two dogs named Ginger and Blue Vicious. Investigator Klein is monitoring compliance.
4. A15-177657 Collins; A dog named Rufus attacked and killed another animal. Rufus was declared Dangerous by Investigator Eckelbarger, who is monitoring compliance.
5. A15-178009 Armendariz; A dog named Cheech was declared Dangerous by Investigator Eckelbarger, who is monitoring compliance.
6. A15-179180 Marsden; Two dogs named Alex and Little Buddy were declared Dangerous by Investigator Eckelbarger, who is monitoring compliance.
7. A15-178040 Phillips; On 02/09/15 Judge Pollard in Tucson City Court declared dogs named Nellie and Ruger Vicious. Investigator Klein is monitoring compliance.
8. A15-179240 Caldwell; A dog named Molly is declared Dangerous by Investigator Klein. Molly was signed over to PACC by owner and euthanized.
9. A14-150324 Marble; On 6/22/15 the owner of two dogs named Sadi and JJ reached a plea agreement in Pima County Justice Court. The dogs Sadi and JJ were found Not Dangerous by investigator Klein.

COPY

#1

INVESTIGATION REPORT Pima County Health Department Pima Animal Care Center 4000 N. Silverbell Rd Tucson, Arizona 85745 Phone: (520) 243-5900 Fax: (520) 243-5960 www.pimaanimalcare.org		SUSPECT Misa Tania McBride Gonzales			ACO NAME / BADGE # X. Delgadillo #2047		COMPLAINT NUMBER A15-166785			
SUSPECT'S ADDRESS		BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			CODE IF OTHER :					
ZIP	CITY	RESIDENTIAL PHONE NUMBER		CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>						
SUSPECT'S BUSINESS ADDRESS		DRIVERS LICENSE								
ZIP	CITY	STATE	BUSINESS PHONE NUMBER							
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN			
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT		DATE AND TIME REPORTED 02/27/15 / 12:05		DATE AND TIME OCCURRED 02/27/15 / 12:00				
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>		VICTIM OR FORMAL ASSISTANT NAME		D.O.B	RESIDENCE PHONE NO	BUSINESS PHONE NO.		
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS		ZIP	CITY	STATE				
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS		ZIP	CITY	STATE				
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	RESTITUTION REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:			
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input checked="" type="checkbox"/> VIOLATION		BITE SEVERITY: 2		TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input checked="" type="checkbox"/>	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: Left Forearm		RELEASE DATE: 02/07/15		VET <input type="checkbox"/>	HOME <input type="checkbox"/>	
PHONE NUMBER		VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/>		UTQ <input type="checkbox"/>	
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS		QUARANTINE 10 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		FRA HEAD# <input type="checkbox"/>				
		3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO X. Delgadillo #2047		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED 6.04.30, 6.04.120(B) (2)		CITATIONS/NUMBERS 74068		REVIEWED BY DT (911)		3-24-15		BOND YES <input type="checkbox"/> NO <input type="checkbox"/>
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
German Shepherd VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Zero	Brown/Black	F	A		L15-244803	1215380A		512976
German Shepherd VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Sonny	Brown/Black	M	A		L15-244804	1215393A		512977
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #		
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #		



INVESTIGATION REPORT

Activity Number: A15-166785

ACO name & Badge: X. Delgadillo #2047

On March 1, 2015 at approximately 19:00hrs Officer Robeldo #1990 met with the bite victim, Mrs. . She stated that on February 27, 2015 at approximately 12:00pm, she was walking her dog on leash to the community park on Rock Peak and Amber Rock. She said as she approached the park, she noticed two teen age boys on the swings and two shepherds off leash at park. Ms. stated this was not the first time she has seen these boys and dogs off leash. As she approached the park, the dogs got up and went after her dog. She explained that the larger of the two dogs, attacked her dog and bit the dog on the back of the neck. Ms. then tried to get the shepherd off her dog and was bitten on her arm. One of the boys ran away and a gentleman pulled up with the boy and got the shepherds and didn't want to speak to Mrs. and left the area. Ms. witnessed the gentleman drive away in a gold colored car. Ms. was explained third party citations; she is requesting that the dog owner be cited and is also requesting restitution if we find dog owner.

On March 7, 2015 at approximately 18:43 hrs Officer Windauer #1984 met with Ms. and her dog and took pictures of the wounds. Her dog-Ragsdale is deaf who adopted from PACC, L14-224351. Officer Windauer viewed a vet bill from Animal Hospital which totaled \$617.61. While the outer injuries of the dog appeared minor they did x-rays of the lungs, etc. Ms. had located the attacking dogs at and had seen both of the dogs in the back yard. Ms. requests citations for restitution of vet bills.

Officer Windauer then went to dog owners residence and she realized she had been here previously but had been unable to capture dog or make contact with owner. Officer Windauer met with a young woman who said she was the caretaker while owner was out of town. She also indicated it would be several plus days before owner returned. I asked to see dogs and she met with me and the dogs at north west corner of the residence but the dogs were extremely nervous and didn't wait and didn't really like the flash from the camera. She was told the larger of the two dogs wasn't the female dog. While trying to get pics of dogs, the caretaker called the owner on her cellphone and he told her not to allow pictures so she went inside.

#1

Officer Windauer posted a doorknocker on the front door with the DD box checked and advised her dogs were not to be moved, given away or disposed of without our permission.

On March 11, 2015 at approximately 18:09 I, Officer Delgadillo #2047, arrived to [redacted] in reference to leash law and biting animal complainant.

I met with Misa Gonzales and I advised her of the purpose of my visit. She asked what I needed today. I asked her for proof of license and rabies vaccination for both dogs. She provided current rabies vaccinations and current license for both dogs. I advised her that the bite victim was requesting third party citations for leash law and biting animal. She stated that her children told her that the dogs did not bite the dog or the woman and that the dogs did lunge in defense of the children because the children told her the woman was using profanity and screaming at them. I explained third party citations to her and also advised her that the victim is requesting restitution for vet costs and her medical bill. Ms. Gonzales became upset and stated that she has witnesses to the event and that they had offered the victim medical at the time and she declined. I advised her again of the victims' rights regarding requesting third party citations. I then photographed the both dogs.

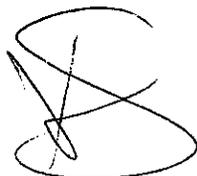
Ms. Gonzales was cited into Pima County Justice Court for the following violations:

Leash Law and Biting Animal for Sonny, A Male brown and black German Shepherd and Leash Law for Zero, a female Brown and Black German Shepherd.

Ms. Gonzales signed her citations; received a copy; was advised of the court date and time; she was provided the new court address as well.

I then met with the Bite Victim, [redacted] I provided her the photos of the dogs and she stated that the biting dog was the male, Sonny and she identified him via the picture I provided. Ms. [redacted] also provided me with a copy of medical bills which totaled \$617.61. I advised her of the court date and time as well.

Officer's Signature:



Date:

3/24/15

#1



PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD. TUCSON, AZ 85745
(520) 724-5900 FAX (520) 724-5960
www.pima.gov/animalcare

CASE NO: A15-178696
OWNER: MISA GONZALES
ANIMAL NAME: Sonny A512977

ADDRESS: _____
SEX: m BREED: G. SHEP.
COLOR: BLACK TAN DATE: 9-18-15

EVALUATION CRITERIA

REPORTED BITES:		
NON-VIOLATION BITE	+ 3	_____
VIOLATION-BITE	+ 6	<u>+ 1e</u>

SEVERITY OF INJURY TO HUMANS:		
(Check One Factor Only Per Victim)		
NO BREAK IN SKIN	+ 1	_____
BREAK IN SKIN OR BRUISING	+ 2	_____
MEDICAL CARE (RELEASED)	+ 3	<u>+ 3</u>
MULTIPLE BITES-SINGLE INCIDENT	+ 4	_____
BIT DOWN AND SHOOK VICTIM	+ 4	_____
MEDICAL CARE (HOSPITALIZATION)	+ 5	_____

Animal Complaints or Violations:		
LEASH LAW CITATIONS	+ 2	<u>+ 2</u>
LEASH LAW COMPLAINTS	+ 1	_____
ATTEMPTED BITE CITATIONS	+ 2	_____
ANIMAL ATTACK CITATIONS	+ 3	_____
OTHER CITATIONS / OR COMPLAINTS	+ 1	_____

SEVERITY OF INJURY TO ANIMALS:		
ATTACK WITH NO INJURY	+ 1	_____
INJURIES TREATED BY OWNER	+ 2	_____
VET CARE (1 To 2 Visits)	+ 3	<u>+ 3</u>
EXTENSIVE VET CARE (>2 VISITS)	+ 4	_____
INJURIES RESULTED IN DEATH	+ 5	_____

CONFINEMENT MEASURES: (Check one factor only)		
(Primary Method of Confinement at the time of the incident)		
SECURE FENCE/WALL AND GATES	- 5	_____
INADEQUATE FENCING OR GATES	+ 5	<u>+ 5</u>
<u>NOT CONTROLLED ON LEASH</u>		
OWNER ACCOUNTABILITY / RESPONSIBILITY:		
REPAIRED DEFICIENT CONFINEMENT	- 3	<u>- 3</u>
ANIMAL IS NEUTERED / SPAYED	- 1	_____
OWNER AWARE OF ANY AGGRESSION	+ 1	_____
OWNER FAILED TO REPAIR CONFINEMENT	+ 5	_____
CURRENTLY LICENSED LIC # <u>244821</u>	- 1	<u>- 1</u>
NO CURRENT LICENSE	+ 1	_____
NO CURRENT RABIES VACCINATION	+ 1	_____

NEIGHBOR COMMENTS (Scored by Majority Opinion):		
(Two or More Neighbors Interviewed)		
ANIMAL NEVER OBSERVED AT LARGE	- 3	_____
ANIMAL NOT OBSERVED AGGRESSIVE	- 3	_____
ANIMAL OBSERVED AT LARGE <5X/YR	+ 1	<u>+ 1</u>
ANIMAL OBSERVED AT LARGE >5X/YR	+ 2	_____
ANIMAL OBSERVED BEING AGGRESSIVE	+ 2	<u>+ 2</u>

DOGS BEHAVIOR: (If Observed by Officer)		
ANIMAL BEHAVES AGGRESSIVELY	+ 2	_____
ANIMAL NOT AGGRESSIVE	- 2	<u>- 2</u>
ANIMAL SHOWS UNSAFE BEHAVIOR	+ 1	_____

Confinement / Fencing:

THE BACKYARD IS CONFINED BY A WALL THAT RANGES FROM 5 1/2 FEET TO 6 FEET TALL. THE GATE IS NEW. IT IS 8 FEET TALL AND HAS SECURE METAL LATCHES.

General Comments:

I FOUND ONE REPORTED INCIDENT. SONNY WAS IDENTIFIED AS THE DOG THAT BIT A HUMAN AND THEIR DOG WHILE SONNY WAS IN VIOLATION OF THE LEASH LAW. SONNY IS DEEMED DANGEROUS.

ELC

OFFICER # 1926

TOTAL SCORE: + 16

A SCORE OF TEN POINTS OR HIGHER SHALL BE DEEMED A DANGEROUS ANIMAL

* DANGEROUS
____ NOT DANGEROUS

We have determined that your dog displays or has a tendency, disposition, or propensity to injure, bite attack, chase or charge, OR attempt to injure, bite, attack, chase or charge a person or domestic animal in a threatening manner OR bare its teeth or approach a person or domestic animal in a threatening manner City Code 4-13 / County Code 6.04.150. The owner has ten (10) days in the City, five (5) days (County & other jurisdictions) as to appeal the declaration of dangerous by filing a request for a dangerous dog hearing, providing the dog has not been declared vicious by a court. The owner may obtain this form at PACC IN PERSON.

COPY

#2

INVESTIGATION REPORT Pima County Health Department Pima Animal Care Center 4006 N. Silverbell Rd. Tucson, Arizona 85718 Phone: (520) 724-5960 Fax: (520) 724-5960 www.pimaanimalcare.org		SUSPECT Irene Marie Ramsey				ACO NAME / BADGE # Windauer #1984		COMPLAINT NUMBER A14-162579		
		SUSPECT'S ADDRESS				BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>				
		ZIP	CITY	STATE	RESIDENCE PHONE NUMBER		CODE IF OTHER : 2L			
		SUSPECT'S BUSINESS ADDRESS				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>				
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE					
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN			
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		LOCATION OF INCIDENT			DATE AND TIME REPORTED 12/25/14 / 1515		DATE AND TIME OCCURRED 12/25/14 / 1500			
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>										
<input type="checkbox"/> I CHOOSE "upon request" rights in this case	VICTIM/COMPLAINANT NAME				D.O.B		RESIDENCE PHONE NO.		BUSINESS PHONE NO.	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.	VICTIM'S ADDRESS						ZIP	CITY	STATE	
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)	VICTIM'S BUSINESS ADDRESS						ZIP	CITY	STATE	
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)	DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # 141225140 <input checked="" type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:			FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:			
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input type="checkbox"/> VIOLATION		BITE SEVERITY: NHB		TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/>		
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:				RELEASE DATE:	VET <input type="checkbox"/>		
PHONE NUMBER	VET CLINIC				PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/>		
LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS				QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		FRA HEAD#			
	3 RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO Windauer 1984		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS		
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	CODE/ORD VIOLATED 6.04.030, 6.04.120(B)(2), 6.04.070, 11-1010(A)						REVIEWED BY 2002 KONST 12/27			
	CITATIONS/NUMBERS 73364 A-E, 73365 A						BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Pit bull mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Smidge	Blue/white	M	1.5		cited	cited	N	A505421
Pit bull mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Lucky	Brn/tan	F	4		cited	valid	N	A315800
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
WITNESS 1 Amanda Joseph	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB 3-19-75	ADDRESS 4756 W Bluebell Way			RESIDENCE PHONE # 520-576-8441		BUSINESS PHONE #		
WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS			RESIDENCE PHONE #		BUSINESS PHONE #		
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS			RESIDENCE PHONE #		BUSINESS PHONE #		
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS			RESIDENCE PHONE #		BUSINESS PHONE #		

#2



INVESTIGATION REPORT

Activity Number: A14-162579

ACO Name & Badge: Windauer #1984

On December 25, 2014 at approximately 1602 hours, I, Officer Windauer met with Pima County Sheriff Deputy Knodle #7837 and a Sergeant who was overseeing area at [redacted]. I was advised the attacking dogs' owners were now present and had the dogs in the back of their vehicle. I was also told the attacking dog had had blood on its feet. I requested before meeting the dog owner, to meet with the victim dogs owners. I then followed the Deputy to [redacted].

