



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

February 19, 2015 – 5:30 p.m.

Pima Animal Care Center  
4000 N Silverbell Road  
Tucson, Arizona 85745  
Admin Building  
(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**

<b>AGENDA</b>				
1.	Call to Order <ul style="list-style-type: none"> <li>• Roll Call</li> <li>• Establishment of Quorum and Pledge of Allegiance</li> </ul>			
2.	Review and Adoption of Minutes: <ul style="list-style-type: none"> <li>• Adoption of January 15, 2015 meeting minutes</li> <li>• Adoption of February 4, 2015 meeting minutes</li> </ul>			
3.	Animal Welfare and Dangerous Animal Cases for the Month of January and Recent Holds Snapshot			
	Welfare		Dangerous Dogs	
	A15-163223	A15-163327	A14-162323	A14-162381
	A14-160918	A15-163470	A14-161990	A14-154735
	A15-163620	A15-163408	A14-159477	A14-155804
	A15-163292	A15-163030	A14-162261	A14-162551
	A15-163468	A15-160629		
	A15-163617	A15-163903		
4.	Call to the Audience			
5.	Management Report			
6.	<ul style="list-style-type: none"> <li>• Old Business</li> <li>• Update on July 19, 2014 Motion for resolution for PACC to remedy issues relating to the care and welfare of pets at PACC - Operations (Chair Neuman/PACC Management Team)</li> <li>• Possible Ordinance Related to the Sale of Tie Outs (Ms. Emptage)</li> <li>• County Administration response to the committee's request to add additional field officers and shelter staff; and Jurisdiction IGA Discussion and County Obligation for Animal Care Services (Chair Neuman/Mr. Janes)</li> <li>• General Criteria required for PACC to respond and investigate a service/welfare issue wherein an animal is in distress, with Enforcement concerns from Jessica Gray as representative of People for Animals (Ms. Schwerin/ Ms. Emptage/PACC Enforcement Management)</li> <li>• PACC Protocols for Treatment of Tick Fever and Valley Fever (Mr. Jacobs/PACC Management Team).</li> <li>• Animal Defense League of AZ Membership Request (Chair Neuman/Mr. Janes)</li> </ul>			
7.	New Business			
8.	Donations: A total of 1,444 individuals gave \$43,567.76 in donations during the month of January.			
9.	Complaints and Commendations: There were four complaints and two commendations received by staff during January.			
10.	Call to the Audience			
11.	Announcements, Schedules and Proposed Agenda Items			
12.	Next Meeting – March 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 243-7729 or at [www.pima.gov/animalcare](http://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  
January 15, 2015  
3950 S. Country Club Road  
Tucson, Arizona 85714

**Draft**

1. Call to Order

Mr. Neuman called the meeting to order at 5:35 pm

- Attendance

Present:

Nancy Emptage, Vice-Chair, Animal Welfare Coalition  
Pat Hubbard, Humane Society of Southern Arizona  
Derek Marshall, Public Education  
Helen Mendelsohn, Disabled Community  
Jack Neuman, Chair, PACC Volunteers  
Jane Schwerin, People for Animals in the Prevention of Cruelty and Neglect  
Gail Smith, MD, Board of Health  
Kim Janes, Pima Animal Care Center (PACC), Ex-Officio

Absent:

Tamara Barrick, Foundation for Animals in Risk  
Pat Jacobs, Tucson Kennel Club  
Sophia Kaluzniacki, DVM, ASPCA of AZ, Inc  
Erin O'Donnell, DVM, Southern AZ Veterinary Medical Association  
Angela Spencer, City of Tucson

- Pledge of Allegiance

2. Adoption of the Minutes

- Adoption of the December 18, 2014 Meeting Minutes

The motion was made and seconded (Mendelsohn/Hubbard) that the December 18, 2014 meeting minutes be adopted as written. The motion carried (7-0)

3. Call to the Audience

There were four speakers from the audience, Justin Pope, Marcie Velen, Lea Ann Kelly and Kim Brandom.

Mr. Pope referred to the second bullet of the Partnership Agreement provided in the packet and on the agenda, about making no inflammatory public statements about PACC, staff and programs, volunteers and PACC rescue partners. He questioned who all this was to apply to, individuals who sign the agreement, organizations, individuals associated with organizations; does it only apply to one's professional life or does it also include personal life? Secondly he questioned what is inflammatory, and reported Webster's defines it as causing anger, which he characterized as pretty broad. He suggested that saying animals are at risk of euthanasia or objecting to the Partnership Agreement could be perceived by some as inflammatory. Thirdly he asserted that the agreement is rather one-sided.

Ms. Velen said she felt most of the Partnership Agreement bullet points apply to what is expected of partners and very few apply to what is expected from PACC. She called for working on a mutual agreement that included what rescue partners wanted and concurred with the comment about the agreement being one-sided.

Ms. Kelly said she agreed with Ms. Velen's comments then went on to say 501(c)(3)s are targeted and discriminated against in the agreement. Both 501(c)(3)s and non 501(c)(3)s pull from PACC and the agreement has special rules just for the 501(c)(3)s, but those rules should be enforced by the IRS not PACC. She continued that PACC wants access to adoption and sterilization records; and while she has no problem with sterilization records, she does have a problem with adoption records; feels that is an invasion of privacy and that PACC should trust the rescues to do their job to find good homes for rescued animals. She also said she had other issues that can't be addressed at the meeting and provided a handout (included in the record).

Ms. Brandom said she agreed the term inflammatory was too broad; the wording in the Partnership Agreement needs to be tightened up; and there needs to be clarification on who to bring complaints and disputes to. She went on to say there are fairly detailed reports on donations, but not on how those donations are spent, which she would like to see.

#### 4. Management Report

There was no discussion on this item.

#### 5. Old Business

- Volunteer Policy and Partnership Agreement

Dr. Smith said she didn't understand why rescues wouldn't want to share information; if someone gets an animal directly from PACC, then PACC knows where it went, so why is it a problem if it went out via a rescue? Ms. Mendelsohn pointed out that an individual could obtain several animals by going to different non-profits and each non-profit wouldn't see the person is getting a high number of animals. Also the agencies wouldn't know if PACC has record of the person being an animal abuser. Ms. Emptage pointed out that PACC is accountable for placement of the animals; the law requires PACC know where the animals go; and the law requires dogs be licensed, which would also give PACC the owner's information, so it should not be an issue. Ms. Schwerin agreed that it was the law and added that the law requires PACC to verify a number of things about the organization, which the rescue organization must agree to in writing. Mr. Neuman also agreed with the legal obligations stated.

Mr. Neuman expressed that some stipulations in the agreement seem to contradict first amendment rights, but said PACC has the right to sever relations with entities that sidetrack from PACC's mission. He said he typically stays off Facebook, but has sometimes seen a thread of negative communication. Dr. Smith suggested rather than banning negative communication, provide a person or structure to address problems, adding that Facebook rants make people less likely to want to deal with PACC which makes overcrowding worse. Ms. Emptage said it comes down to the third bullet, being respectful, and added that negative communications get magnified and taint the public. She relayed there are negative perceptions of PACC that currently just aren't true, adding that the Committee will listen and if people don't want to come in person, then they can send them a letter.

Mr. Neuman said volunteer interaction with the Volunteer Coordinator has gone down and the volunteers see him less, but suggested more Volunteer Coordinator availability could be part of the solution. Ms. Mendelsohn suggested more than one person to go to. Mr. Neuman pointed out that at some point PACC management makes a decision on an issue and that decision stands. It was discussed that concerns voiced are part of the record and the Committee can act or advise as they see fit. Mr. Marshall said most PACC related Facebook posts are emotional responses to some recent event. He suggested such postings are cathartic for the volunteer and can lead to commiseration and eventually positive outcomes.

Dr. Francisco García, Health Department Director, said the agreement is a starting point and part of the process is to get feedback as expressed. He said staff will work on the language. As a result of recent input, the Rescue Coordinator will be meeting with rescue organizations to improve communication. The partnership agreement is not intended to infringe on free speech rights, but rather to promote respectful communication as opposed to comments that border on an attack on an individual or organization. Staff stressed that PACC could not do what it does without volunteers and other partners and that the agreement is an attempt to try to work together not a way to get rid of volunteers. Dr. García cited the Humane Society as an example of an organization using volunteers in a focused manner to provide exemplary service.

- Criteria required for PACC to Respond and Investigate a Service/Welfare Issue Wherein an Animal is in Distress

Jessica Gray, a volunteer with People for Animals in the Prevention of Cruelty and Neglect (PFA), spoke about two extreme cases of neglect. After she spoke she provided the document she read off of. The first case involved an unvaccinated, unlicensed pitbull mix named Chewy. The dog was originally injured on or around November 10<sup>th</sup> when it suffered a severed Achilles tendon and lacerated his leg to the bone. The owner took Chewy to Southern Arizona Vet Services and was referred to Ms. Emptage in her capacity as a counselor for PFA. Euthanasia was recommended. Instead the owner took Chewy home and provided no further medical care until he contacted Ms. Gray nearly a month later. The owner failed to get Chewy to two separate appointments, so Ms. Gray gave Chewy and his owner a ride to VCA Animal Medical Center. When Chewy got to the truck there was an overwhelming odor of decomposition. At VCA the veterinarian had to soak the bandage off of Chewy's leg. The owner made it clear he was homeless and jobless. Only euthanasia was offered. The owner began yelling and announced his intentions to further deprive Chewy of veterinary care. The veterinarian wrapped Chewy's leg and changed her story from what was earlier discussed with Ms. Gray. Ms. Gray then called PACC. Animal Care Enforcement Operations Manager Jose Chavez spoke with the veterinarian and the owner was allowed to keep Chewy. Later in the week PACC staff responded to where the owner was living, PFA was contacted and Ms. Gray provided transportation to Valley Animal Hospital where the veterinarian offered amputation or euthanasia as the only reasonable options. PFA would not authorize amputation due to their policy against it and the owner's track record of providing no aftercare. The owner intended to again leave with Chewy, so Ms. Gray again called PACC. Mr. Chavez said a private donor would pay for the amputation and there would be follow up to ensure Chewy would not suffer any further. Currently there is no record of further PACC or veterinarian contact; Chewy's condition is unknown and the owner has not responded to attempts to contact him.

The other case involved a mixed breed female dog which was reported to Ms. Gray by her owner, on December 23<sup>rd</sup>, to have been severely injured (broken shoulder and leg and likely internal injuries) in

March and that the owner has not provided any medical care. The owner continued that last week the dog was attacked by cattle and was screaming in pain, which Ms. Gray could hear in the background. Ms. Gray sent them to VCA and authorized only pain medication to relieve the animal's suffering while the situation was investigated. She also made VCA aware she was contacting PACC. Ms. Gray notified Field Supervisor Konst of the animal's medical situation and the owners various animal related violations. Mr. Konst spoke to the veterinarian who was consenting to allow the dog to go home until after Christmas, so that children wouldn't lose their dog at Christmas.

In light of the two aforementioned cases, Ms. Gray asked if efforts to be a no kill county were interfering with enforcement's ability to seize and relieve the suffering of severely injured and neglected animals, or if it is simply not PACC's goal to enforce the laws and ordinances as written? She said there have been numerous cases wherein PACC and law enforcement have demonstrated unwillingness to enforce animal welfare codes. She continued that numerous other agencies have adopted no kill models where no kill did not translate into being overcrowded and ineffective, nor force suffering into the field. She called for dialogue on the lack of enforcement and the ability of PACC field officers, especially supervisors, to override veterinarians in cases of previous neglect. She cited that the laws are clear and strong, just not enforced, and as a result animals are allowed to suffer tremendously.

Ms. Hubbard said she believes there is a state law requiring veterinarians to report animal cruelty and there appears to be a problem with veterinarians. Ms. Gray strongly agreed and said there is a board of veterinary ethics and she is in the process of writing them on this topic. Ms. Emptage said the pitbull owner wanted PFA to pay for the amputation and when he was told PFA was only offering euthanasia he told Ms. Emptage she was wasting his time. Ms. Emptage said some veterinarians don't want to make a stand and it's hard for PACC to go against what a veterinarian says. Ms. Hubbard said there are some veterinarians who automatically call PACC when an owner takes an animal home against medical advice (AMA). Ms. Emptage added there have been instances when veterinarians give an animal pain medication and then don't say or document an AMA because there is no suffering at that time, which sends the problem away and they avoid any controversy, but they know the owner doesn't have money and the relief will only be temporary.

PACC Field Supervisor Tenkate, in response to a question, said there are times when owners are allowed to relinquish an animal to PACC in lieu of citations, but depending on the severity of the violations citations can still be issued when an animal is relinquished. Sometimes the decision to issue citations comes after examinations by our veterinarian. Regarding Chewy, staff was shown a form regarding another vet clinic visit, but when the owner brought Chewy in the clinic refused to do anything due to lack of payment. Ms. Emptage contended that PACC should ask about owners' ability to pay and in the case of Chewy should have known the owner could not pay since PFA was involved. Ms. Tenkate said procedurally field officers don't question people about their financial situation. Ms. Gray also indicated she informed Mr. Chavez of Chewy's owner's lack of means to treat. Ms. Schwerin commented that veterinarians are often wrong and why not take action and get another veterinarian to testify? Mr. Janes commented that it is a balancing act and there are no absolutes. Mr. Neuman asked if PFA had contracts with the veterinary clinics involved in the aforementioned cases. Ms. Schwerin said her organization has "broken up" with VCA except for euthanasia. Mr. Neuman suggested a meeting be set up with enforcement and animal assistance agencies like PFA to work through how to best handle situations like those discussed. Dr. García was supportive of suggestion. In response to a question, Mr. Janes indicated that paying the bill isn't the same as being the client / animal owner.

- County Administrations Response to Committee's Request to Add Additional Field Officers and Shelter Staff

Mr. Neuman said he was combining the discussion under this bullet with the New Business Jurisdiction IGA Discussion since they are closely related. He asked Deputy County Administrator for Medical and Health Services Jan Leshar to explain the current County and municipality dynamic which ties these issues together.

Ms. Leshar provided the following information. The County is only legally obligated to provide animal care services in unincorporated Pima County; services within the municipalities are provided through intergovernmental agreements (IGAs) with the County. Additionally animal care spending has increased, including roughly \$1.2 million a couple of years ago. PACC's spending increases hit the cities and towns in the middle of a budget cycle, which is not something they like, and County Administration agrees that isn't the way things should be done. Through the IGA the city of Tucson pays roughly \$3 million for their portion of the services PACC provides. There has been ongoing dialogue between County and municipality management concerning animal care services and costs. Two guiding principles were established going into these discussions. First, the decision making authority regarding animal care services legally rests with the Board of Supervisors and cannot be taken away; and secondly, the County will not step back from the quality of care. In general the jurisdictions feel the County is spending too much on animal care. They have questioned why PACC deals with cats, since it's not legally mandated, and have suggested a maximum animal retention of three days. The Board of Supervisors is the only legal body currently directly involved in animal care. Therefore they hear from constituents, but the local municipalities typically do not get input on animal related issues and don't perceive animal care needs. The jurisdictions know the budget is tight and put people before pets. It has come to the point where the IGAs might not be renewed. However, the lack of an IGA, probably won't keep PACC from getting animals from any given municipality. How do we handle that; turn away animals from non-IGA jurisdictions; charge a fee? Local animal advocacy entities are telling the County to spend more, while the cities and towns are saying cut PACC's spending. The Committee's request for more field officers was shared with the jurisdictions because the costs impact their budgets. How do we get the community engaged in letting the municipalities know what the animal care issues are and how important these issues are to them? For example, representatives from large jurisdictions have told Ms. Leshar that we don't have feral cats. They don't hear about the needs and issues, so the issues don't shape their budgets.