At that address I spoke with [redacted] and met their two 8 month black dogs that had been involved in incident. I was told at approximately 1500 hours today, the family had been walking the 2 dogs on leash past [redacted] when two loose pitbulls, one-silver , one-brown, ran out from between the houses. The silver dog attacked one of their dogs. Mrs. [redacted] said she had thought the silver dog was going after her daughter and then their own dog got in the way. I was told the brown dog did nothing but bark at them. They said that other neighbors then came up and helped get the dogs separated. I then asked if their dog was injured. The [redacted] examined their 2 dogs in front of us but found no injuries on either dog- no source of blood mentioned earlier. The two black dogs did not appear traumatized by the incident. I asked if they wished to pursue prosecution. At first they couldn't agree on that but they finally decided to pursue prosecution. I then returned to the dogs' owners location.

I met with dogs' owner Irene Ramsey and her dogs, Smidge-the blue with white and Lucky-the brown with tan. I took pictures of the dogs. I advised of the complaint filed against her. Ms. Ramsey accepted citations for the incident-the 2 dogs being at large and Smidge biting the other dog and also No License on both dogs and No Rabies Vaccination on the dog Smidge. I was advised the dogs had escaped their walled yard because their daughter had not latched gate properly. I saw the source of blood was from the outer toenails on all 4 feet of the dog-Smidge.

Officer's Signature:

Date:

12/26/14

#2



PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD. TUCSON, AZ 85745
(520) 724-5900 FAX (520) 724-5960
www.pima.gov/animalcare

CASE NO: A15-177716
OWNER: Irene Ramsey
ANIMAL NAME: Smidge

ADDRESS: _____
SEX: M BREED: Pitbull
COLOR: Blue/white DATE: 8-30-15

EVALUATION CRITERIA

REPORTED BITES:

NON-VIOLATION BITE	+ 3	_____
VIOLATION-BITE	+ 6	_____

SEVERITY OF INJURY TO HUMANS:

(Check One Factor Only Per Victim)

NO BREAK IN SKIN	+ 1	_____
BREAK IN SKIN OR BRUISING	+ 2	_____
MEDICAL CARE (RELEASED)	+ 3	_____
MULTIPLE BITES-SINGLE INCIDENT	+ 4	_____
BIT DOWN AND SHOOK VICTIM	+ 4	_____
MEDICAL CARE (HOSPITALIZATION)	+ 5	_____

Animal Complaints or Violations:

LEASH LAW CITATIONS	+ 2	<u>+2</u>
LEASH LAW COMPLAINTS	+ 1	<u>1</u>
ATTEMPTED BITE CITATIONS	+ 2	_____
ANIMAL ATTACK CITATIONS	+ 3	<u>3</u>
OTHER CITATIONS / OR COMPLAINTS	+ 1	_____

SEVERITY OF INJURY TO ANIMALS:

ATTACK WITH NO INJURY	+ 1	<u>1</u>
INJURIES TREATED BY OWNER	+ 2	_____
VET CARE (1 To 2 Visits)	+ 3	_____
EXTENSIVE VET CARE (>2 VISITS)	+ 4	_____
INJURIES RESULTED IN DEATH	+ 5	_____

Confinement / Fencing:

6-8 ft Block wall / One locked gate

General Comments:

The dog Smidge scored a +1 and is therefore not declared dangerous.

OFFICER # 1942 Edelberger

TOTAL SCORE: +1

A SCORE OF TEN POINTS OR HIGHER SHALL BE DEEMED A DANGEROUS ANIMAL

We have determined that your dog displays or has a tendency, disposition, or propensity to injure, bite attack, chase or charge, OR attempt to injure, bite, attack, chase or charge a person or domestic animal in a threatening manner OR bare its teeth or approach a person or domestic animal in a threatening manner City Code 4-13 / County Code 6.04.150. The owner has ten (10) days in the City, five (5) days (County & other jurisdictions) as to appeal the declaration of dangerous by filing a request for a dangerous dog hearing, providing the dog has not been declared vicious by a court. The owner may obtain this form at PACC IN PERSON.

____ DANGEROUS
o NOT DANGEROUS

COPY

3

INVESTIGATION REPORT

Prima County Health Department
Prima Animal Care Center
 4006 N. Silverbell Rd
 Tucson, Arizona 85718
 Phone: (520) 243-5930
 Fax: (520) 243-5930
 www.primaanimalcare.org



SUSPECT Jatai Rashaad Gonder				ACO NAME / BADGE # Robert Tovar 2021 Sylvia Adkins 1961		COMPLAINT NUMBER A14-144950	
SUSPECT'S ADDRESS _____							
ZIP		CITY		STATE		RESIDENCE PHONE NUMBER	
SUSPECT'S BUSINESS ADDRESS Same as above							
ZIP		CITY		STATE		BUSINESS PHONE NUMBER	
SEX		WEIGHT		HEIGHT		DOB	
EYES		HAIR COLOR		ORIGIN		SSN	

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				LOCATION OF INCIDENT _____		DATE AND TIME REPORTED 04/05/14 / 1825		DATE AND TIME OCCURRED 04/02/14 / 1700	
<input type="checkbox"/> FOOD		<input type="checkbox"/> WATER		<input type="checkbox"/> SHELTER		<input type="checkbox"/> INJURED/ILL		<input type="checkbox"/> VENTILATION	
<input type="checkbox"/> ABANDONED		<input type="checkbox"/> TIEOUT		<input type="checkbox"/> BEATEN		<input type="checkbox"/> WASTE		<input type="checkbox"/> OTHER (EXPLAIN)	

<input checked="" type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME _____		D.O.B _____		RESIDENCE PHONE NO. _____		BUSINESS PHONE NO. _____	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS _____							
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. 8 13-4405 (B) and 8 8-288 (B)		VICTIM'S BUSINESS ADDRESS _____							

NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DANGEROUS CASE NUMBER		OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:	
--	--	--	--	---	--	------------------------------	--	--	--	---	--

<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input checked="" type="checkbox"/> VIOLATION		BITE SEVERITY: 3		TREATED BY		PHONE NUMBER		DATE QUARANTINED		PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: Arm & Leg		RELEASE DATE:		OWNER KNOWS OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/> UTQ <input checked="" type="checkbox"/>			
PHONE NUMBER		VET CLINIC		PHONE NUMBER		OWNER KNOWS OF BITE		FTQ <input type="checkbox"/> UTQ <input checked="" type="checkbox"/>					

LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#			
3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO Robert Tovar #2021		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED 4-97; 4-7(2)(B)		REVIEWED BY <i>2002 Konst 11/21</i>		BOND YES <input type="checkbox"/> NO <input type="checkbox"/>			
CITATIONS/NUMBERS 73627									

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	VICTIM OWNER	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
German Shep X	<input checked="" type="checkbox"/>	Ginger	Bk/Tan	S			L14-225142	873213A	N	A347010
Pit Bull X	<input checked="" type="checkbox"/>	Blue	Blue	M					N	A477026
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									

WITNESS 1 M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 2 M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 3 M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4 M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

#3



INVESTIGATION REPORT

Activity Number: A14-144950

ACO name & Badge: Robert Tovar #2021

On April 5, 2014 at 1830 hours the bite victim, Mr. _____ called the Pima Animal Care Center to report that he was bitten by two dogs while making a delivery at a residence. Mr. _____ said that the two dogs were medium to large in size.

On April 13, 2014 at 1833 hours Officer Adkins #1961 reported that she arrived at _____ and met with _____ who stated he is a _____ driver and was bit while delivering a package at _____ on April 2, 2014 around 17:00 hours. Mr. _____ told Officer Adkins that he knocked on the security door that was closed, however, the main door was open and a mixed breed dog was able to open the security door. He stated that when the door opened a pit bull and mixed breed dog ran out and attacked him. Mr. Lehlring said that the mixed breed dog bit him on his right thigh and the pit bull bit him on his left forearm and right buttocks. Mr. _____ stated the dog owner, _____, helped him clean the bites and gave him all her information. He added that he would like to settle this matter out of court if possible. Mr. _____ said that he spent a few days in the hospital due to infection setting in from the bites. At this time Mr. _____ said that he is not requesting citations but has hired a lawyer. Officer Adkins said that _____ advised Mr. _____ he has up to a year from the date of the bite to have citations issued if he changes his mind.

On April 14, 2014 at 1753 hours Officer Henderson #1904 met with Ms. _____ at _____ Dr. He reported that there were two dogs in the home at this time. One dog, "Ginger", belongs to Ms. _____, and the other dog, "Blue", who was owned by Ms. _____ uncle. Officer Henderson reported that "Blue" was to be picked up tomorrow by it's owner, Mr. Paul Gonder. He also stated that both dogs were healthy and active. Officer Henderson said that "Ginger" has a current rabies vaccination and that he cited Ms. Feldman for No License for "Ginger". He provided Ms. _____ man with a license brochure to give to Mr. Paul Gonder when he picks up "Blue."

#3

On November 14, 2014 the Pima Animal Care Center received a fax from Mr. [redacted] where he requested to reopen the call and issue citations to the dog owner.

On November 14, 2014 at 0916 hours I, Officer Tovar #2021, arrived at [redacted]. I did not receive an answer at the door and left a Notice asking for the dog owner to call the Pima Animal Care Center with a good time to meet.

On November 16, 2014 at [redacted] Dr I, Officer Tovar #2021, met with Mr. Jatai Gonder who said that he is Ms. [redacted] fiance and also lives at this residence. I advised Mr. Gonder of the reason for my visit. He told me that Ms. [redacted] was not home and that he would take the citations as he was present at the time of the alleged incident. Mr. Gonder told me that the delivery man opened the security door himself while delivering packages to the house and that the dogs were inside of the house at the time the door was opened. I issued third party citations on behalf of the victim to Mr. Gonder for Leash Law and Biting Animal on both dogs, "Ginger" and "Blue." Mr. Gonder signed and received his copy of said citation. He told me that "Blue" was returned to his owner.

Officer's Signature: *Robert Tovar #2021* Date: *11-20-14*

#3

State of Arizona
 Plaintiff
 vs
JATAI RASHAAD GONDER
 Defendant

Docket #
CR 14138385

Agency #

SENTENCING MINUTE ENTRY

PLEA TRIAL

INTERPRETER

VICTIM NOTIFIED PRESENT

PA 1 OF 1

PLEA	CITATION	CV	CR	OFFENSE/VIOLATION	OFF DATE	JUDGMENT	DISPOSITION	DI	W	W/O
NG	XA0073627		X	LEASH LAW	04/02/14	G	PROB + 190			
NG	XB0073627		X	BITING ANIMAL	04/02/14	G	PROB + 380			
NG	XC0073627		X	LEASH LAW	04/02/14	G	PROB + 190			
NG	XD0073627		X	BITING ANIMAL	04/02/14	G	PROB + 380			
			X	FTA	06/29/15	SMTD		X		
				SENTENCING						
				AFTER APPEAL						
				CREDIT AMOUNTS	PAID	WHILE APPEAL	WAS PENDING			

PROBATION 18 TOTAL MONTHS 18 MONTHS OF UNSUPERVISED AND _____ MONTHS OF MONITORED PROBATION

CONDITIONS: REPORT TO PROBATION OFFICE TODAY WITHIN _____ HOURS OF JAIL RELEASE

VIOLATE NO LAWS HAVE NO CONTACT WITH _____

STAY AWAY FROM _____ OBTAIN PROOF OF _____

OTHER: 'BLUE' AND 'GINGER' ARE DECLARED VICIOUS - SEE ADDENDUM FOR COMPLIANCE REQUIREMENTS

PROOFS: DRIVERS LICENSE VEHICLE REGISTRATION 6 MONTHS PAID INSURANCE REPAIR DOG LICENSE

OTHER _____ BY _____ OR _____

FINE \$1,140.00 TODAY, OR THROUGH SENTENCE ENFORCEMENT OFFICE TIME PAYMENT FEE OF \$20.00

INSTALLMENTS ADD'L \$2000 SUSPENDED COMMUNITY SERVICE _____ HOURS, PROOF _____

ADMINISTRATIVE FEES WAIVED FOR COST OF APPOINTED COUNSEL

DUI PROCESSING FEES = _____ JAIL _____ X _____ = _____ TOTAL \$1,160.00

RESTITUTION IN AMOUNT OF _____ TO _____

INSTALLMENTS

JAIL TIME SERVED _____ DAYS WITH CREDIT FOR _____ DAY ALREADY SERVED

(REFERENCED COMMITMENT ORDER ATTACHED) SUSPEND _____ DAYS

BOND CONVERT TO FINE REFUND EXONERATE TO SURETY

I AGREE TO THE CONDITIONS OF PROBATION
 I have received a copy of this Minute Entry and Notice of Appeal

Defendant _____ DOB _____

Address _____ ZIP _____

QUASH WARRANT
 SET ASIDE CIVIL DEFAULT

I certify that the defendant's finger print was affixed on the reverse side of this document upon acceptance of this plea.