Mr. Neuman spoke about meeting with jurisdiction officials and pointed out that many of the PACC volunteers live in the various municipalities. He added that city managers and finance managers aren't elected and would probably be less influenced by constituents. Dr. Smith suggested participating in city council meetings. The possibility of the Committee sending letters to city and town officials was also touched on. Ms. Leshar pointed out the recent drastic increase in charitable contributions to PACC and how much of this increase is tied to PACC's improved service model. Organizations give in connection to policies and programs they agree with; and these funds offset costs, to include costs to the jurisdictions. A regression in service philosophy will result in these funds not being available. Mr. Neuman asserted that having to charge individuals or having to turn animals away will unravel all the progress made in recent years. He said he was composing a letter to the volunteers. The Committee discussed obtaining information, through staff, on the jurisdictions and their meetings, and then possibly holding another meeting to discuss actions once the information has been gathered.

Eventually, a motion was made and seconded (Emptage/Smith) that the Committee hold a meeting prior to the next regular meeting to address how the Committee wants to approach animal care communications with the local municipalities. The motion carried (7-0).

6. New Business

- Jurisdiction IGA Discussion and County Obligation for Animal Care Services Inside Cities and Towns

See discussion at previous bullet.

7. Animal Welfare and Dangerous Animal Cases for the Month of December and Recent Holds Snapshot

Ms. Schwerin referred to welfare case two, in which there were four dogs left outside in the rain all day. Documentation stated that proof of shelter was provided; however, she questioned the validity of the proof of shelter. She said people like this owner do not reform and the owner should not be allowed to redeem the animals.

Ms. Schwerin referred to welfare case three as a terrible case involving multiple violations. A motion was made and seconded (Emptage/Marshall) that the Committee recommend to the court that it ban the owner in this case from animal ownership. The motion carried (7-0).

Ms. Emptage referred to welfare case five in which three dogs were on tie outs and the report states the owner gave reason to believe he would place the dogs back on tie outs. She said it is likely the dogs went back on tie outs. However, as reported by Mr. Janes, a subsequent recheck found the dogs were not on tie outs.

Ms. Schwerin referred to welfare case four in which a dog was on a tie out tangled around a tree and the owner received several citations. She asked why the owner was allowed to keep the dog. Mr. Janes said staff could revisit the case to see why the officer made that decision.

Ms. Emptage referred to welfare case six, another dog on a tie out, which was also on a tie out when rechecked. She asked where the dog is now. Mr. Janes said that was a good question and indicated Supervisor Tenkate was taking notes.

Ms. Emptage referred to welfare case ten as a horrible case. The case included three dogs on tie outs and one emaciated boxer which had to be euthanized. The owner signed a release of ownership for all the dogs. The Committee discussed wanted severe action taken against the owner. Supervisor Tenkate added that the owner is now on PACC's no adoption list; there was no history of violations at his address and the maximum legal ban on animal ownership is three years.

The motion was made and seconded (Emptage/Smith) that the County Attorney and Judge in this case be made aware of a recommendation from the Committee for the owner to receive the maximum fines and animal ownership ban. The motion carried (7-0). During discussion Ms. Schwerin referred to a proposed ordinance she has been working on. She said the current cruelty and neglect law calls for fines from \$100 to \$2,500, up to six months in jail, and up to three years of probation. Her proposed addition included a violator not being allowed to own or harbor animals for up to 5 years, or longer, or ever.

Ms. Schwerin requested staff provide her with the court dates associated with welfare cases two, three, four, five and ten.

To make better use of staff time at the meetings, a motion was made and seconded (Hubbard/Smith) to move the Welfare Cases and Dangerous Dogs agenda items sooner in the agenda going forward. The motion carried (6-0).

8. Donations: A total of 1,821 individuals gave \$114,509.68 in donations during the month of December.

Mr. Neuman characterized December's donations total as unprecedented. Ms. Hubbard asked if these donations are from individuals or organizations, to which Mr. Janes replied they are all monetary donations from all sources, to include \$29,000 from PetSmart Charities. He said there have been a number of special appeals generated by PACC's Fund Development Manager, who is doing a fantastic job. Mr. Janes added that most donation funds go for spay/neuter and medical expenses, although some funds are specifically designated where they are to be used and that is how those dollars are allocated.

9. Complaints and Commendations: There were three complaints and one commendation received by staff during December.

There was no discussion on the documentation provided. Ms. Emptage wanted to commend staff for the on-line licensing feature which she said was very easy to use. Mr. Neuman complemented the Adoption Coordinator for being out on the floor assisting and for turning down a would-be adopter who was of concern.

10. Call to the Audience

There were no speakers at this call to the audience.

11. Announcements, Schedules and Proposed Agenda Items

Ms. Hubbard said the Humane Society has a grant to provide free spay/neuter and vaccinations for puppies in zip code 85705.

Mr. Janes said the Pima Alliance for Animal Welfare (PAAW) will have a meeting tomorrow morning at 8:00 in the exact same room the Committee meeting was in..

Ms. Emptage said she has been in discussions regarding service and emotional therapy dogs and if anyone has any input they can send it to her.

12. Next Meeting – February 19, 2015

Mr. Neuman established that the next meeting will be held at the Abrams building.

13. Adjournment

The meeting adjourned at 7:53 pm

Pima County Animal Care Advisory Committee  
Minutes  
February 4, 2015  
4000 N. Silverbell Road  
Tucson, Arizona 85745

**Draft**

1. Call to Order

Mr. Neuman called the meeting to order at 5:35 pm

- Attendance

Present:

Tamara Barrick, Foundation for Animals in Risk  
Nancy Emptage, Vice-Chair, Animal Welfare Coalition  
Helen Mendelsohn, Disabled Community  
Jack Neuman, Chair, PACC Volunteers  
Gail Smith, MD, Board of Health

Absent:

Pat Hubbard, Humane Society of Southern Arizona  
Pat Jacobs, Tucson Kennel Club  
Derek Marshall, Public Education  
Jane Schwerin, People for Animals in the Prevention of Cruelty and Neglect  
Sophia Kaluzniacki, DVM, ASPCA of AZ, Inc  
Erin O'Donnell, DVM, Southern AZ Veterinary Medical Association  
Angela Spencer, City of Tucson  
Kim Janes, Pima Animal Care Center (PACC), Ex-Officio

- Pledge of Allegiance

2. Call to the Audience

There were no speakers from the audience.

3. Advisory Committee Animal Care Communications with Local Municipalities

Mr. Neuman passed out a draft letter he prepared to send to the PACC volunteers, as well as a list of information on local jurisdictional governing bodies and their meetings. He requested feedback on the letter. Ms. Emptage relayed a request from Ms. Schwerin for numbers on service calls by jurisdictions. Ms. Emptage expressed concerns about the future of cats in Pima County, citing that Maricopa County typically doesn't go on cat service calls unless they are egregious and referring to local municipality rumblings about cats. She referred to the current Best Friends trap-neuter-release (TNR) agreement as a band-aid and said she's afraid of municipalities stepping back from cat services once the three-year agreement expires. She called for education and Mr. Neuman pointed out that some education is part of the current TNR program. Dr. Francisco García, Health Department Director, said staff is looking at sustainability for after the three-year agreement ends.

Mr. Neuman asked what the Committee wants to do and say regarding the municipalities balking at PACC's direction and priorities. There was mention of education in schools and the city of Tucson filling their Advisory Committee seat. Dr. Smith suggested attending council meetings in numbers; speaking at the call to the audience; and possibly getting on the agenda. There was also talk of trying

to get media coverage. There was general agreement on going to council meetings, with the city of Tucson as the top priority. It was mentioned that all the municipalities have sticker shock, but not all are opposed to PACC's direction. Ms. Emptage said we didn't have the current problems when PACC was called rabies control. Mr. Neuman talked about requesting a meeting with the city of Tucson and said he wanted the Committee to have data the Committee will study ahead of time. There was talk about how impressive it was when volunteers all showed up at a Board of Supervisors meeting in a sea of turquoise shirts and how that would also send a message at a city council meeting. It was pointed out that the issue with the cities is budgetary and there is a frequently employed budget strategy of telling the public that first responders might need to be cut. However, it was pointed out that PACC helps first responders and takes calls that would otherwise fall to first responders. It was also shared that there are significant public donations flowing as well as increased money coming in from animal charities like Best Friends, both linked to PACC's progressive approach to animal welfare issues; and that a step backwards in animal care policy will cut off much of this funding.