Nikki A. Chayet
 JUDGE

09/14/2015
 DATE

FILE DEFENDANT PROSECUTOR PROBATION OTHER PACC

(RevSL6/01)

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715-179409

PIR 5417

A347010 / A14-144950

COPY

#4

INVESTIGATION REPORT		SUSPECT Tanya Collins/ Ronnie Collins				ACO NAME / BADGE # 1942 Eckelbarger		COMPLAINANT NUMBER A15-177657	
Pima County Health Department Pima Animal Care Center 4000 N. Silverbell Rd. Tucson, Arizona 85745 Phone: (520) 243-5900 Fax: (520) 243-5960 www.pimaanimalcare.org		SUSPECT'S ADDRESS				BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
		ZIP		CITY		STATE		RESIDENCE PHONE NUMBER	
		APARTMENT & BUSINESS ADDRESS				CODE IF OTHER :			
		ZIP		CITY		STATE		BUSINESS PHONE NUMBER	
		SEX		WEIGHT		HEIGHT		EYES	
		HAIR COLOR		ORIGIN		DOB		SSN	
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		LOCATION OF INCIDENT				DATE AND TIME REPORTED 8-5-15 / 1301		DATE AND TIME OCCURRED 8-2-15 / 2045	
		<input type="checkbox"/> FOOD		<input type="checkbox"/> WATER		<input type="checkbox"/> SHELTER		<input type="checkbox"/> INJURED/ILL	
		<input type="checkbox"/> VENTILATION		<input type="checkbox"/> ABANDONED		<input type="checkbox"/> TIEOUT		<input type="checkbox"/> BEATEN	
		<input type="checkbox"/> WASTE		OTHER (EXPLAIN)					
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME 1942 Eckelbarger				D.O.B		RESIDENCE PHONE NO.	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS				ZIP		CITY	
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS 4000 N. Silverbell Rd				ZIP		CITY	
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DANGEROUS CASE NUMBER		OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:	
								FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:	
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:		TREATED BY		PHONE NUMBER	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:				DATE QUARANTINED	
PHONE NUMBER								RELEASE DATE:	
LAWFUL REPRESENTATIVE ADDRESS		VET CLINIC Southern Arizona Vet Clinic				PHONE NUMBER		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		CLINIC'S ADDRESS				QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITING ACO		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED						OTHER ADDITIONAL REPORTS	
		CITATIONS/NUMBERS						REVIEWED BY <i>2012 Konst 9/30</i>	
								BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME		COLOR		SEX		AGE	
G. Shep		Rufus		Black		M		4yr	
VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>									
Bishon/Poodle Mix		Brandi		Cream		F		A	
VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
WITNESS 1		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #	
WITNESS 2		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #	
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #	
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #	

#4



INVESTIGATION REPORT

Activity Number: A15-177657

ACO name & Badge: 1942 Eckelbarger

On 8-5-15 at 1307 hours [redacted] reported an animal attack in which his neighbor's G. Shepherd got loose and attacked his Bichon/poodle mix "Brandi" while in violation of the leash law. [redacted] dog was taken to the Southern Arizona Veterinary Hospital for treatment. Brandi then died as a result of her injuries.

On 8-17-15 at 1725 hours Officer Tovar (2021) responded to the complainants address at [redacted] where he met with Mr. and Mrs. [redacted]. Ms. [redacted] stated that she was working in her front yard with "Brandi" off leash in her unconfined front yard. She stated that when the neighbors arrived in their vehicle, their large G. Shepherd broke free from its owner and directly towards her dog Brandi. Ms. [redacted] stated that the G. Shepherd "Rufus" knocked over her sister causing her to hit her head against a brick pillar knocking her out. Her sister was transported via ambulance to Tucson Medical Center. Officer Tovar was shown photographs of Ms. [redacted] sister's injuries.

Ms. [redacted] said that the G. Shepherd then grabbed [redacted] wounding her in several places. Brandi was treated, but died the following day. Officer Tovar added a photograph of Brandi. The [redacted] had a vet bill totaling 7,795.00. No citations requested by the victim.

Officer Tovar then responded to the dog owner's residence at [redacted] where he spoke to Mrs. [redacted] who stated Rufus slipped out of his collar on the day of the incident. Rufus was current on license and rabies vaccination. Officer Tovar took photographs of Rufus then went back to the complainant's address where they positively identified Rufus as the attacking dog.

On 9-1-15 at 1445 hours I Investigator Eckelbarger (1942) responded to [redacted] where I met with dog owner, Ronnie Collins. I issued Mr. Collins the declaration of dangerous on Rufus. I advised that because Rufus attacked and killed another domestic animal, he is now automatically declared dangerous. I then went over the orders of compliance, 30 day compliance period ending 10-1-15, which he signed and received his copy of. I then went over the notice of disclosure, which he also signed and received his copy of.

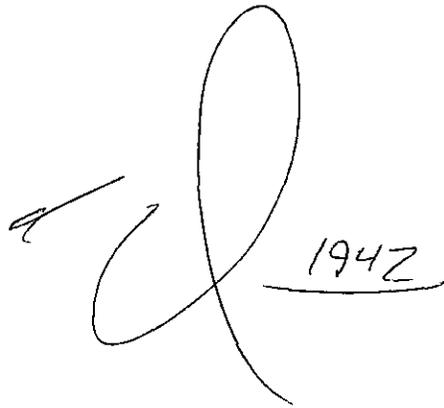
#4

I then inspected his confinement in the backyard, which consisted of a block wall approximately 7 feet high (sufficient without inclines) with 3 gates leading into the yard. The gap on the west side of the yard needs to be further secured. The confinement did appear secure for temporary confinement and we have no reports of the dog getting loose from his confinement.

On 9-16-15 the owner submitted proof of insurance.

I am currently monitoring the owner's compliance with the remaining orders.

Officer's Signature:

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal line and the number '1942' written below it.

Date: 9-20-15



#4

PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD. TUCSON, AZ 85745
(520) 243-5900, option 3 FAX (520) 243-5960
www.pimaanimalcare.org

COMPLAINT # A15-177657
OFFICER # P42 Edelberger
DATE: _____

DECLARATION OF DANGEROUS / VICIOUS ANIMAL

YOUR ANIMAL HAS BEEN DECLARED TO BE A DANGEROUS ANIMAL FOR THE FOLLOWING REASON(S):

- An animal can be declared a dangerous animal if it, without provocation, bites or otherwise causes injury to a person which results in significant medical intervention/treatment.
- An animal can be deemed dangerous if it, without provocation, kills or severely injures a domestic animal.
- An animal declared vicious by a magistrate shall be automatically deemed dangerous.

OFFICER COMMENTS:

The dog "Rufus" is declared dangerous as a result of attacking and killing another dog while in violation of the leash law.

P245255
OWNER: Tanya Collins
ADDRESS: _____
PHONE: _____

ANIMAL NAME: RUFUS
ANIMAL ID#: A338884
SEX: M COLOR: BLK BREED: G. Shep

NOTICE

YOUR ANIMAL HAS BEEN DECLARED TO BE DANGEROUS PURSUANT TO LOCAL JURISDICTION'S ORDINANCE / CODE .

If the dog has not been declared vicious by a court, you may appeal the declaration of dangerous. You have (5) days if cited in Pima County, Marana, Sahuarita or South Tucson; OR 10 days, if cited in Tucson; to appeal the declaration of dangerous by filing a request for a dangerous dog hearing. You may obtain the request form at PACC IN PERSON.

COPY

#5

INVESTIGATION REPORT

Pima County Health Department
 Pima Animal Care Center
 4000 N Silverbell Rd
 Tucson, Arizona 85745
 Phone: (520) 243-5900
 Fax: (520) 243-5960
 www.pimaanimalcare.org

SUSPECT Eric Armendariz				ACO NAME / BADGE # 1942 Eckelbarger		COMPLAINT NUMBER A15-178009	
SUSPECT'S ADDRESS				BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>			
ZIP	CITY	STATE	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT	DATE AND TIME REPORTED 8-31-15 / 1005	DATE AND TIME OCCURRED 8-31-15 / 0630
		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>		

<input type="checkbox"/> I CHOOSE "upon request" rights in this case	VICTIM/COMPLAINANT NAME		D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO.
<input type="checkbox"/> I WAIVE "upon request" rights in this case.	VICTIM'S ADDRESS		ZIP	CITY	STATE
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)	VICTIM'S BUSINESS ADDRESS		ZIP	CITY	STATE

NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)	DANGEROUS ASSESSMENT REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	RESTITUTION REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:	FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:
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<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input type="checkbox"/> VIOLATION	BITE SEVERITY:	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/>	VET <input type="checkbox"/>	HOME <input type="checkbox"/>
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:			
PHONE NUMBER	VET CLINIC Bernarda Vet Hospital		PHONE NUMBER 325-2997	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>		

LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS 2555 E. Broadway Blvd	QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	<input type="checkbox"/> FRA HEAD#		
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO 1942 Eckelbarger	PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER A15-177991	OTHER ADDITIONAL REPORTS A15-178240
	CODE/TRD VIOLATED 4-7 (2)(B), 4-97			REVIEWED BY Konst 9/3	
	CITATIONS/NUMBERS 74624 (A-C)			BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Pit-bull VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Cheech	Brown/white	M	8m		Impound		Ok	A533050
Pit-bull VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Benzimo	Blue/White	M	1.5y				Ok	A533096
DMH Cat VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>		White/brown	U	A				I	
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

WITNESS 1	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

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INVESTIGATION REPORT

Activity Number: A15-178009

ACO name & Badge:1942 Eckelbarger

On 9-3-15 at 1215 hours I Investigator Eckelbarger (1942) responded to [redacted] where I met with complainant, [redacted], who stated on 8-31-15 at approximately 0630 hours she let her cat on her front porch to go to the bathroom. She then went out for a walk and when she came back home she observed a brown pitbull and a gray and white pitbull on her porch. She stated the brown pitbull attacked and injured her cat. She stated the gray and white pitbull was trying to attack the cat, but didn't get of hold of it. She stated she took her cat for treatment at Bernarda Vet Clinic and has 786 dollar in bills. She requested citations, restitution, and a dangerous dog evaluation be conducted on the attacking dog. I then took photographs of her cat's injuries.

I then patrolled the area and initially did not observe any dogs matching the description, but I did find several complaints with matching descriptions of the dogs [redacted] (See A15-177991 and A15-178240) in our computer system. These complaints were also made around the same time as [redacted] incident.

While I was parked on the side of the road writing my report in the neighborhood, the attacking dog's owner, Eric Armendariz (DOB [redacted])(later identified as attacking dog owner), came up to my truck and asked me if I had found their lost Shit-zu mix since it went missing approximately 2 weeks prior. I advised he would want to go to the Pima Animal Care Center to check. I asked if he had any other dogs and he stated he owned a couple pitbulls, one white and one brown and white. I asked him if his other dogs have been getting out loose and he admitted that he has been having a problem with keeping them in the yard, stating they had chewed the fence/gate. He asked for suggestions on how to fix the problem. I then asked if he could show me his yard. I then followed him back to his home at [redacted] where I observed his dogs in the backyard. I gave him recommendations on how to prevent escape of his animals.

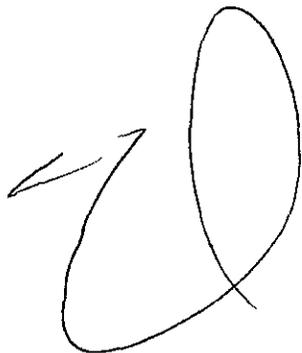
Mr. Armendariz had three dogs in his backyard; a brown and white male pitbull "Cheech", a blue/gray and white pitbull "Benzimo" male, and a white pitbull "Bubba" male. I took photographs of the three dogs and advised him

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that we received a report of a cat attack and his dogs matched the description given. I then went back and met with I who positively identified "Cheech" as the attack dog from a photograph. She also identified Benzimo as the 2nd dog trying to attack her cat.

I then went back to Mr. Armendariz' home and issued Mr. Armendariz citations for biting animal and leash law on Cheech and for leash law on Benzimo under City jurisdiction. Mr. Armendariz then signed and received his copies of the citations. I then impounded Cheech to be held at the Pima Animal Care Center pending a dangerous dog evaluation.