There was discussion on various scenarios and concerns if Tucson were to opt out of the current agreement with PACC. This discussion included that for Tucson to start providing their own animal care services it would take significant capital outlay and training to get things started; and it would require such after voters, including city constituents, have already approved of and will be paying for Proposition 415. Dr. Garcia stated that he can't help but believe the city has already done their math concerning providing their own animal care services. There was mention of studies and authorities on animal care standards and how PACC currently falls way short in staffing. There was discussion on inviting city officials to PACC and PACC events, and on providing opportunity for them to experience the emotional burden. There was also mention of getting PACC meetings on a community calendar. Mr. Neuman expressed that he wants communications with municipalities to be informational not confrontational. There was also mention of the possibility of a petition. Mr. Neuman requested, via the Health Department, that the Committee be set up to meet with Tucson city officials. Dr. Garcia indicated we do not know how they will respond to such a request and do not know if elected officials would be inclined to participate or if they would designate staff. Mr. Neuman pointed out that once the volunteers are informed, (receive Mr. Neuman's letter) they might do, and in the past have done, their own thing.

4. Next Meeting – February 19, 2015

There was no discussion on this item.

5. Adjournment

The meeting adjourned at 6:38 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.govanimal/care**

**MEMORANDUM**

**TO: Kim Janes, Chief of External Operations**  
**FROM: Jose Chavez, Enforcement Operations Manager** *JC*  
**DATE: 2-3-15**  
**SUBJECT: Welfare report for January 2015**

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1. A15-163223 No animals were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. This complaint is closed.
2. A14-160918 One animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The owner redeemed the animal and provided vet care. This complaint is closed.
3. A15-163620 Twenty-five animals were observed at the scene 23 were impounded. Staff reviewed the animal welfare requirements and laws with the owner and cited at the scene. Traps were set at the property and the remaining animals were impounded at a later date. The animals were relinquished to PACC and were placed for adoption. This complaint is closed.
4. A15-163292 No animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. This complaint is closed
5. A15-163468 No animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. A recheck was completed and found in compliance.
6. A15-163617 No animals were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. This complaint is closed.
7. A15-163327 No animals were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. This complaint is closed.
8. A15-163470 One animal was impounded and bonded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. The bond was not posted the animal was automatically forfeited to PACC and was adopted under special needs.
9. A15-163408 No animals were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. This complaint is closed.
10. A15-163030 One animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The dog was redeemed a recheck was conducted and found the dog was relocated out of the country. This complaint is closed.
11. A15-160629 Two animals were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. The animals were relinquished to PACC one was euthanized due to behavioral issues and one is under medical evaluation. This complaint is closed.
12. A15-163903 Forty-four animals were impounded and bonded. The Sheriff's Dept. is pursuing felony charges. The bond was posted for one animal and the rest were automatically forfeited to PACC. All the animals are on medical evaluation with the exception the 3 fowl and rabbit.

WC 1

**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



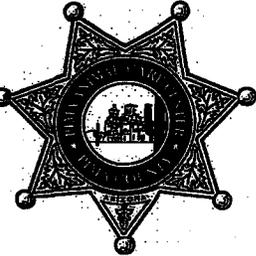
SUSPECT		ACO NAME / BADGE # <b>A. Kirby #2057</b>		COMPLAINT NUMBER <b>A15-163223</b>	
SUSPECT'S ADDRESS					
ZIP	CITY	STATE	RESIDENCE PHONE NUMBER		
<b>85735</b>	<b>Tucson</b>	<b>AZ</b>			
SUSPECT'S BUSINESS ADDRESS					
<b>Not Given</b>					
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN
	<b>200</b>	<b>5'04"</b>	<b>BLK</b>	<b>BK</b>	
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	
				<b>01/05/15 / 0948 HRS</b>	
				DATE AND TIME OCCURRED	
				<b>01/13/15 / 1946 HRS</b>	
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		D.O.B	
<input type="checkbox"/> I WAIVE "upon request" rights in this case		<b>PACC Officer A. Kirby #2057</b>			
<input checked="" type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-105 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS		RESIDENCE PHONE NO.	
<input type="checkbox"/> NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		<b>4000 N. Silverbell Rd.</b>		<b>520-724-5900</b>	
DANGEROUS ASSESSMENT REQUESTED		RESTITUTION REQUESTED		DANGEROUS CASE NUMBER	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
OTHER AGENCY CASE #		OTHER AGENCY CASE #		FOLLOW UP REQUEST	
<input type="checkbox"/> SO <input type="checkbox"/> TPD		<input type="checkbox"/> SO <input type="checkbox"/> TPD		<input type="checkbox"/> SO <input type="checkbox"/> TPD	
<input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		<input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		<input type="checkbox"/> OTHER:	
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS CTM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:	
<input type="checkbox"/> RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:	
<input type="checkbox"/> PHONE NUMBER		VET CLINIC		PHONE NUMBER	
<input type="checkbox"/> LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS		OWNER KNOWS OF BITE	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				FTQ <input type="checkbox"/>	
				UTQ <input type="checkbox"/>	
				DATE QUARANTINED	
				RELEASE DATE:	
				PACC <input type="checkbox"/>	
				VET <input type="checkbox"/>	
				HOME <input type="checkbox"/>	
				FRA HEAD# <input type="checkbox"/>	
				PREVIOUS VIOLATIONS	
				PREVIOUS CASE NUMBER	
				OTHER ADDITIONAL REPORTS	
				REVIEWED BY <b>1-20-15</b>	
				<b>DTK 1911</b>	
				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#
AB / MIX VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>RALF</b>	<b>WHT/BRN</b>	<b>M</b>	<b>A</b>	<b>CITATION</b>	<b>CITATION</b>	<b>N</b>	<b>A507497</b>
OWNER <input checked="" type="checkbox"/>	<b>PRINCESS</b>	<b>BRN/WHT</b>	<b>F</b>	<b>A</b>	<b>CITATION</b>	<b>CITATION</b>	<b>N</b>	<b>A507496</b>
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 1

## INVESTIGATION REPORT



Activity Number: A15-163223

ACO name & Badge: A. Kirby #2057

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On January 13, 2015 at approximately 1946 hrs, I Officer Kirby #2057 while en-route to [redacted] Trl. observed a white/brown lab mix running down the roadway. Upon attempting to capture the dog it ran approximately 1/4 mile down [redacted] Trl., and into the driveway (with open double gates) of [redacted] Trl. The property is completely fenced with chain link on all 4 sides.

Upon arrival I made contact with Mrs. [redacted], the owner of Ralf, the tan/brown lab mix and Princess a brown/white pointer. I observed Princess in the back yard on a tie-out with access to shelter, with a roof, a floor with a blanket, and 3 sides that was also covered with a tarp. I did not observe any water in the area where Princess was tied out, I only observed 3 empty buckets on the ground. Mrs. [redacted] was explained the leash law and animal welfare requirements and provided with a laws brochure that detailed each of the requirements for the dogs. Mrs. [redacted] I had her son remove Princess from the tie-out and put all of the dogs inside the residence, all dogs appeared healthy and of good weight.

I then asked Mrs. [redacted] if the dogs were currently licensed and vaccinated for rabies, She stated they were not. I issued Mrs. [redacted] citations for leash law for Ralf, Neglect - Tie-out and Neglect - No water for Princess, and No license, no rabies vaccinations for both Princess and Ralf. Mrs. [redacted] was explained her citations, court date, time, and I explained the location of the new PCJC court to Mrs. [redacted], she stated she understood and signed the citation.

Officer's Signature: \_\_\_\_\_

Date: 01/13/15

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**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				ACO NAME / BADGE # <b>K.WALTON 1925</b>		COMPLAINT NUMBER <b>A14-160918</b>	
SUSPECT'S ADDRESS				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>		CODE IF OTHER :	
ZIP <b>85719</b>	CITY <b>TUCSON</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS <b>N/A</b>				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE		
SEX	WEIGHT <b>235</b>	HEIGHT <b>6-2</b>	EYES <b>BRO</b>	HAIR COLOR <b>BRN</b>	ORIGIN	DOB	SSN

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

LOCATION OF INCIDENT			DATE AND TIME REPORTED <b>11-29-14 / 0940</b>		DATE AND TIME OCCURRED <b>01-27-15 / 1040</b>		
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (EXPLAIN)							

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME <b>OFFICER K. WALTON #1925</b>		D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>724-5900</b>
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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 <b>4000 N. SILVERBELL RD</b>			ZIP <b>TUCSON</b>	CITY <b>AZ</b>	STATE <b>85745</b>
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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"/>
<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	VET <input type="checkbox"/>
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"/>	

RELATIONSHIP TO VICTIM

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#	
3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO #1911	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 <b>4-3(1), 4-(3)(2)(D)</b>	REVIEWED BY <i>KONST 1/20</i>
CITATIONS/NUMBERS <b>73039</b>	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"/>	<b>BUSTER</b>	<b>BRN/BRINDLE</b>	<b>M</b>	<b>11Y</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>I</b>	<b>A508529</b>
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 2



## INVESTIGATION REPORT

**Activity Number: A14-160918**

**ACO name & Badge: K.WALTON #1925**

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On November 29<sup>th</sup> 2014 at 0940 hours, anonymous complainant called into Pima county animal care center in reference to an injured dog at St. The dog was described as a dark colored dog with some sort of growth coming from its rear end, and the dog sometimes falls over.

On December 22<sup>nd</sup> 2014, the 1<sup>st</sup> notice was left at the residence which was a landscaping company. On December 23<sup>rd</sup> 2014, the dog owner called our facility regarding the notice. He spoke with Dispatch staff and was told that an Officer needed to meet with him regarding vet care for the dog. He stated the dog was not under any vet care. Dispatch had asked about his availability, and he replied he didn't know it just depends.

On January 8<sup>th</sup> 2015 Officer Kirby #2057 arrived at the address and spoke with a resident, who told him the Landlords dog that belongs to the landscaping property is the dog with a large masses on it its back area. On January 9<sup>th</sup> 2015, Mr. called and stated he would be available on January 12<sup>th</sup> 2015 from 0800-noon and would like a call before we leave.

On January 27<sup>th</sup> 2015, I, Officer K.Walton #1925, had Dispatch call the owner and advise him I was on scene, there was no answer so a voice mail was left. I observed the dog lying on the ground inside the fenced area of the business. The dog was a male, brn/brindle Pit bull mix that appeared to be a little old. The dog slowly got up and walked to the fence, where I observed a large mass on the dog's rear end side. The dog looked in distress when walking, sitting or getting up and down. I was able to take photos of the dog and of the injury. There was another dog on the other side of the business also a Pit bull, but that one looked healthy. I noticed the injured dog could go in somewhere for shelter, so I could only assume it had food and water. I decided to impound the dog due to the distress it was in. The gate was chained and locked, but I was able to get the dog through a gap in the fencing. After I placed the dog in the truck, a car drove up with a couple in it. They stated they had nothing to do with this property, but then 10 minutes later the male unlocked the gate and then stated he was the mechanic. I advised him of the impoundment and left notice with him to give to the owner.

WC 2

On January 28<sup>th</sup> 2015, Supervisor Tenkate #1911, met with dog owner .....  
| who resides at ..... when he came into Pima animal  
care enter to redeem his dog Buster. Supervisor Tenkate asked Mr. .... if  
he had gotten the dog vet care, and again he said no. He stated he has had  
Buster for 11 yrs. and thought the dog had cancer and could not afford the  
treatment. Supervisor Tenkate explained that his dog has lost weight, muscle  
tone, he can barely walk and is suffering in pain. Mr. | stated the dog  
is not in pain and he eats and drinks normal. He was shown the photos that  
were taken.

Mr. .... provided Supervisor Tenkate his Arizona's driver's license, and  
was issued citations for neglect vet care and cruelty. He is aware of his court  
date, time, and location. He was advised that if he redeems Buster he will be  
required to get veterinary treatment as required by the vet. Mr. | stated  
he would talk with his wife about relinquishing ownership. Supervisor Tenkate  
took him to see Buster, and he was able to see that Buster could hardly walk  
or stand. He did not redeem the dog at that time. 1925

Officer's Signature: *K. W. ...*

Date: 1-29-14

# WC 3

## INVESTIGATION REPORT

Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Silverbell Rd  
 Tucson, Arizona 85705  
 Phone: (520) 243-5960  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT SUSPECT'S ADDRESS ZIP CITY STATE RESIDENTIAL PHONE NUMBER <b>Tucson AZ</b>		ACO NAME / BADGE # <b>1942 Eckelbarger</b>	COMPLAINT NUMBER <b>A15-163620</b>										
		BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/> CODE IF OTHER :											
SUSPECT'S BUSINESS ADDRESS ZIP CITY STATE BUSINESS PHONE NUMBER		CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/> DRIVERS LICENSE											
		SEX	WEIGHT <b>214</b>	HEIGHT <b>5-9</b>	EYES <b>Br</b>	HAIR COLOR <b>BRD</b>	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 <b>1-10-15 / 2023</b>		DATE AND TIME OCCURRED <b>1-15-15 / 0820</b>									
<input type="checkbox"/> I CHOOSE "upon request" rights in this case <input type="checkbox"/> I WAIVE "upon request" rights in this case. <input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		FOOD WATER SHELTER INJURED/ILL VENTILATION ABANDONED TIEOUT BEATEN WASTE OTHER (EXPLAIN) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		VICTIM/COMPLAINANT NAME <b>1942 Eckelbarger</b>		D.O.B		RESIDENCE PHONE NO. <b>724-5992</b>		BUSINESS PHONE NO.			
VICTIM'S ADDRESS VICTIM'S BUSINESS ADDRESS <b>4000 N. Silverbell Rd</b>		ZIP <b>85745</b>		CITY <b>Tucson</b>		STATE <b>AZ</b>							
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 checked="" type="checkbox"/> OTHER: <b>Code Enforcement</b> <b>Inspector Angel Vindiola</b>		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"/> VET <input type="checkbox"/> HOME <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"/>		RELEASE DATE:		FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>	
PHONE NUMBER		VET CLINIC		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#					
LAWFUL REPRESENTATIVE ADDRESS		3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITING ACO <b>1942 Eckelbarger</b>		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 <b>4-3 (2)(C), 4-3 (2)(F)</b>		CITATIONS/NUMBERS <b>73794, 73862, 73795, 73796, 73798, 73861, 73863, 73864, 73865, 73797</b>		REVIEWED BY <i>KMG 2/20</i>		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#			
<b>See attached Kennel Cards</b>		VICTIM <input type="checkbox"/>											
		OWNER <input type="checkbox"/>											
		VICTIM <input type="checkbox"/>											
		OWNER <input type="checkbox"/>											
		VICTIM <input type="checkbox"/>											
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		VICTIM <input type="checkbox"/>											
		OWNER <input type="checkbox"/>											
		VICTIM <input type="checkbox"/>											
		OWNER <input type="checkbox"/>											
WITNESS 1 <b>Officer Meek (2015)</b>		M <input checked="" type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS <b>4000 N. Silverbell Rd</b>			RESIDENCE PHONE #	BUSINESS PHONE # <b>724-5900</b>					
WITNESS 2 <b>Officer Martinez (2067)</b>		M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB	ADDRESS <b>4000 N. Silverbell Rd</b>			RESIDENCE PHONE #	BUSINESS PHONE # <b>724-5900</b>					
WITNESS 3 <b>Officer Hendrickson (2066)</b>		M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB	ADDRESS <b>4000 N. Silverbell Rd</b>			RESIDENCE PHONE #	BUSINESS PHONE # <b>724-5900</b>					
WITNESS 4 <b>Dr. Bonnie Lilley</b>		M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB	ADDRESS <b>4000 N. Silverbell Rd</b>			RESIDENCE PHONE #	BUSINESS PHONE # <b>724-5900</b>					

NC 3



## INVESTIGATION REPORT

**Activity Number: A15-163620**

**ACO name & Badge: 1942 Eckelbarger**

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On 1-11-15 at 1051 hours, Officer Meek (2015) responded to unit 28 in reference to a neglect complaint of several cats living in unsanitary conditions. Officer Meek met with \_\_\_\_\_ and advised him of the complaint. Mr. \_\_\_\_\_ immediately admitted that he had too many cats inside the residence and that he was overwhelmed. Mr. \_\_\_\_\_ stated that he owned at least 20 cats. Mr. \_\_\_\_\_ then gave permission to Officer Meek to enter the residence and inspect the cats, but warned Officer Meek that the home was in bad condition.