Officer's Signature:



1942

Date: 9-3-15

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PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD. TUCSON, AZ 85745
(520) 724-5900 FAX (520) 724-5960
www.pima.gov/animalcare

CASE NO: A15-178279
OWNER: Eric Armendariz
ANIMAL NAME: Cheech

ADDRESS: _____
SEX: M BREED: Pitbull
COLOR: Brown/white DATE: 9-6-15

EVALUATION CRITERIA

REPORTED BITES:		
NON-VIOLATION BITE	+ 3	_____
VIOLATION-BITE	+ 6	_____

SEVERITY OF INJURY TO HUMANS:		
(Check One Factor Only Per Victim)		
NO BREAK IN SKIN	+ 1	_____
BREAK IN SKIN OR BRUISING	+ 2	_____
MEDICAL CARE (RELEASED)	+ 3	_____
MULTIPLE BITES-SINGLE INCIDENT	+ 4	_____
BIT DOWN AND SHOOK VICTIM	+ 4	_____
MEDICAL CARE (HOSPITALIZATION)	+ 5	_____

Animal Complaints or Violations:		
LEASH LAW CITATIONS	+ 2	<u>+2</u>
LEASH LAW COMPLAINTS	+ 1	<u>+1 +1 +1</u>
ATTEMPTED BITE CITATIONS	+ 2	_____
ANIMAL ATTACK CITATIONS	+ 3	<u>+3</u>
OTHER CITATIONS / OR COMPLAINTS	+ 1	_____

SEVERITY OF INJURY TO ANIMALS:		
ATTACK WITH NO INJURY	+ 1	_____
INJURIES TREATED BY OWNER	+ 2	_____
VET CARE (1 To 2 Visits)	+ 3	_____
EXTENSIVE VET CARE (>2 VISITS)	+ 4	<u>+4</u>
INJURIES RESULTED IN DEATH	+ 5	<u>+5</u>

CONFINEMENT MEASURES: (Check one factor only)		
(Primary Method of Confinement at the time of the incident)		
SECURE FENCE/WALL AND GATES	- 5	_____
INADEQUATE FENCING OR GATES	+ 5	<u>+5</u>

OWNER ACCOUNTABILITY / RESPONSIBILITY:		
REPAIRED DEFICIENT CONFINEMENT	- 3	_____
ANIMAL IS NEUTERED / SPAYED	- 1	_____
OWNER AWARE OF ANY AGGRESSION	+ 1	_____
OWNER FAILED TO REPAIR CONFINEMENT	+ 5	<u>+5</u>
CURRENTLY LICENSED LIC # _____	- 1	_____
NO CURRENT LICENSE	+ 1	<u>+1</u>
NO CURRENT RABIES VACCINATION	+ 1	_____

NEIGHBOR COMMENTS (Scored by Majority Opinion):		
(Two or More Neighbors Interviewed)		
ANIMAL NEVER OBSERVED AT LARGE	- 3	_____
ANIMAL NOT OBSERVED AGGRESSIVE	- 3	_____
ANIMAL OBSERVED AT LARGE <5X/YR	+ 1	_____
ANIMAL OBSERVED AT LARGE >5X/YR	+ 2	<u>+2</u>
ANIMAL OBSERVED BEING AGGRESSIVE	+ 2	<u>+2</u>

DOGS BEHAVIOR: (If Observed by Officer)		
ANIMAL BEHAVES AGGRESSIVELY	+ 2	_____
ANIMAL NOT AGGRESSIVE	- 2	<u>-2</u>
ANIMAL SHOWS UNSAFE BEHAVIOR	+ 1	_____

Confinement / Fencing:
5 foot black wall damaged Gate

General Comments:
The dog "Cheech" scored a +30 and is therefore declared dangerous at this time

30

TOTAL SCORE: +30

OFFICER # 1942 Eckelbarger

A SCORE OF TEN POINTS OR HIGHER SHALL BE DEEMED A DANGEROUS ANIMAL

DANGEROUS
 NOT DANGEROUS

We have determined that your dog displays or has a tendency, disposition, or propensity to injure, bite attack, chase or charge, OR attempt to injure, bite, attack, chase or charge a person or domestic animal in a threatening manner OR bare its teeth or approach a person or domestic animal in a threatening manner City Code 4-13 / County Code 6.04.150. The owner has ten (10) days in the City, five (5) days (County & other jurisdictions) as to appeal the declaration of dangerous by filing a request for a dangerous dog hearing, providing the dog has not been declared vicious by a court. The owner may obtain this form at PACC **IN PERSON**.

COPY

#6

INVESTIGATION REPORT Pima County Health Department Pima Animal Care Center 4000 N. Silverbell Rd. Tucson, Arizona 85745 Phone: (520) 724-5900 Fax: (520) 724-5960 www.pimaanimalcare.org		SUSPECT Antonio Marsden				ACO NAME / BADGE # Attebery, 1929		COMPLAINT NUMBER A15-179180															
		SUSPECT'S ADDRESS				BITE XX WELFARE DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>																	
		ZIP		CITY		STATE		RESIDENCE PHONE NUMBER		CODE IF OTHER :													
		SUSPECT'S Mailing Address				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>		Driver's License/ IDENTIFICATION															
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES XX NO <input type="checkbox"/>		LOCATION OF INCIDENT				DATE AND TIME REPORTED 9/17/2015 1030 pm		DATE AND TIME OCCURRED 9/17/2015 0900 pm															
I CHOOSE "upon request" rights in this case		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/>		ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN)		RESIDENCE PHONE NO. BUSINESS PHONE NO.																	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS				ZIP		CITY STATE															
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS				ZIP		CITY STATE															
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		RESTITUTION REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		DANGEROUS CASE NUMBER		OTHER AGENCY CASE <input type="checkbox"/> SO <input checked="" type="checkbox"/> TPD 15-09170543 <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:													
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input checked="" type="checkbox"/> VIOLATION		BITE SEVERITY: 3		TREATED BY		PHONE NUMBER		DATE QUARANTINED 9/17/2015		PACC <input checked="" type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>											
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: Leg		PHONE NUMBER		OWNER KNOWS OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		RELEASE DATE 9/26/2015		FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>											
PHONE NUMBER		VET CLINIC				PHONE NUMBER		OWNER KNOWS OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>		LAWFUL REPRESENTATIVE ADDRESS											
CLINIC'S ADDRESS		QUARANTINE 10 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>				<input type="checkbox"/> FRA HEAD#		3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO Attebery, 1929		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER OTHER ADDITIONAL REPORTS									
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/DRO VIOLATED 4-B1 4-76 4-87 4-7(2) B				CITATIONS/NUMBERS 71599 70638		REVIEWED BY 9-18-15 DTH:911		BOND YES <input type="checkbox"/> NO <input type="checkbox"/>		VICTIM OR OWNER ANIMAL											
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME		COLOR		SEX		AGE		TAG COLOR		LICENSE #		VX CERTIFICATE #		COND		ANIMAL ID#					
Queensland heeler		Alex		Red/white		M		14		Impounded		N		A089806		VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>							
Queensland heeler mix		Little Buddy		White/red		M		4		Impounded		N		A534734		VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>							
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>																							
WITNESS 1		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #		WITNESS		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #	
WITNESS 2		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #		WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #	
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #		WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #	

#6



INVESTIGATION REPORT

Activity Number: A15-179180
ACO name & Badge: Attebery, 1929

On 9/17/2015 at around 1018 pm, I, Pima Animal Care Officer Attebery, 1929, Received phone call from Tucson Police Dispatch information of a bite at [redacted]. A tenant, Antonio Mardsen, at that address has 2 pit bull dogs that bit the property manager. Dogs were currently contained at this time but Tucson Police was on scene. Tucson Police Dispatcher gave me bite victim's information and agreed to have officer on scene call me.

At around 1030 pm I had yet to hear from Tucson Police so I called victim, [redacted] who was in an ambulance enroute to hospital. Per [redacted], she was at dog owner's residence to inform him of the problem of leaving his clothes outside. Dog owner opened apartment door and his 2 dogs managed to exit the apartment and went towards [redacted]. She tried to leave the scene but the 2 dogs ran up and bit her. [redacted] was unsure which dog bit her.

[redacted] stated that on 9/18/2015, she and the lawyer for the property were going to city court to have Antonio Mardsen evicted. She has no idea where Antonio Mardsen will be going. At this point in our conversation, ambulance had arrived at hospital and [redacted] could no longer talk with me.

At around 1058 pm, I arrived [redacted] to meet with Tucson Police and impound the dogs that bit [redacted] for quarantine purposes. I met with Tucson Police Officers Strowe #10508 and Mechtel #54171, who conveyed the same information regarding this biting incident that I had received from [redacted] except that she told officers that both dogs bit her. In addition, officers stated that [redacted] wanted cites issued to dog owner for dogs being loose and biting her, medical restitution and dangerous dog evaluations on the 2 dogs.

I then met with Antonio Mardsen and explained purpose of my visit. Antonio Mardsen stated that dogs were current on their rabies shots and had current dog licenses but was unable to provide documentation to prove it. Antonio has lived at this address for 30 days and has had the dogs for at least 4 years.

I cited Antonio Mardsen for no dog license, no current rabies shot, leash law violation and biting animal on both dogs. Dogs were then impounded for rabies

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quarantine.

On 9/18/2015 at around 0807 am, Pima Animal Care Officer Meeks #2015, met with [redacted] at her residence regarding this biting incident. Officer Meeks took photos of her injuries. Cecilla Paskiewicc stated that she believed the incident to have occurred around 0900 pm on 9/17/2015. She also told officer that the dogs slid outside apartment past Antonio Marden and was bitten multiple times on the legs.

Officer's Signature: 

Date: 9/19/2015

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PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD. TUCSON, AZ 85745
(520) 724-5900 FAX (520) 724-5960
www.pima.gov/animalcare

CASE NO: A15-179389
OWNER: Antonio Marsden
ANIMAL NAME: Alex

ADDRESS: _____
SEX: M BREED: Q. Heeler
COLOR: Red White DATE: 9-24-15

EVALUATION CRITERIA

REPORTED BITES:

NON-VIOLATION BITE +3
VIOLATION-BITE +6 76+6
AO-039217

SEVERITY OF INJURY TO HUMANS:

(Check One Factor Only Per Victim)

NO BREAK IN SKIN +1
BREAK IN SKIN OR BRUISING +2 +2
MEDICAL CARE (RELEASED) +3
MULTIPLE BITES-SINGLE INCIDENT +4 +4
BIT DOWN AND SHOOK VICTIM +4
MEDICAL CARE (HOSPITALIZATION) +5

Animal Complaints or Violations:

LEASH LAW CITATIONS +2 +2
LEASH LAW COMPLAINTS +1 +1 +1
ATTEMPTED BITE CITATIONS +2
ANIMAL ATTACK CITATIONS +3 +3
OTHER CITATIONS / OR COMPLAINTS +1

SEVERITY OF INJURY TO ANIMALS:

ATTACK WITH NO INJURY +1
INJURIES TREATED BY OWNER +2
VET CARE (1 To 2 Visits) +3
EXTENSIVE VET CARE (>2 VISITS) +4
INJURIES RESULTED IN DEATH +5

Confinement / Fencing:

Owner lives in apartment w/ small patio area. The patio wall is approximately 3-4 feet tall.

General Comments:

The dog "Alex" scored a +23 and is therefore declared dangerous at this time.

CONFINEMENT MEASURES: (Check one factor only)

(Primary Method of Confinement at the time of the incident)
SECURE FENCE/WALL AND GATES -5
INADEQUATE FENCING OR GATES +5 +5

OWNER ACCOUNTABILITY / RESPONSIBILITY:

REPAIRED DEFICIENT CONFINEMENT -3 -3
ANIMAL IS NEUTERED / SPAYED -1 -1
OWNER AWARE OF ANY AGGRESSION +1
OWNER FAILED TO REPAIR CONFINEMENT +5
CURRENTLY LICENSED LIC # _____ -1
NO CURRENT LICENSE +1 +1
NO CURRENT RABIES VACCINATION +1 +1

NEIGHBOR COMMENTS (Scored by Majority Opinion):

(Two or More Neighbors Interviewed)
ANIMAL NEVER OBSERVED AT LARGE -3 -3
ANIMAL NOT OBSERVED AGGRESSIVE -3 -3
ANIMAL OBSERVED AT LARGE <5X/YR +1
ANIMAL OBSERVED AT LARGE >5X/YR +2
ANIMAL OBSERVED BEING AGGRESSIVE +2

DOGS BEHAVIOR: (If Observed by Officer)

ANIMAL BEHAVES AGGRESSIVELY +2
ANIMAL NOT AGGRESSIVE -2
ANIMAL SHOWS UNSAFE BEHAVIOR +1 +1

OFFICER # 1942 Eckelbarger

TOTAL SCORE: +23

DANGEROUS
 NOT DANGEROUS

A SCORE OF TEN POINTS OR HIGHER SHALL BE DEEMED A DANGEROUS ANIMAL

We have determined that your dog displays or has a tendency, disposition, or propensity to injure, bite attack, chase or charge, OR attempt to injure, bite, attack, chase or charge a person or domestic animal in a threatening manner OR bare its teeth or approach a person or domestic animal in a threatening manner City Code 4-13 / County Code 6.04.150. The owner has ten (10) days in the City, five (5) days (County & other jurisdictions) as to appeal the declaration of dangerous by filing a request for a dangerous dog hearing, providing the dog has not been declared vicious by a court. The owner may obtain this form at PACC IN PERSON.

#6



PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD. TUCSON, AZ 85745
(520) 724-5900 FAX (520) 724-5960
www.pima.gov/animalcare

CASE NO: A15-179389
OWNER: Antonio Marsden
ANIMAL NAME: Little Buddy

ADDRESS: _____
SEX: M BREED: Q-Heeler
COLOR: white/red DATE: 9-24-15

EVALUATION CRITERIA

REPORTED BITES:	
NON-VIOLATION BITE	+ 3 _____
VIOLATION-BITE	+ 6 <u>+6</u>

SEVERITY OF INJURY TO HUMANS:	
(Check One Factor Only Per Victim)	
NO BREAK IN SKIN	+ 1 _____
BREAK IN SKIN OR BRUISING	+ 2 _____
MEDICAL CARE (RELEASED)	+ 3 _____
MULTIPLE BITES-SINGLE INCIDENT	+ 4 <u>+4</u>
BIT DOWN AND SHOOK VICTIM	+ 4 _____
MEDICAL CARE (HOSPITALIZATION)	+ 5 _____

Animal Complaints or Violations:	
LEASH LAW CITATIONS	+ 2 <u>+2</u>
LEASH LAW COMPLAINTS	+ 1 <u>+1</u>
ATTEMPTED BITE CITATIONS	+ 2 _____
ANIMAL ATTACK CITATIONS	+ 3 <u>+3</u>
OTHER CITATIONS / OR COMPLAINTS	+ 1 _____

SEVERITY OF INJURY TO ANIMALS:	
ATTACK WITH NO INJURY	+ 1 _____
INJURIES TREATED BY OWNER	+ 2 _____
VET CARE (1 To 2 Visits)	+ 3 _____
EXTENSIVE VET CARE (>2 VISITS)	+ 4 _____
INJURIES RESULTED IN DEATH	+ 5 _____

Confinement / Fencing:
Owner lives in apartment w/ small patio area. The patio wall is approximately 3-4 feet tall.

General Comments:
The dog "Little Buddy" scored a +14 and is therefore declared dangerous at this time.