Officer Meek notated that once inside the property he was immediately taken aback by the overwhelming smell of waste. He stated that he was having difficulty taking deep breaths. Officer Meek observed at least 20 cats running freely inside the residence. Officer Meek then took photographs of the home. Officer Meek could see an abundance of human garbage in the form of alcohol packaging and cigarette butts. He notated there was approximately 1 to 2 feet of solid waste accumulating behind the front door in addition to the waste scattered on the floor. Officer Meek stated the appliances in the kitchen were covered in animal waste and dirt. The shelving also had accumulations of waste. He also observed the roof in the hallway to be collapsing. Officer Meek continued to photograph the home, but did not feel he could safely go into the bedroom and after becoming lightheaded he left the trailer to get some air. Officer Meek advised Mr. \_\_\_\_\_ that the Pima Animal Care Center would be coming back out to impound the cats.

On 1-15-15 at 0820 hours, Investigator Eckelbarger (1942), Officer Meek (2015), Officer Hendrickson (2066), Officer Martinez (2067), and Dr. Bonnie Lilley (1999) responded back to the address. Mr. \_\_\_\_\_ it was not at home so we had dispatch contact him by phone. Mr. \_\_\_\_\_ then came home and relinquished ownership of all the cats on the property by signing a release of ownership form. Officer Meek and Dr. Lilley then entered the property with the permission of Mr. \_\_\_\_\_ to photograph the conditions inside.

I could smell the cat waste while sitting in my truck from across the street. As I walked toward the front door the smell became increasingly worse. We had

WC 3

to put full body protective suits, gloves, boots, and mask on to safely enter the home due to the excessive waste and unsanitary condition of the home. Upon entering the home my eyes immediately burned from the high levels of ammonia. It also burned and hurt my lungs to breath. It was unbearable to breath without the mask on. The floors were completely covered in waste. Every item in the home had animal waste on it. Some of the cats had eye and nasal discharge and some of the cats appeared thin as well. We observed a water pan for the cats inside the bathroom.

We then impounded 23 cats from the property and could still see at least 4 more cats inside the home but we were unable to capture them. City of Tucson Code Enforcement Inspector Vindiola (837-5048) then responded on scene and was given permission by Mr. [redacted] to enter and inspect the premises. Inspector Vindiola then condemned the property due to the conditions inside. He provided the property manager and me with a key to enter the property. We then set one trap inside the front door to catch the remaining cats.

I then issued Mr. [redacted] : 25 citations for neglect-unsanitary shelter and 25 citations for neglect-inadequate ventilation under City jurisdiction for the 25 cats that we observed in the trailer. Mr. [redacted] signed and received his copies of the citations. We then setup for the cats we impounded to be examined by Dr. Lilley.

Officer's Signature:

 1942

Date: 1-18-15

WC 4

**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				ACO NAME / BADGE # <b>A. Kirby #2057</b>		COMPLAINT NUMBER <b>A15-163292</b>	
SUSPECT'S ADDRESS							
BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>		CODE IF OTHER :					
ZIP	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS <b>Not Given</b>							
CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>		DRIVERS LICENSE					
SEX	WEIGHT <b>170</b>	HEIGHT <b>6'01"</b>	EYES <b>BRO</b>	HAIR COLOR <b>BRO</b>	ORIGIN	DOB	SSN <b>N/A</b>

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 <b>01/06/15 / 0756 hrs</b>		DATE AND TIME OCCURRED <b>01/09/15 / 1827 hrs</b>	
FOOD <input type="checkbox"/> WATER <input 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"/> I CHOOSE "upon request" rights in this case				VICTIM/COMPLAINANT NAME <b>PACC Officer A. Kirby #2057</b>		D.O.B		RESIDENCE PHONE NO.		BUSINESS PHONE NO. <b>520-724-5900</b>			
<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 <b>4000 N. Silverbell Rd.</b>				ZIP <b>85745</b>		CITY <b>Tucson</b>		STATE <b>AZ</b>	
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 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				PHONE NUMBER		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				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 <b>A. Kirby #2057</b>				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 <b>4-3(2)(C), 4-3(2)(E)(2)</b>								REVIEWED BY <b>1-17-15</b> <b>ATH 1911</b>							
				CITATIONS/NUMBERS <b>73467</b>								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#
Terrier	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Blackie</b>	<b>Black</b>	<b>M/N</b>	<b>A</b>	<b>L14-219354</b>	<b>PACC</b>	<b>N</b>	<b>A469311</b>
Pit Bull	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Jessie</b>	<b>Brown/white</b>	<b>F/S</b>	<b>A</b>	<b>L14-238053</b>	<b>PACC</b>	<b>N</b>	<b>A501616</b>
	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 4



## INVESTIGATION REPORT

**Activity Number: A15-163292**

**ACO name & Badge: A. Kirby #2057**

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On January 09, 2015 at approximately 1827 hrs I Officer Kirby #2057 arrived at [redacted] in reference to two dogs being on short tie-outs in the back of the house. Upon arrival I observed two dogs on tie outs, a brown brindle Pit Bull and a black Terrier.

The Pit Bull was on a tie-out that was so twisted it was approximately 10-12 inches in length and was not allowing the dog access to the shelter that had been provided. The tie-out the terrier was attached to was approximately 2 feet in length. I photographed the dogs on the tie-outs and met with the owner [redacted]. I explained to Mr. [redacted] that tie-outs are illegal and that with the Pit Bulls tie-out being tangled the dog does not have access to the shelter to protect it. Mr. [redacted] argued that the dog had access to the shelter when he placed it on the tie out. Both dogs appeared healthy and of good weight. Mr. Osuna removed the dogs from the tie-outs upon my request to do so.

I was able to locate current license and vaccination records for Blackie, the terrier and Jessie, the Pit Bull in PACC's database under Mr. [redacted]'s wife [redacted]. I issued Mr. [redacted] citations for Neglect - No Shelter for Jessie and Neglect - Tie-Out for both Jessie and Blackie. Mr. [redacted] was explained his court date, time, and location, he stated he understood and signed the citation.

Officer's Signature:

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

Date:

01/09/15

# WC 5

## INVESTIGATION REPORT

Pima County Health Department  
 Pima Animal Care Center  
 4006 N. Campbell  
 Tucson, Arizona 85719  
 Phone: (520) 243-5560  
 Fax: (520) 243-5560  
 www.pimaanimalcare.org



SUSPECT				ACO X. Delgadillo #2047		COMPLAINT NUMBER A15-163468	
SUSPECT'S ADDRESS							
ZIP	CITY Tucson	STATE AZ	RESIDENTIAL PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS							
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
SEX	WEIGHT 160	HEIGHT 5'5"	EYES Br	HAIR COLOR Br	ORIGIN	DOB	SSN

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

LOCATION OF INCIDENT	DATE AND TIME REPORTED 01/08/2015 14:04	DATE AND TIME OCCURRED 01/08/2015 / 15:07
FOOD WATER SHELTER INJURED/ILL VENTILATION ABANDONED TIEOUT BEATEN WASTE OTHER (EXPLAIN)		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME Officer X. Delgadillo	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. 520-724-5900*3
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I WAIVE "upon request" rights in this case.

VICTIM'S ADDRESS 4000 N. Silverbell RD	ZIP 85745	CITY Tucson	STATE AZ
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REQUEST/WAIVER exception per A.R.S. § 12-4405 (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 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:
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ADDRESS AND PHONE NUMBER SAME AS VICTIM

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

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

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#
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LAWFUL REPRESENTATIVE ADDRESS

3 <sup>RD</sup> PARTY CITATIONS REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO X. Delgadillo #2047	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
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VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

CODE/DRB VIOLATED 6-04-070, 6.04.110(B) (3)	CITATIONS/NUMBERS 73689	REVIEWED BY 1-18-15 DTK/1911	BOND YES <input type="checkbox"/> NO <input 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#
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Shepherd Mix  
 VICTIM   
 OWNER

Rowdy	Brown/White	M			Cited	cited		060698
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Dachshund  
 VICTIM   
 OWNER

Bailey	Brown	M			Cited	Cited		506591
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VICTIM OWNER

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VICTIM OWNER

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VICTIM OWNER

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WITNESS 1  
 M  F

DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
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WITNESS 2  
 M  F

DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
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WITNESS 3  
 M  F

DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
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WITNESS 4  
 M  F

DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
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WCS



## INVESTIGATION REPORT

**Activity Number: A15-163468**

**ACO name & Badge: X. Delgadillo**

On January 8, 2014 at approximately 15:07, I Officer Delgadillo #2047 arrived to [redacted] St in reference to a dog with no shelter. At this time, it was raining heavily and cold outside. As I approached the residence, I observed a brown and white Shepherd dog standing in front of the walk through gate for the backyard. I looked into the backyard and observed no shelter. I photographed the dog and the yard.

I knocked on the door and a woman, holding a brown dachshund, answered the door. She identified herself as [redacted]. I asked her for her identification card and provided me an AZ state driver's license. I advised her I was here in reference to the dog outside without shelter. Ms. [redacted] responded with "I did not know we had to have a shelter for Rowdy". I explained the shelter requirements and I asked her if the both dogs were licensed and have a current rabies vaccine. Ms. [redacted] stated that she believed Rowdy was not current but Bailey, the brown dachshund, was. I reviewed chameleon and found that Rowdy was not current and we had no record for Bailey.

Ms. [redacted] was cited into Pima County Justice court for Neglect; no shelter for Rowdy and no license and no rabies vaccination for Rowdy and Bailey. Ms. [redacted] signed her citations; received a copy; was provided court date and time. Ms. [redacted] was also advised of the new court address. Ms. [redacted] was given a premise inspection form; I explained she had approximately one week to provide appropriate shelter for the dog. Ms. [redacted] was given a pamphlet with the laws regarding shelter requirements. Ms. [redacted] signed her premise inspection and was provided a copy. Ms. [redacted] took Rowdy inside; I explained the follow up date will be 01/15/15.

**Officer's Signature:**

A handwritten signature in black ink, appearing to be "X. Delgadillo", written over a circular stamp or mark.

**Date:**

1/13/15

WC 6

**INVESTIGATION REPORT**

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



SUSPECT				ACO NAME / BADGE # <b>D. Hinte 2068</b>		COMPLAINT NUMBER <b>A15-163617</b>	
SUSPECT'S ADDRESS							
7IP	CITY <b>Tucson</b>	STATE <b>AZ</b>	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		
SFX	WEIGHT <b>260</b>	HEIGHT <b>5'9"</b>	EYES <b>BRO</b>	HAIR COLOR <b>BR</b>	ORIGIN	DOP	SSN <b>526-82-7385</b>

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

LOCATION OF INCIDENT				DATE AND TIME REPORTED <b>01/10/15 / 1855</b>		DATE AND TIME OCCURRED <b>01/10/15 / 1901</b>	
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
WASTE OTHER (EXPLAIN)							

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME <b>Officer D. Hinte</b>			D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>520-724-5900</b>
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I WAIVE "upon request" rights in this case.

VICTIM'S ADDRESS <b>4000 N. Silverbell Rd.</b>				ZIP <b>85745</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>
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REQUEST/WAIVER exception per A.R.S. § 13-4405 (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 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:
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ADDRESS AND PHONE NUMBER SAME AS VICTIM

<input type="checkbox"/> VIOLATION  <input type="checkbox"/> NON-VIOLATION	BITE SEVERITY:  PART OF BODY BITTEN:	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>
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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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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#
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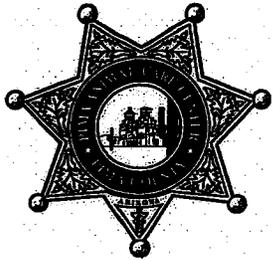
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO <b>D. Hinte 2068</b>	PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER <b>A13-136795</b>	OTHER ADDITIONAL REPORTS
CODE/ORD VIOLATED <b>4-81; 4-76; 4-3(2)(E)(2)</b>				REVIEWED BY <b>Km3T 1/11/15</b>
CITATIONS/NUMBERS <b>73967 A-C</b>				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#
Shepherd mix VICTIM OWNER <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Toby</b>	<b>Brown/white</b>	<b>M</b>	<b>A</b>	<b>CITED</b>	<b>CITED</b>	<b>N</b>	<b>A462713</b>
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 6



## INVESTIGATION REPORT

**Activity Number: A15-163617**

**ACO name & Badge: D. Hinte 2068**

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On January 10, 2015 at 7:01 PM. Officer Rademaker 2019 and I, Officer Hinte 2068, arrived at [redacted] in response to A15-163498. Upon entering the yard, we observed a large shepherd mix dog on a tie out near the front porch. We knocked on the front door and met with [redacted]. We informed her that we were there to speak with the bite victim, [redacted] from A15-163498. She stated that is her son and provided us his contact information. We then explained that tie outs are illegal and inquired about the dog's license and vaccination. She stated that his name was Toby and that he was licensed under her name. We returned to the truck and discovered that Toby's license and vaccination expired on 2/04/14. We returned to the house, where Toby was still on the tie out. We explained to Ms. [redacted] that we would be issuing citations for no license, no vaccination, and neglect- tie out. We asked her to take Toby off the tie out. She complied and took him inside. Ms. [redacted] received citations in the City for 1x no license, 1x no vaccination, and 1x neglect- tie out. We explained her court date, time, and location. She stated she understood, signed, and received her copy. Ms. [redacted] had also been cited for no license, no vaccination, and leash law on 12/5/13 under case number A13-136795.

Officer's Signature: *D. Hinte*

Date: 1/10/15

# WC7

## INVESTIGATION REPORT

Pima County Health Department  
Pima Animal Care Center  
4000 N. Silverbell Rd  
Tucson, Arizona 85718  
Phone: (520) 243-5960  
Fax: (520) 243-5960  
www.pimaanimalcare.org



SUSPECT				ACO NAME / BADGE # <b>C. Martinez 2067</b>		COMPLAINT NUMBER <b>A15-163327</b>	
SUSPECT'S ADDRESS							
ZIP	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP				CITY		STATE	
SUSPECT'S BUSINESS ADDRESS				CODE IF OTHER :			
ZIP				CITY		STATE	
SUSPECT'S BUSINESS ADDRESS				DRIVERS LICENSE			
SEX	WEIGHT <b>130</b>	HEIGHT <b>5'02</b>	EYES <b>BRO</b>	HAIR COLOR <b>BR</b>	ORIGIN	DOB	SSN

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

LOCATION OF INCIDENT				DATE AND TIME REPORTED <b>01/06/15 / 1223</b>		DATE AND TIME OCCURRED <b>01/06/15 / 1331</b>	
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WASTE OTHER (EXPLAIN)							

I CHOOSE "upon request" rights in this case  
 I WAIVE "upon request" rights in this case.  
 REQUEST/WAIVER exception per A.R.S. § 13-4405 (BD and § 8-286 (B))

VICTIM/COMPLAINANT NAME <b>Carmen Martinez- #2067</b>				D.O.B		RESIDENCE PHONE NO.		BUSINESS PHONE NO. <b>520-724-5900</b>	
VICTIM'S ADDRESS				ZIP		CITY		STATE	
VICTIM'S BUSINESS ADDRESS <b>4000 N. Silverbell Rd</b>				ZIP <b>85745</b>		CITY <b>Tucson</b>		STATE <b>AZ</b>	

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  
RELATIONSHIP TO VICTIM  
PHONE NUMBER

<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:								VET <input type="checkbox"/>	
VET CLINIC				PHONE NUMBER		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		RELEASE DATE:		HOME <input type="checkbox"/>	
										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#			
3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITING ACO <b>C. Martinez #2067</b>		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS	