CONFINEMENT MEASURES: (Check one factor only)	
(Primary Method of Confinement at the time of the incident)	
SECURE FENCE/WALL AND GATES	- 5 _____
INADEQUATE FENCING OR GATES	+ 5 <u>+5</u>

OWNER ACCOUNTABILITY / RESPONSIBILITY:	
REPAIRED DEFICIENT CONFINEMENT	- 3 <u>-3</u>
ANIMAL IS NEUTERED / SPAYED	- 1 <u>-1</u>
OWNER AWARE OF ANY AGGRESSION	+ 1 _____
OWNER FAILED TO REPAIR CONFINEMENT	+ 5 _____
CURRENTLY LICENSED LIC # _____	- 1 _____
NO CURRENT LICENSE	+ 1 <u>+1</u>
NO CURRENT RABIES VACCINATION	+ 1 <u>+1</u>

NEIGHBOR COMMENTS (Scored by Majority Opinion):	
(Two or More Neighbors Interviewed)	
ANIMAL NEVER OBSERVED AT LARGE	- 3 <u>-3</u>
ANIMAL NOT OBSERVED AGGRESSIVE	- 3 <u>-3</u>
ANIMAL OBSERVED AT LARGE <5X/YR	+ 1 _____
ANIMAL OBSERVED AT LARGE >5X/YR	+ 2 _____
ANIMAL OBSERVED BEING AGGRESSIVE	+ 2 _____

DOGS BEHAVIOR: (If Observed by Officer)	
ANIMAL BEHAVES AGGRESSIVELY	+ 2 _____
ANIMAL NOT AGGRESSIVE	- 2 _____
ANIMAL SHOWS UNSAFE BEHAVIOR	+ 1 <u>+1</u>

OFFICER # 1942 Eckelbarger

TOTAL SCORE: +14

A SCORE OF TEN POINTS OR HIGHER SHALL BE DEEMED A DANGEROUS ANIMAL

DANGEROUS
 NOT DANGEROUS

We have determined that your dog displays or has a tendency, disposition, or propensity to injure, bite attack, chase or charge, OR attempt to injure, bite, attack, chase or charge a person or domestic animal in a threatening manner OR bare its teeth or approach a person or domestic animal in a threatening manner City Code 4-13 / County Code 6.04.150. The owner has ten (10) days in the City, five (5) days (County & other jurisdictions) as to appeal the declaration of dangerous by filing a request for a dangerous dog hearing, providing the dog has not been declared vicious by a court. The owner may obtain this form at PACC IN PERSON.

COPY

7

INVESTIGATION REPORT Pima County Health Department Pima Animal Care Center 4000 N. Silverbell Rd Tucson, Arizona 85745 Phone: (520) 243-5900 Fax: (520) 243-5960 www.pimaanimalcare.org		SUSPECT Christopher Phillips/Margaret Phillips				ACO NAME / BADGE # Klein 1926		COMPLAINT NUMBER A15-178040			
		SUSPECT'S ADDRESS _____				BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>					
		ZIP _____		CITY _____		STATE _____		RESIDENCE PHONE NUMBER _____		CODE IF OTHER: _____	
		SUSPECT'S BUSINESS ADDRESS _____				CI <input type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>					
ZIP _____		CITY _____		STATE _____		BUSINESS PHONE NUMBER _____		DRIVERS LICENSE _____			
SEX _____	WEIGHT _____	HEIGHT _____	EYES _____	HAIR COLOR _____	ORIGIN _____	DOB _____	SSN _____				
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT _____			DATE AND TIME REPORTED _____		DATE AND TIME OCCURRED _____				
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) _____											
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME _____			D.O.B _____		RESIDENCE PHONE NO. _____		BUSINESS PHONE NO. _____		
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS _____					ZIP _____	CITY _____	STATE _____		
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS _____					ZIP _____	CITY _____	STATE _____		
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE) _____		DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER _____	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER: _____		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER: _____				
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION	BITE SEVERITY: _____		TREATED BY _____	PHONE NUMBER _____	DATE QUARANTINED _____	PACC <input type="checkbox"/>			
RELATIONSHIP TO VICTIM _____		<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN: _____		PHONE NUMBER _____	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		VET <input type="checkbox"/> HOME <input type="checkbox"/>			
PHONE NUMBER _____		VET CLINIC _____			PHONE NUMBER _____	RELEASE DATE: _____		FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>			
LAWFUL REPRESENTATIVE ADDRESS _____		CLINIC'S ADDRESS _____			QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD# _____				
3 RD PARTY CITATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		CITING ACO _____		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER _____	OTHER ADDITIONAL REPORTS _____					
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE _____		CODE/ORD VIOLATED _____			REVIEWED BY _____		BOND YES <input type="checkbox"/> NO <input type="checkbox"/>				
CITATIONS/NUMBERS _____											
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#	
Pit Bull	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Nellie	Tan/Wht	F	4y		191218	current	ok	A101213	
Pit Bull	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Ruger	Blk/Wht	M	2y		233936	current	ok	A233936	
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
WITNESS 1		M <input type="checkbox"/> F <input type="checkbox"/>	DOB _____	ADDRESS _____			RESIDENCE PHONE # _____	BUSINESS PHONE # _____			
WITNESS 2		M <input type="checkbox"/> F <input type="checkbox"/>	DOB _____	ADDRESS _____			RESIDENCE PHONE # _____	BUSINESS PHONE # _____			
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>	DOB _____	ADDRESS _____			RESIDENCE PHONE # _____	BUSINESS PHONE # _____			
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>	DOB _____	ADDRESS _____			RESIDENCE PHONE # _____	BUSINESS PHONE # _____			

7



INVESTIGATION REPORT

Activity Number: A15-178040

ACO name & Badge: Klein 1926

On October 10, 2014 it was reported that Ruger (A494366) and Nellie (A416281) owned by Christopher Phillips where in violation of the City of Tucson Leash Law when they bit another animal and its owner.

In January 2015 it was noted that the City Of Tucson Prosecutors Office issued charges to Mr Phillips for Leash Law and Biting Animal on Ruger and Nellie.

On February 9, 2015 City Of Tucson Judge Pollard ordered Mr Phillips to comply with Code 4-13 for Ruger and Nellie thus declaring Ruger and Nellie vicious.

On September 1, 2015 I, PACC Investigator Klein badge 1926 was assigned to the dangerous dog case.

On September 8, 2015 I met with Christopher Phillips and his mother Margaret Phillips at Ms Phillips residence. Ruger and Nellie were also present. Mr Phillips relinquished ownership of both Nellie and Ruger to Margaret Phillips. Ms Phillips agreed to ownership of both dogs and understood that she is solely responsible for completing and maintaining the order of compliance. I also explained in detail that Ruger and Nellie are to remain with Ms Phillips and if for any reason there are any changes they are to submit a request in writing to pacc prior to Nellie or Ruger being moved or rehomed. Ms Phillips stating she has no intentions of moving and that both dogs will remain in her care.

I served Ms Phillips with the declaration of dangerous and order of compliance for Nellie and Ruger. Ms Phillips signed each form and received her signed copies.

I have notified the City Of Tucson Prosecutors of the change of ownership. Ms Phillips will complete the order of compliance and immediately licensed Nellie and Ruger in her name. I will continue to monitor the order of compliance and assist Ms Phillips in completing all requirements. 1926

E. Klein #1926

#7



PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD. TUCSON, AZ 85745
(520) 243-5900, option 3 FAX (520) 243-5960
www.pimaanimalcare.org 704-5900

COMPLAINT # A15-178040
OFFICER # KLEID 1924
DATE: 9-2-15

DECLARATION OF DANGEROUS / VICIOUS ANIMAL

YOUR ANIMAL HAS BEEN DECLARED TO BE A DANGEROUS ANIMAL FOR THE FOLLOWING REASON(S):

- An animal can be declared a dangerous animal if it, without provocation, bites or otherwise causes injury to a person which results in significant medical intervention/treatment.
- An animal can be deemed dangerous if it, without provocation, kills or severely injures a domestic animal.
- An animal declared vicious by a magistrate shall be automatically deemed dangerous.

OFFICER COMMENTS:

ON FEB. 9, 2015 JUDGE POLLARD ORDERED
THE PIT BULL MIX KNOWN AS RUGER -
(A494366) DECLARED VICIOUS AND THE
OWNER TO COMPLY WITH ALL DANGEROUS
DOG REQUIREMENTS

OWNER: MARGARET PHILLIPS
ADDRESS _____
PHONE: 5

ANIMAL NAME: RUGER
ANIMAL ID#: A494366
SEX: m COLOR: BLK BREED: PIT MIX
* WHITE

NOTICE

YOUR ANIMAL HAS BEEN DECLARED TO BE DANGEROUS PURSUANT TO LOCAL JURISDICTION'S ORDINANCE / CODE .

If the dog has not been declared vicious by a court, you may appeal the declaration of dangerous. You have (5) days if cited in Pima County, Marana, Sahuarita or South Tucson; OR 10 days, if cited in Tucson; to appeal the declaration of dangerous by filing a request for a dangerous dog hearing. You may obtain the request form at PACC IN PERSON.

7



PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD. TUCSON, AZ 85745
(520)-243-5900, option 3 FAX (520)-243-5960
www.pimaanimalcare.org 704-5900

COMPLAINT # A15-178040
OFFICER # 1926 KEIN
DATE: 9-2-15

DECLARATION OF DANGEROUS / VICIOUS ANIMAL

YOUR ANIMAL HAS BEEN DECLARED TO BE A DANGEROUS ANIMAL FOR THE FOLLOWING REASON(S):

- An animal can be declared a dangerous animal if it, without provocation, bites or otherwise causes injury to a person which results in significant medical intervention/treatment.
- An animal can be deemed dangerous if it, without provocation, kills or severely injures a domestic animal.
- An animal declared vicious by a magistrate shall be automatically deemed dangerous.

OFFICER COMMENTS:

ON FEB. 9, 2015 JUDGE POLLARD ORDERED
THE PIT BULL MIX KNOWN AS NELLIE
(A416081) DECLARED VICIOUS AND THE
OWNER TO COMPLY WITH ALL DANGEROUS
DOG REQUIREMENTS.

OWNER: <u>MARGARET PHILLIPS</u>	ANIMAL NAME: <u>NELLIE</u>
ADDRESS: _____	ANIMAL ID#: <u>A416081</u>
PHONE: _____	SEX: <u>F</u> COLOR: <u>TAN</u> BREED: <u>PIT</u>
	<small>+ WHIT</small>

NOTICE

YOUR ANIMAL HAS BEEN DECLARED TO BE DANGEROUS PURSUANT TO LOCAL JURISDICTION'S ORDINANCE / CODE .

If the dog has not been declared vicious by a court, you may appeal the declaration of dangerous. You have (5) days if cited in Pima County, Marana, Sahuarita or South Tucson; OR 10 days, if cited in Tucson; to appeal the declaration of dangerous by filing a request for a dangerous dog hearing. You may obtain the request form at PACC IN PERSON.

COPY

#8

INVESTIGATION REPORT Pima County Health Department Pima Animal Care Center 4000 N. Silverbell Rd. Tucson, Arizona 85745 Phone: (520) 243-5900 Fax: (520) 243-5960 www.pimaanimalcare.org		SUSPECT Kirk Caldwell			ACO NAME / BADGE # Attebery, 1929		COMPLAINT NUMBER A15-179240			
		SUSPECT'S ADDRESS			BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>		CODE IF OTHER : 3PC/ Leash Law--Biting Animal (Dog)			
		ZIP	CITY	STATE	RESIDENCE PHONE NUMBER		CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
		CURRENT BUSINESS ADDRESS			DRIVERS LICENSE		ZIP			
SEX		WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN		
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT			DATE AND TIME REPORTED 9/18/2015 0854 pm		DATE AND TIME OCCURRED 0918/2015 0700 pm			
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/>			ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>		VICTIM/COMPLAINANT NAME			
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S BUSINESS ADDRESS			RESIDENCE PHONE NO.		BUSINESS PHONE NO.			
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS			ZIP		CITY STATE			
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	RESTITUTION REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input checked="" type="checkbox"/> TPD 15-09180657 <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:			
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input checked="" type="checkbox"/> VIOLATION	BITE SEVERITY: 2	TREATED BY	PHONE NUMBER	DATE QUARANTINED 9/18/2015	PACC <input checked="" type="checkbox"/>			
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN: leg	VET CLINIC	PHONE NUMBER	OWNER KNOWS OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	RELEASE DATE 9/28/2015			
PHONE NUMBER		VET CLINIC	PHONE NUMBER	QUARANTINE 10 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	<input type="checkbox"/> FRA HEAD#	FTQ <input type="checkbox"/>	UTQ <input type="checkbox"/>			
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS	3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO Attebery, 1929	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS			
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED 4-81 4-76 4-97 4-7 (2) B	CITATIONS/NUMBERS 70644 & 71593	REVIEWED BY 9-19-15 BTK/1911	BOND YES <input type="checkbox"/> NO <input type="checkbox"/>	BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME			
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Australian Shepherd mix		VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Molly	Blue merle/white	F	2yr	Impounded	N	A343369	
Bischon mix		VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Toby	White	M	14 yr	Cited	Cited	N	A534841
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>										
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>										
WITNESS 1		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #				
WITNESS 2		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #				
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #				
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #				

#8



INVESTIGATION REPORT

Activity Number: A15-179240
ACO name & Badge: Attebery, 1929

On 9/18/2015 at around 0854 pm, I, Pima Animal Care Officer Attebery, 1929, received a phone call from Tucson Police Officer Victos #53355 about an incident where a tenant's dog located at 5255 E 29th St bit another tenant. The biting incident led to a physical altercation and dog owner was being incarcerated.

At around 0930 pm, I arrived at _____ St and met with victim _____ . Per _____ , at around 0700 pm, he was going upstairs that leads to a set of residents that include the dog owner. Dog owner lives in unit that is closest to the stairs. Dog owner was sitting outside his unit with his 2 dogs; 1 an Australian Shepherd dog "Molly" and the other a Bischon "Toby". The dogs were not on leashes. As _____ set his right foot onto the landing of the 2nd story, dog known as Molly lunged forward and bit _____ ; on the outside of his right leg below and above his knee leaving lacerations. _____ kicked the dog away and a physical altercation occurred that resulted in Tucson Police being called.

_____ was wants cites issued for both dogs being loose, for Australian Shep dog biting him, medical restitution and a dangerous dog assessment on the biter dog.

I met with dog owner, Kirk Caldwell, who has lived in the Tucson city limits for longer than 30 days and has had dogs for longer than 30 days. Per Caldwell, dogs are current with their rabies shots and licenses but have no paper documentation to support his claim. I explained why I was there and issued cites to Kirk Caldwell for both of his dogs being loose, both dogs with no current rabies shots and dog licenses and for the dog known as "Molly", biting animal citation.

Since Kirk Caldwell was in custody, a search warrant was obtained for his apartment and "Molly" was impounded for rabies quarantine. The dog known as "Toby" with Kirk Caldwell's consent was given to his friend for safe keeping.

Officer  1929

Date: 9/19/2015

#8



PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD. TUCSON, AZ 85745
(520) 724-5900 FAX (520) 724-5960
www.pima.gov/animalcare

CASE NO: A15-179416
OWNER: Kirk CALDWELL
ANIMAL NAME: MOLLY A343.369

ADDRESS: _____
SEX: F BREED: AUSSIE
COLOR: BLUE MERLE DATE: 9-29-15

EVALUATION CRITERIA

REPORTED BITES:

NON-VIOLATION BITE + 3 _____
VIOLATION-BITE + 6 +6

SEVERITY OF INJURY TO HUMANS:

(Check One Factor Only Per Victim)

NO BREAK IN SKIN + 1 _____
BREAK IN SKIN OR BRUISING + 2 _____
MEDICAL CARE (RELEASED) + 3 +3
MULTIPLE BITES-SINGLE INCIDENT + 4 _____
BIT DOWN AND SHOOK VICTIM + 4 _____
MEDICAL CARE (HOSPITALIZATION) + 5 _____

Animal Complaints or Violations:

LEASH LAW CITATIONS + 2 +2
LEASH LAW COMPLAINTS + 1 _____
ATTEMPTED BITE CITATIONS + 2 _____
ANIMAL ATTACK CITATIONS + 3 _____
OTHER CITATIONS / OR COMPLAINTS + 1 +2

SEVERITY OF INJURY TO ANIMALS:

ATTACK WITH NO INJURY + 1 _____
INJURIES TREATED BY OWNER + 2 _____
VET CARE (1 To 2 Visits) + 3 _____
EXTENSIVE VET CARE (>2 VISITS) + 4 _____
INJURIES RESULTED IN DEATH + 5 _____

Confinement / Fencing:

General Comments:

OFFICER # _____

TOTAL SCORE: +24

A SCORE OF TEN POINTS OR HIGHER SHALL BE DEEMED A DANGEROUS ANIMAL

* DANGEROUS
____ NOT DANGEROUS

We have determined that your dog displays or has a tendency, disposition, or propensity to injure, bite attack, chase or charge, OR attempt to injure, bite, attack, chase or charge a person or domestic animal in a threatening manner OR bare its teeth or approach a person or domestic animal in a threatening manner City Code 4-13 / County Code 6.04.150. The owner has ten (10) days in the City, five (5) days (County & other jurisdictions) as to appeal the declaration of dangerous by filing a request for a dangerous dog hearing, providing the dog has not been declared vicious by a court. The owner may obtain this form at PACC IN PERSON.

COPY

#9

INVESTIGATION REPORT
 Pima County Health Department
 Pima Animal Care Center
 4000 N. Silverbell Rd
 Tucson, Arizona 85712
 Phone: (520) 243-5960
 Fax: (520) 243-5960
 www.pimaanimalcare.org

SUSPECT Annette Lizardi Marble		ACO NAME / BADGE # Robert Tovar 2021	COMPLAINT NUMBER A14-150324
SUSPECT'S ADDRESS		BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>	
ZIP	CITY	STATE	RESIDENCE PHONE NUMBER
SUSPECT'S BUSINESS ADDRESS NA		CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
ZIP	CITY	STATE	BUSINESS PHONE NUMBER
SEX	WEIGHT	HEIGHT	EYES
			HAIR COLOR
			ORIGIN
			DOB
			SSN

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	LOCATION OF INCIDENT	DATE AND TIME REPORTED 06/27/14 / 1709	DATE AND TIME OCCURRED 06/27/14 / 1630
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>			

<input checked="" type="checkbox"/> I CHOOSE "upon request" rights in this case	VICTIM/COMPLAINANT NAME Russell Loomis	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO.
<input type="checkbox"/> I WAIVE "upon request" rights in this case	VICTIM'S ADDRESS St	ZIP	CITY	STATE
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)	VICTIM'S BUSINESS ADDRESS	ZIP	CITY	STATE

NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)	DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:	FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:
---	---	--	-----------------------	---	--

<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input checked="" type="checkbox"/> VIOLATION	BITE SEVERITY: 3	TREATED BY	PHONE NUMBER	DATE QUARANTINED 06/29/14	PACC <input checked="" type="checkbox"/>
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN: Hand & Leg			RELEASE DATE: 07/06/14	VET <input type="checkbox"/>
PHONE NUMBER	VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		HOME <input type="checkbox"/>
						FTQ <input type="checkbox"/>
						UTQ <input type="checkbox"/>

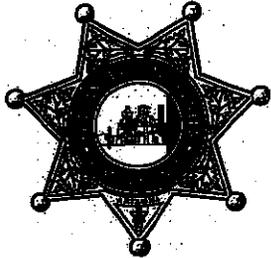
LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS	QUARANTINE 10 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	FRA HEAD#		
	3 RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO Robert Tovar #2021	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	CODE/ORD VIOLATED 6.04.030; 6.04.120 (B)(2)	CITATIONS/NUMBERS 72312	REVIEWED BY 7/7/14 S. D. N. 1994	BOND YES <input type="checkbox"/> NO <input type="checkbox"/>
---	---	-----------------------------------	--	--

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Lhaso Apso X VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Sadi	Gray	F	8Y				N	A486221
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

WITNESS 1	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

#9



INVESTIGATION REPORT

Activity Number: A14-150324

ACO name & Badge: Robert Tovar #2021

On June 27, 2014 at 1720 hours Mr. _____ called the Pima Animal Care Center and reported that while he was delivering an ordered item, the door was answered and the dog owner failed to control the dog which bolted from the front door and bit him on the right arm and leg. Mr. _____ also said that the owners only laughed at him. He added that he had left the residence and would be seeking medical care.

On this same date at 1749 hours Mr. _____ called the Pima Animal Care Center again and reported that he was delivering pizza to the _____ address when the small yorkie size gray Terrier ran out the front door and bit him on his right leg and right hand. Mr. _____ reported that there was no fence around the front yard and again said that the owners just laughed at him while the incident was going on. Mr. _____ said that he will be leaving town On Monday June 30, 2014 and will be gone until July 10, 2014.

On June 29, 2014 at 15:39 hours I, Officer Tovar #2021, arrived at _____ et. I met with the bite victim Mr. _____ who said that he works for Pizza Hut and on Friday June 27, 2014 at 1630 hours he arrived at _____ e to deliver a pizza. He explained that two young girls between the ages of 12-14 opened the door and this is when the brown dog ran out and began barking at him. Mr. _____ said that the gray dog then ran up and bit him on the leg and on the hand. I photographed the bite wounds. Mr. _____ said that the two girls started laughing and this really upset him. He added that there is no fence around the front yard. I asked Mr. _____ if he went for treatment and he said at Concentra. He added that his insurance through work paid his medical bill. Mr. _____ said that he wanted the dog owner cited for Leash Law and for Biting Animal. Mr. _____ said that he was sure that the gray dog bit him. I told him that I would go the dog owner's residence to see and photograph the dogs and would show him pictures so he could positively identify the biter dog.

#9

I went to _____ where I met with Ms. Annette Marble. Ms. Marble said that she was aware of the incident as her daughter had told her about it. She asked me if the man had been bitten as he alleged. I told her that I saw two puncture wounds. I photographed the two small dogs. One is a brown and black colored Yorkshire Terrier named JJ and the other is a gray Lhasa Apso mix named Sadie. I told Ms. Marble that the alleged bite victim said that it was the gray dog that bit him. Her 13 year old daughter said that it was the Yorkshire Terrier named JJ that bit the man as she was present when it happened.

I returned to _____ to meet with Mr. _____ and showed him the pictures of the two dogs. Mr. _____ pointed to the picture of the gray Lhasa Apso mix named Sadie and said that was the biter dog. I explained the quarantine process to him.

I returned to meet with Ms. Marble and told her that the alleged victim had said that it was the gray dog that bit him. I also told her that due to her daughter stating that it was the Yorkshire Terrier that bit the man I was going to have to impound both dogs for quarantine until July 6, 2014 if she could not provide proof of a current rabies vaccination on both dogs. Ms. _____ said that she did not have proof of current rabies vaccination on either dog and I impounded them for quarantine. I completed an Animal Quarantined at Pima Animal Care Center for each dog. Ms. Marble signed each for indicating that she would redeem both dogs. I issued a third party citation for Leash Law and Biting Animal for Sadie. She signed and received her copy of said citation.

Officer's Signature: *Robert Jovan #2001* Date: *7-6-14*

PIMA COUNTY CONSOLIDATED

JUSTICE COURT 240 N. STONE AVENUE

TUCSON, ARIZONA 85701-1113

STATE OF ARIZONA

TRAFFIC & CRIMINAL

CASE NO. CR14-413385-MI #9

VS.

MINUTE ENTRY

MARBLE, ANNETTE LIZARDI

ORDER AND JUDGMENT

Change of Plea - 6/22/2015 - 11:00 AM

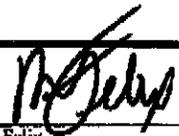
- JUVENILE
- ACCOUNT IN COLLECTION
- SPECIALTY COURT

ADDENDUM Page 2 of 2

IT IS FURTHER ORDERED: (CONTINUED FROM PREVIOUS PAGE)

PLEA: Incorporate Plea by Reference. Defendant pleads guilty as noted; Defendant understands and waives constitutional rights; Immigration advisory, Rule 17.2 read; jurisdiction and factual basis established; Def. advised of post-conviction relief, and that the right to appeals was waived and pleads guilty knowingly, willingly and voluntarily. Def. advised that because the appeal process was waived, he can have the Plea proceeding reviewed only if he files a written and timely Motion under Criminal Rules of Procedure, Rule 32.

DATE: Monday, June 22, 2015

JUDGE: 

Hon. M Felix

Pro Tem

Hearing Officer



#9
 PIMA COUNTY HEALTH DEPARTMENT
 PIMA ANIMAL CARE CENTER
 4000 N. SILVERBELL RD. TUCSON, AZ 85745
 (520) 724-5900 FAX (520) 724-5960
 www.pima.gov/animalcare

CASE NO: A15-176953
 OWNER: ANNETTE MARBLE
 ANIMAL NAME: JJ A4P6222

ADDRESS: _____
 SEX: M BREED: YORKIE
 COLOR: BRN/BLK DATE: 9-2-15

EVALUATION CRITERIA

REPORTED BITES:

NON-VIOLATION BITE +3 /
 VIOLATION-BITE +6 /

SEVERITY OF INJURY TO HUMANS:

(Check One Factor Only Per Victim)
 NO BREAK IN SKIN +1 /
 BREAK IN SKIN OR BRUISING +2 /
 MEDICAL CARE (RELEASED) +3 /
 MULTIPLE BITES-SINGLE INCIDENT +4 /
 BIT DOWN AND SHOOK VICTIM +4 /
 MEDICAL CARE (HOSPITALIZATION) +5 /

Animal Complaints or Violations:

LEASH LAW CITATIONS +2 _____
 LEASH LAW COMPLAINTS +1 11
 ATTEMPTED BITE CITATIONS +2 _____
 ANIMAL ATTACK CITATIONS +3 _____
 OTHER CITATIONS / OR COMPLAINTS +1 _____

SEVERITY OF INJURY TO ANIMALS:

ATTACK WITH NO INJURY +1 /
 INJURIES TREATED BY OWNER +2 /
 VET CARE (1 To 2 Visits) +3 /
 EXTENSIVE VET CARE (>2 VISITS) +4 /
 INJURIES RESULTED IN DEATH +5 /

CONFINEMENT MEASURES: (Check one factor only)

(Primary Method of Confinement at the time of the incident)
 SECURE FENCE/WALL AND GATES -5 -5
 INADEQUATE FENCING OR GATES +5 _____

OWNER ACCOUNTABILITY / RESPONSIBILITY:

REPAIRED DEFICIENT CONFINEMENT -3 _____
 ANIMAL IS NEUTERED / SPAYED -1 -1
 OWNER AWARE OF ANY AGGRESSION +1 _____
 OWNER FAILED TO REPAIR CONFINEMENT +5 _____
 CURRENTLY LICENSED LIC # 230229 -1 EXPIRED 1/2016
 NO CURRENT LICENSE +1 +1
 NO CURRENT RABIES VACCINATION +1 +1

NEIGHBOR COMMENTS (Scored by Majority Opinion):

(Two or More Neighbors Interviewed)
 ANIMAL NEVER OBSERVED AT LARGE -3 -3
 ANIMAL NOT OBSERVED AGGRESSIVE -3 -3
 ANIMAL OBSERVED AT LARGE <5X/YR +1 _____
 ANIMAL OBSERVED AT LARGE >5X/YR +2 _____
 ANIMAL OBSERVED BEING AGGRESSIVE +2 _____

DOGS BEHAVIOR: (If Observed by Officer)

ANIMAL BEHAVES AGGRESSIVELY +2 _____
 ANIMAL NOT AGGRESSIVE -2 -2
 ANIMAL SHOWS UNSAFE BEHAVIOR +1 _____

Confinement / Fencing:

THE BACKYARD HAS A LARGE CONFINEMENT AREA WITH A SECURE WALL THAT RANGES FROM 5-6 FEET IN HEIGHT. THERE IS A SECURE WROUGHT IRON AND METAL GATE.

General/Comments:

IN JUNE 2014 IT WAS REPORTED THAT JJ RAN OUT OF THE OPEN FRONT DOOR WHILE PIZZA WAS BEING DELIVERED. THE VICTIM STATED JJ DID NOT BITE HIM. I FOUND NO COMPLAINTS OR CONCERNS REGARDING JJ.
JJ IS NOT DECLARED DANGEROUS AT THIS TIME
EL OFFICER # 1926

TOTAL SCORE: 11

A SCORE OF TEN POINTS OR HIGHER SHALL BE DEEMED A DANGEROUS ANIMAL

 DANGEROUS
 NOT DANGEROUS

We have determined that your dog displays or has a tendency, disposition, or propensity to injure, bite attack, chase or charge, OR attempt to injure, bite, attack, chase or charge a person or domestic animal in a threatening manner OR bare its teeth or approach a person or domestic animal in a threatening manner City Code 4-13 / County Code 6.04.150. The owner has ten (10) days in the City, five (5) days (County & other jurisdictions) as to appeal the declaration of dangerous by filing a request for a dangerous dog hearing, providing the dog has not been declared vicious by a court. The owner may obtain this form at PACC **IN PERSON**.



#9

PIMA COUNTY HEALTH DEPARTMENT
 PIMA ANIMAL CARE CENTER
 4000 N. SILVERBELL RD. TUCSON, AZ 85745
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 www.pima.gov/animalcare

CASE NO: A15-176953
 OWNER: ANNETTE MARBLE
 ANIMAL NAME: SADIE A486201

ADDRESS: _____
 SEX: F BREED: LHASA
 COLOR: GRAY DATE: 9.2.15

EVALUATION CRITERIA

REPORTED BITES:

NON-VIOLATION BITE +3 _____
 VIOLATION-BITE +6 +6

SEVERITY OF INJURY TO HUMANS:

(Check One Factor Only Per Victim)
 NO BREAK IN SKIN +1 _____
 BREAK IN SKIN OR BRUISING +2 _____
 MEDICAL CARE (RELEASED) +3 _____
 MULTIPLE BITES-SINGLE INCIDENT +4 +4
 BIT DOWN AND SHOOK VICTIM +4 _____
 MEDICAL CARE (HOSPITALIZATION) +5 _____

Animal Complaints or Violations:

LEASH LAW CITATIONS +2 +2
 LEASH LAW COMPLAINTS +1 _____
 ATTEMPTED BITE CITATIONS +2 _____
 ANIMAL ATTACK CITATIONS +3 _____
 OTHER CITATIONS / OR COMPLAINTS +1 _____

SEVERITY OF INJURY TO ANIMALS:

ATTACK WITH NO INJURY +1 _____
 INJURIES TREATED BY OWNER +2 _____
 VET CARE (1 To 2 Visits) +3 _____
 EXTENSIVE VET CARE (>2 VISITS) +4 _____
 INJURIES RESULTED IN DEATH +5 _____

CONFINEMENT MEASURES: (Check one factor only)

(Primary Method of Confinement at the time of the incident)
 SECURE FENCE/WALL AND GATES -5 -5
 INADEQUATE FENCING OR GATES +5 _____

OWNER ACCOUNTABILITY / RESPONSIBILITY:

REPAIRED DEFICIENT CONFINEMENT -3 _____
 ANIMAL IS NEUTERED / SPAYED -1 _____
 OWNER AWARE OF ANY AGGRESSION +1 _____
 OWNER FAILED TO REPAIR CONFINEMENT +5 _____
 CURRENTLY LICENSED LIC # 230230 -1 EXPIRED 7/2015
 NO CURRENT LICENSE +1 +1
 NO CURRENT RABIES VACCINATION +1 +1

NEIGHBOR COMMENTS (Scored by Majority Opinion):

(Two or More Neighbors Interviewed)
 ANIMAL NEVER OBSERVED AT LARGE -3 -3
 ANIMAL NOT OBSERVED AGGRESSIVE -3 -3
 ANIMAL OBSERVED AT LARGE <5X/YR +1 _____
 ANIMAL OBSERVED AT LARGE >5X/YR +2 _____
 ANIMAL OBSERVED BEING AGGRESSIVE +2 _____

DOGS BEHAVIOR: (If Observed by Officer)

ANIMAL BEHAVES AGGRESSIVELY +2 _____
 ANIMAL NOT AGGRESSIVE -2 -2
 ANIMAL SHOWS UNSAFE BEHAVIOR +1 _____

Confinement / Fencing:

THE BACKYARD HAS A LARGE CONFINEMENT AREA WITH A SECURE WALL THAT RANGES FROM 5-6 FEET IN HEIGHT. THERE IS A SECURE WRAUGHT IRON AND METAL GATE.

General Comments:

IN JUNE 2014 IT WAS REPORTED THAT SADIE RAN OUT OF THE OPEN FRONT DOOR, WHILE PIZZA WAS BEING DELIVERED. THE VICTIM STATED SADIE BIT HIM ON THE LEG AND HAND. I FOUND NO OTHER COMPLAINTS OR CONCERNS REGARDING SADIE. SADIE IS NOT DEEMED DANGEROUS AT THIS TIME.

ELL OFFICER # 19210

TOTAL SCORE: +1

A SCORE OF TEN POINTS OR HIGHER SHALL BE DEEMED A DANGEROUS ANIMAL

We have determined that your dog displays or has a tendency, disposition, or propensity to injure, bite attack, chase or charge, OR attempt to injure, bite, attack, chase or charge a person or domestic animal in a threatening manner OR bare its teeth or approach a person or domestic animal in a threatening manner City Code 4-13 / County Code 6.04.150. The owner has ten (10) days in the City, five (5) days (County & other jurisdictions) as to appeal the declaration of dangerous by filing a request for a dangerous dog hearing, providing the dog has not been declared vicious by a court. The owner may obtain this form at PACC IN PERSON.

_____ DANGEROUS
 * _____ NOT DANGEROUS

**Pima Animal Care Center
Animals on Hold Report**

Animals listed are currently listed as being on hold without an outcome date. They are grouped by the type of hold

kennel_no

HOLD TYPE ENFORCEMEN

Number on Hold **13**

A12-102940

K14-175847 A247678 DOG SATIVA ROTTWEILER/
11/6/14 CONFISCATE FIELD OWN AGGRESSIVE Activity:A12-102940

D122

Kennel Comment: *****DO NOT DISPOSE OF BODY *****
if/when euthanized. The owner Bobby Westfall wants to bury his dog.
Call Mr. Westfall at 520.549.9452 to recover the body
1918

R

06/12/2015 JCHAVEZ 6/12/15 13:00
 6-12-15
 Current update form PCAO:

Nothing definitive, I'm afraid. We just got notice yesterday from the Superior Court that they have received Mr. Westfall's and our briefs and that Mr. Westfall as the appellant now has 30 days to pay the applicable fee, after which the Court will consider the appeal (or if he doesn't pay, the appeal will be dismissed). 1914

02/17/2015 ENFORCEM JCHAVEZ 2/17/15 16:09
 2-17-15

Per the county attorney:

We finally obtained a copy of the justice court order that although it was signed by the judge on January 12th, it wasn't scanned into the system until January 23rd and was never sent to Mr. Westfall. Because Mr. Westfall never received a copy of the order, there was no way for him to know about or calculate the appeal deadline, so in an abundance of caution, our office is mailing a copy of the scanned order to Mr. Westfall today and are calendaring an additional 14 days for him to appeal the order. So, please don't take any further action regarding Sativa until we get back to you.

1914
 12/17/2014 ENFORCEM JCHAVEZ 12/17/14 17:42
 12-16-14 OSC hearing scheduled for 1-2-15. 1914

11/17/2014 DTENKATE 11/17/14 13:35
 11/16/14 The dog owner signed and received a copy of the Bond form and has until 11/26/14 7pm to post the bond amount of \$675.00. (for an Order to Show Cause Hearing)

If the bond amount is not paid by 7pm on 11/26/14 the Rottweiler A247678 named Sativa will be forfeited to PACC. 1911

10/07/2015 ENFORCEM JCHAVEZ 10/7/15 8:18
 10-7-15

Email received fro PCAO on 9-15-15:

We just received the court's ruling - we won! (not that we didn't expect to...)

We need to hold tight for another 30 days in case Mr. Westfall attempts to have the court reconsider its ruling or to file a further appeal. His chances of even having a court take jurisdiction over an appeal are slim, but just in case... Hopefully the end is in sight!

1914
 11/06/2014 ENFORCEM EKLEIN 11/6/14 20:29
 11-6-14, Do not release Sativa. Owner must meet with enforcement.1926

11/10/2014 ENFORCEM JCHAVEZ 11/10/14 10:14

If Mr Westfall comes to redeem Sativa

- (1)serve the premise inspection ordering a wellness exam be done on Patches by a licensed veterinarian to ensure she was not injured on November 3rd,2014. PACC will not be taking possession of her unless it is ordered by a judge because pacc has not received reports of patches displaying any aggression.
- (2)Serve the Bond on Sativa.And explain to Mr Westfall that he MUST post all of the bond amount to PACC within 10 days. Not 10 business days but 10 straight days as pacc is open 7 days a week.
- (3) issue the following citations regarding Sativa:70757.A,B,C,D,E DD at large,Preventing inspection of a DD,Failure To comply ,No Insurance ,No license and 70758 A,B,C no rabies vaccination,DD attack (attempt on the animals) ,DD attack (Attempt on a human)
- (4) issue the following citations regarding Patches : 70759 A,B,C Leash Law, no License and No Rabies vaccination.

All of the documents are in a folder in my investigator box.

Once Mr Westfall has been served and the citations have been issued a copy of everything needs to be sent to Paula Perrera and Barbara Burstein. They are aware that Sativa is currently at PACC. 1926

11-10-14 The dog owner Mr. Westfall called the center to inquire about his dog being released . I advised him of the above pending actions and advised him he needed to come into PACC and meet with an investigator or supervisor either today before 7pm or on wednesday 11-12-14 before 7pm. 1914

01/08/2015 ENFORCEM JCHAVEZ 1/8/15 13:00

1-8-15

The OSC hearing was held the Judge took it under advisement and a decision is pending. 1914

03/05/2015 ENFORCEM JCHAVEZ 3/5/15 11:25
3-5-15

Accordin to PCAO the owner has put in an appeal to superior court the dog will be on hold until further notice. 1914

02/06/2015 ENFORCEM JCHAVEZ 2/6/15 10:03
2-6-15

The Court has ordered the animal forfeited to PACC on January 12. Now the owner has the right file an appeal to the Superior Courts. The owner has until 2-9-15 to file, until then the animal will be on hold. 1914

08/17/2015 ENFORCEM JCHAVEZ 8/17/15 14:06
8-17-15

This is the most current information we have from PCAO:

8-11-15 Nothing new, I'm afraid. We're just waiting for the Superior Court to make a ruling. Could be tomorrow...could be in two months. The court doesn't have any schedule it has to abide by.

07/08/2015 ENFORCEM JCHAVEZ 7/8/15 10:20
7-8-15

No information received from PCAO, regarding the appeal. 1914

12/11/2014 ENFORCEM JCHAVEZ 12/11/14 10:35
12-4-14 The bond was paid on 11-26-14. The dog will be held further until the Order to Show Cause hearing is set up and conducted. 1914

A15-165819

K15-194528	A521738	DOG	SUENOS	BELG TERVUREN/	
7/9/15	CONFISCATE	CRUELTY	NORMAL	Activity:A15-165819	JWFLOOR
Kennel Comment: Didn't bite, 0a11770c60 BOND HOLD					<input type="checkbox"/>
07/09/2015	ENFORCEM			tfoster	7/9/15 12:36
CORRECTION TO PREVIOUS:					
THIS DOG IS 1 OF 9 BONDED DOGS. 2042					
08/17/2015	ENFORCEM			JCHAVEZ	8/17/15 15:11
8-17-15					
A bond hearing is scheduled for 8-18-15 at 3:30 pm. 1914					

K15-194531	A521740	DOG	CAZA	BELG SHEEPDOG/	
7/9/15	CONFISCATE	CRUELTY	NORMAL	Activity:A15-165819	D110
Kennel Comment: Didn't bite, NO CHIP BOND HOLD					<input type="checkbox"/>
07/09/2015	ENFORCEM			tfoster	7/9/15 12:38
DOG IS 3 OF 9 BONDED DOGS. 2042					
08/17/2015	ENFORCEM			JCHAVEZ	8/17/15 15:10
8-17-15					
A bond hearing is scheduled for 8-18-15 at 3:30 pm. 1914					

K15-194536	A521742	DOG	TESORRO	BELG SHEEPDOG/	
7/9/15	CONFISCATE	CRUELTY	NORMAL	Activity:A15-165819	D118
Kennel Comment: Didn't bite, NO CHIP BOND HOLD					<input type="checkbox"/>

07/09/2015 ENFORCEN
5 OF 9 BONDED DOGS 2042
08/17/2015 ENFORCEN
8-17-15

tfoster 7/9/15 12:44
JCHAVEZ 8/17/15 15:10

A bond hearing is scheduled for 8-18-15 at 3:30 pm. 1914

K15-194538 A521744 DOG DIOSA BELG SHEEPDOG/

7/9/15 CONFISCATE CRUELTY NORMAL Activity:A15-165819 **D124**

Kennel Comment: Didn't bite, 985112005382797
BOND HOLD

07/09/2015 ENFORCEN
7 OF 9 BONDED DOGS 2042
08/17/2015 ENFORCEN
8-17-15

tfoster 7/9/15 12:47
JCHAVEZ 8/17/15 15:10

A bond hearing is scheduled for 8-18-15 at 3:30 pm. 1914

K15-194539 A521745 DOG BRESA BELG SHEEPDOG/

7/9/15 CONFISCATE CRUELTY NORMAL Activity:A15-165819 **D124**

Kennel Comment: Didn't bite, NO CHIP
BOND HOLD

07/09/2015 ENFORCEN
8 OF 9 BONDED DOGS 2042
08/17/2015 ENFORCEN
8-17-15

tfoster 7/9/15 12:49
JCHAVEZ 8/17/15 15:11

A bond hearing is scheduled for 8-18-15 at 3:30 pm. 1914

A15-179180

K15-200457 A089806 DOG ALEX QUEENSLAND HEEL/

9/17/15 QUARANTINE NIGHT OWN NORMAL Activity:A15-179180 **D106**

Kennel Comment: 9/17/2015--SEE ACTIVITY MEMO. 1929 DOG W/ BLACK NYLON LEASH. HOLD 4
ENFORCEMENT AFTER QUARANTINE 1929

K15-200458 A534734 DOG LITTLE BUDDY QUEENSLAND HEEL/

9/17/15 QUARANTINE NIGHT OWN NORMAL Activity:A15-179180 **D106**

Kennel Comment: 9/17/2015--SEE ACTIVITY MEMO. 1929 DOG W/ GREEN NYLON LEASH.
HOLD 4 ENFORCEMENT AFTER QUARANTINE 1929

A15-179771

K15-201395 A536226 DOG QUEENSLAND HEEL/LABRADOR RETR

9/29/15 CONFISCATE FIELD OWN INJ MINOR Activity:A15-179771 **D107**

Kennel Comment: unable to scan
3c3c3c3c

A15-179828

K15-201508 A536540 DOG COWBOY PIT BULL/MIX

9/30/15 CONFISCATE FIELD OWN INJ SEVERE Activity:A15-179828 **D100**

Kennel Comment: no chip 3c3c

A15-179851

K15-201576 A536634 DOG CHOW CHOW/GERM SHEPHERD

10/1/15 CONFISCATE FIELD OWN NORMAL Activity:A15-179851 **D235**

Kennel Comment: unable to scan 3c3c3c

A15-180157

K15-201847 A536955 DOG TERRIER/MIX

10/5/15 CONFISCATE FIELD OWN ILL SEVERE Activity:A15-180157 **U014**

Kennel Comment: didnt bite, unable to scan in field
3c3c3c
ADR at intake

R

10/05/2015 ENFORCEM tfoster 10/5/15 14:53

Puppy on hold due to being poss abandined by previous owner. Plz contact Enf if owner comes to redeem.
2042

10/05/2015 ENFORCEM tfoster 10/5/15 14:54

Puppy on hold due to being poss abandoned by previous owner. Plz contact Enf if owner comes to redeem. 2042

NO ACTIVITY NUMBER RECORDED

K15-200345 A404591 DOG NALA CHOW CHOW/GERM SHEPHERD

9/16/15 FOSTER OTC OWNED NORMAL Activity: **D121**

Kennel Comment: no bite chip #982000363766558

R

PIMA ANIMAL CARE CENTER
ADVISORY COMMITTEE
SEPTEMBER 2015 OPERATIONAL REPORT

	THIS MONTH			THIS YEAR TO DATE			LAST YEAR TO DATE			YEAR TO YEAR	
	TUCSON	COUNTY	TOTAL	TUCSON	COUNTY	TOTAL	TUCSON	COUNTY	TOTAL	DELTA	%+/-
SHELTER OPERATIONS											
ALL ANIMALS HANDLED											
DOGS	732	599	1,331	2,114	1,811	3,925	2,147	2,012	4,159		
CATS	364	230	594	1,154	794	1,948	1,140	877	2,017		
OTHERS	11	43	54	61	121	182	111	193	304		
TOTAL ANIMALS HANDLED	1,107	872	1,979	3,329	2,726	6,055	3,398	3,082	6,480	-425	-7%
Live Animals Handled	991	774	1,765	2,956	2,426	5,382	2,784	2,608	5,392	-10	0%
IMPOUNDED ANIMALS											
ADOPTED											
DOGS	264	264	528	825	741	1,566	788	817	1,605		
CATS	222	125	347	763	429	1,192	471	404	875		
OTHER	0	1	1	3	2	5	1	7	8		
TOTAL ADOPTED	486	390	876	1,591	1,172	2,763	1,260	1,228	2,488	275	11%
RETURNED TO OWNER											
DOGS	104	86	190	311	257	568	242	209	451		
CATS	6	9	15	27	17	44	14	22	36		
OTHER	1	0	1	2	2	4	0	3	3		
TOTAL RETURNED	111	95	206	340	276	616	256	234	490	126	26%
RESCUED											
DOGS	65	84	149	259	250	509	263	294	557		
CATS	46	47	93	192	166	358	177	140	317		
OTHER	4	0	4	4	0	4	8	23	31		
TOTAL RESCUED	115	131	246	455	416	871	448	457	905	-34	-4%
*TOTAL LIVE RELEASES	712	616	1,328	2,386	1,864	4,250	1,964	1,919	3,883	367	9%
**TOTAL LIVE RELEASE RATE	87%	89%	88%	89%	89%	89%	1	1	82%		
EUTHANIZED											
DOGS	121	96	217	341	303	644	464	406	870		
CATS	28	26	54	78	52	130	121	92	213		
OTHER	4	4	8	14	14	28	28	42	70		
TOTAL EUTHANIZED	153	126	279	433	369	802	613	540	1153	-351	-30%
(-)Owner Requested Euthanasia	49	46	95	148	132	280	171	158	329		
Adjusted Total Euthanasia	104	80	184	285	237	522	442	382	824		
***EUTHANASIA RATE	13%	11%	12%	11%	11%	11%	0	0	18%		
OTHER	137	106	243	452	328	780	743	626	1,369	-589	-43%
ENFORCEMENT CALLS FOR SERVICE											
Requested	1,586	982	2,568	4,741	2,930	7,671	5197	3,058	8255	-584	-7%
Total Responses	1,463	1,100	2,563	4,013	2,535	6,548	4,283	2,533	6,816	-268	-4%
Welfare Responses	203	150	353	619	387	1006	570	237	807	199	3%
LICENSING OPERATIONS											
ALTERED	3,501	4,289	7,790	10,399	12,883	23,282	10,416	11,475	21,891		
UNALTERED	207	217	424	627	638	1,265	663	699	1,362		
OTHER	74	78	152	218	261	479	197	283	480		
TOTAL SOLD	3,782	4,584	8,366	11,244	13,782	25,026	11,276	12,457	23,733	1,293	5%

*Total Live Releases(TLR)=Total Adopted+Total Returned+Total Rescued

**Live Release Rate=TLR/(TLR+Adjusted Total Euthanasia)

***Euthanasia Rate=(Adjusted Total Euthanasia)/(TLR+Adjusted Total Euthanasia)



CITY OF
TUCSON

City Manager's Office

October 5, 2015

Mr. Foid K. Janes
Chief of External Affairs
Pima Animal Care Center
3950 South Country Club Road
Tucson, Arizona 85714

Reference: City of Tucson Representative to the Pima County Animal Care Advisory Committee

Dear Mr. Janes:

Please be informed that Ms. Yvette Hurley, the City's representative to the Pima County Animal Care Advisory Committee has resigned from her appointment. Ms. Hurley's resignation is effective October 1, 2015. We do not yet have a replacement for the Advisory Committee yet but intend to name one soon.

Sincerely,

Michael J. Ortega, P.E.
City Manager

MJO:jg

Cc: Joyce Garland, Program Director, Budget and Internal Audit
Yvette Hurley, Finance Department, Accounting Division

255 W Alameda. Box • Tucson, AZ 85726
(520) 791-4204
Citymanager@tucsonaz.gov

Donation Activity

Period: 09-01-15 To: 09-30-15

Donation Code	Amount
DONATION	\$98.02
DONATION ADOP	\$280.00
DONATION GEN	\$15,884.68
DONATION LIC 0973	\$20.00
DONATION OUTR	\$39.00
DONATION S/N	\$10,287.00
DONATION SAMS	\$28,358.57
Grand Total	\$54,967.27

Donation Activity

Period:

07-01-15

To:

09-30-15

Donation Code	Amount
DONATION	\$113.02
DONATION ADOP	\$787.00
DONATION GEN	\$58,840.01
DONATION LIC 0973	\$20.00
DONATION OUTR	\$131.00
DONATION S/N	\$33,268.50
DONATION SAMS	\$44,293.57
Grand Total	\$137,453.10

Complaints and Commendations for the Month of September 2015

9-8-15 Complaint came through District 3 Supervisor's Office
Complaint
Citizen dissatisfied with PACC regarding not picking up a stray dog.
Course/Action
Staff had tried to locate dog at least four times. The dog was eventually picked up from a trap and the owner surrendered the dog to PACC.

9-3-15 Letter of Appreciation
Commendation
Supervisor expressing appreciation for hard work and dedication for officers' work on a multiple impound (over 60 animals).

9-3-15 Letter of Appreciation
Commendation
Supervisor expressing appreciation for officers' professionalism and excellent communication skills during a multiple animal impound.

Michael Schlueter

From: Kim Janes
Sent: Wednesday, September 09, 2015 4:58 PM
To: Michael Schlueter
Subject: FW: Constituent Call - Anonymous

Kim

From: Marcy Flanagan
Sent: Wednesday, September 09, 2015 4:56 PM
To: Francisco Garcia
Cc: Kim Janes
Subject: Fwd: Constituent Call - Anonymous

FYI....

Begin forwarded message:

From: Jose Chavez <Jose.Chavez@pima.gov>
Date: September 9, 2015, 4:38:42 PM MST
To: Marcy Flanagan <Marcy.Flanagan@pima.gov>
Cc: Jose Ocano <Jose.Ocano@pima.gov>, Justin Gallick <Justin.Gallick@pima.gov>, Neil Konst <Neil.Konst@pima.gov>, Debra Tenkate <Debra.Tenkate@pima.gov>
Subject: RE: Constituent Call - Anonymous

I did a history search and found that we have responded to this complaint 4 times with in the last couple of months and were unable to locate the dog or make contact with the pet owner. I contacted the complainant and was provided with more information on the dog and pet owner. I set up another call to have an officer make contact with the pet owner this evening and address the complaint.

Jose

From: Marcy Flanagan
Sent: Tuesday, September 08, 2015 6:50 PM
To: Jose Ocano; Justin Gallick; Jose Chavez
Subject: Fwd: Constituent Call - Anonymous

Can you guys look into this & get back to me on the outcome?

Begin forwarded message:

From: Francisco Garcia <Francisco.Garcia@pima.gov>
Date: September 8, 2015, 4:35:31 PM MST
To: Marcy Flanagan <Marcy.Flanagan@pima.gov>
Subject: Fwd: Constituent Call - Anonymous

can you get this to whomever is in charge while kristin is away

F García, MD, MPH
Director & Chief Medical Officer
Pima County Health Department

A healthy Pima County: Every one, Every where, Every day

Sent from iPad

Begin forwarded message:

From: Kim Janes <Kim.Janes@pima.gov>
Date: September 8, 2015 at 16:19:59 MST
To: Anissa Ramirez <Anissa.Ramirez@pima.gov>
Cc: Kiki Navarro <Kiki.navarro@pima.gov>, Kiki Navarro <Kiki.navarro@pima.gov>, Jose Chavez <Jose.Chavez@pima.gov>, Kristin Barney <Kristin.Barney@pima.gov>, Francisco Garcia <Francisco.Garcia@pima.gov>
Subject: RE: Constituent Call - Anonymous

Good afternoon Ms. Ramirez, staff will certainly look into this and provide you a follow up report.

Respectfully,

Kim

From: Anissa Ramirez
Sent: Tuesday, September 08, 2015 4:17 PM
To: Kim Janes
Cc: Kiki Navarro; Kiki Navarro
Subject: Constituent Call - Anonymous

Good Afternoon,

Constituent, who asked to remain anonymous, called expressing their dissatisfaction with PACC, they let me know they have contacted PACC many times to have a feral dog picked up in their neighborhood of Avra Rd which has been left unanswered. They have run into PACC officers at different places and asked to pick the dog up after calling seemed to be unsuccessful and they let them know there was nothing they can do. The dog is a shepherd mix with a black and white chest and has been approaching the neighbors aggressively.

Can you please send an officer out to the area and keep our office updated?

Thank you,

Anissa Ramirez

Supervisor Sharon Bronson's Office
District 3
520-724-8051



A Healthy Pima County
Every **one**. Every **where**. Every **day**.

LETTER OF APPRECIATION

**To: Carmen Martinez, Tiffany Foster, Danielle Hinte, Marilyn Hendrickson
and Adan Sanchez, Field Officers**

From: Jose Chavez, Enforcement Operation Manager

Date: September 3, 2015

I want to express my appreciation for your hard work, dedication and the outstanding job that was done on the multiple impound at 14294 W. Kestrel RD in removing over 60 animals from their deplorable living conditions. To include working as a team and collaborating with the shelter and clinic staff to help provide better care for the animals.

Great job!

**CC: Francisco Garcia, Director, Pima County Health Department
Kristin Barney, Chief of Operations, Pima Animal Care Center
Pima Animal Care Center Advisory Committee**



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LETTER OF APPRECIATION

To: Adam Kirby and Chris Meek, Field Officers

From: Jose Chavez, Enforcement Operation Manager

Date: September 3, 2015

I want to thank you for professionalism and the great work you did impounding multiple cats from at 373 N. Wilmot Rd and your excellent communication skills keeping the Director of Shelter Operations informed in the process. Providing assistance to the Constable and creating good working relations.

This reflects greatly on our center. Good job!

**CC: Francisco Garcia, Director, Pima County Health Department
Kristin Barney, Director of Operations, Pima Animal Care Center
Pima Animal Care Center Advisory Committee**