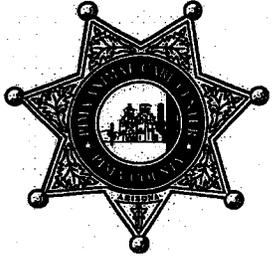
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

CODE/ORD VIOLATED <b>4-3 (2) (B)</b>				REVIEWED BY <b>2002</b> <b>Konst 1/8/15</b>			
CITATIONS/NUMBERS <b>73857 A, B</b>				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#
Terrier	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Johnny	Tan	M	1yr	L14-233573		ok	A487416
Basset Hound	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Ellie Mae	Tri	F	1yr	H14-233572		ok	A494073
	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 <b>C. Young # 1908</b>	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS <b>4000 N. Silverbell Rd</b>	RESIDENCE PHONE #	BUSINESS PHONE # <b>724-5900</b>
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 7



## INVESTIGATION REPORT

**Activity Number: A15-163327**

**ACO name & Badge: C. Martinez #2067**

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On January 6, 2015 at approximately 1306 hours Officer Young #1908 and I, Officer Martinez #2067 arrived at \_\_\_\_\_ Rd in reference to a complaint of dogs left in a vehicle. Upon arrival we found the vehicle parked under a tree in the parking area of the shopping center. Two dogs were observed in the back seat with no water, they were chained to the infant car seat anchor under the window with a chain leash, approximately 3 feet in length. The windows were rolled down approximately 2 inches. The tinting on the vehicle windows was very dark and I was unable to take any photos.

We went into the Walgreens and while trying to locate the owner of the vehicle I was approached by \_\_\_\_\_ she stated that she was the owner of the vehicle. I explained to her why we were there and asked if the dogs belonged to her, she stated that yes, they belong to her and that she was unaware the dogs were in the vehicle. She explained that she had an arrangement made with a friend to drop off the dogs at 1445 hours since she gets out of work at 1500 hours. I then told her that according to the complainant the 2 dogs have been in the vehicle for a few hours. Officer Young asked Mrs. \_\_\_\_\_ if the dogs had access to water and why the dogs were on a tie out inside the vehicle. She stated that she had water but it was in the trunk of her car. She gave the dogs water and they both went to the bowl right away and began drinking. She then stated that she was not the one that tied up the dogs and believes it was her friend that did so.

Both dogs were current on license and rabies vaccine. I issued citations for neglect- no water for both dogs and advised that it is illegal to leave dogs in a vehicle and that tie outs are also illegal. She signed and accepted her copy of the citation and I advised her of her court date.

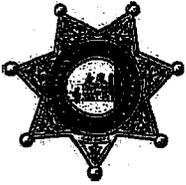
Officer's Signature: \_\_\_\_\_

Date: 1/7/15

WC 8

<b>INVESTIGATION REPORT</b> <b>Pima County Health Department</b> <b>Pima Animal Care Center</b> <b>4000 N Silverbell Rd</b> <b>Tucson, Arizona 85712</b> <b>Phone: (520) 243-5900</b> <b>Fax: (520) 243-5960</b> <b>www.pimaanimalcare.org</b>		SUSPECT SUSPECT'S ADDRESS _____ CITY <b>Tucson</b> STATE <b>AZ</b> ZIP _____ RESIDENCE PHONE NUMBER _____ SUSPECT'S BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____ BUSINESS PHONE NUMBER _____			ACO NAME / BADGE # <b>Hendrickson #2066</b>		ACTIVITY/BITE NUMBER <b>A15-163470</b>	
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT FOOD <input type="checkbox"/> WATER <input checked="" type="checkbox"/> SHELTER <input checked="" type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIED/UT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> INJ/ILL <input checked="" type="checkbox"/> OTHER (EXPLAIN) _____			DATE AND TIME OF INCIDENT <b>01/09/15</b>		DATE AND TIME REPORTED <b>01/09/15 09:11</b>	
<input type="checkbox"/> I CHOOSE "upon request" rights in this case <input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM/COMPLAINANT NAME _____ DATE OF BIRTH _____ RESIDENCE PHONE _____ BUSINESS PHONE _____		VICTIM'S ADDRESS _____ CITY _____ STATE _____ ZIP _____		VICTIM'S BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____		
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		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"/>		
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION <input type="checkbox"/> NON-VIOLATION		BITE SEVERITY: _____ PART OF BODY BITTEN: _____		OTHER AGENCY CASE # <b>1501090119</b> <input type="checkbox"/> SHERIFF DEPT <input checked="" type="checkbox"/> TUCSON POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER: _____		
RELATIONSHIP TO VICTIM _____ PHONE NUMBER _____		VET CLINIC _____ PHONE NUMBER _____ OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE QUARANTINED _____ PACC <input type="checkbox"/> VET <input type="checkbox"/> RELEASE DATE: _____ HOME <input type="checkbox"/>		FTB <input type="checkbox"/> LTD <input type="checkbox"/>		
LAWFUL REPRESENTATIVE ADDRESS _____		CLINIC'S ADDRESS _____ QUARANTINE (DAYS) 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/> FRA HEAD# _____		3 <sup>rd</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITING ACO <b>Hendrickson #2066</b>		
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE _____		CODE/DRB VIOLATED <b>4-81; 4-76; 4-3(2)(B); 4-3(2)(D); 4-3(2)(C)</b>		PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER <b>See below</b>		
CITATIONS/NUMBERS <b>73113 A-E</b>		REVIEWED BY <b>2002</b> <b>KONST 1/11/15</b>		BOND YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
BREED/DESCRIPTION <b>German Shepherd</b>		ANIMAL'S NAME <b>Isis</b>		COLOR <b>Red/ sable</b>		SEX <b>F</b>		
VICTIM OWNER <input checked="" type="checkbox"/>		AGE <b>10</b>		LICENSE # _____		CONDITION <b>poor</b>		
VICTIM OWNER <input type="checkbox"/>		ANIMAL ID# <b>A237948</b>						
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 <b>T Foster badge #2066</b>		DOB _____ ADDRESS <b>4000 N Silverbell</b>		RESIDENCE PHONE # <b>(520) 724-5900</b>		BUSINESS PHONE # <b>(520)724-5900</b>		
WITNESS 2 <b>Lyons badge# 52529</b>		DOB _____ ADDRESS <b>270 S. Stone Avenue Tucson, AZ 857</b>		RESIDENCE PHONE # <b>(520)791-4444</b>		BUSINESS PHONE # <b>(520)791-4444</b>		
WITNESS 3		DOB _____ ADDRESS _____		RESIDENCE PHONE # _____		BUSINESS PHONE # _____		
WITNESS 4		DOB _____ ADDRESS _____		RESIDENCE PHONE # _____		BUSINESS PHONE # _____		

WC 8



**INVESTIGATION REPORT**

**Activity Number:** A15-163470

**ACD Name & Badge:** M Hendrickson #2066

01/09/15 0926 I Officer Hendrickson badge #2066 and Officer Foster badge #2042 arrived at a stray sick dog that was confined in the complainant's home. The resident of named stated that her brother had seen the dog, a German Shepherd three days prior roaming around the neighborhood. On Thursday the 8th sometime in the evening Ms. stated it was raining and the dog was at large, wobbling and seemed in pain so she brought the dog into her home. We impounded the female German Shepherd, who appeared to have many health issues. The Shepherd could not walk in a straight line and would stop to scratch herself multiple times while taking her to the truck, she had multiple areas of hair loss and appeared to be under weight.

We were about to leave the location when two Tucson Police Officers and the neighbor next door stopped and asked if we had a German Shepherd in the Pima Animal Care truck. The neighbor who resides at identified the dog as his dog Isis. Mr. stated that someone had broken into his home and either stole his dog or allowed the dog to escape on 1/8/15 that's why he had contacted the Tucson Police Department to file a report. Based on the appearance of the dog, Officer Foster asked Mr. when was the last time that the dog Isis had been to the veterinarian. Mr. stated his dog has not seen a vet for many years. Mr. Turner stated that his dog Isis had a stroke about two years ago during a monsoon. Mr. said that's the dogs eyes were moving erratically from side to side, Mr. admitted he didn't take his dog to see the veterinarian for that incident. He stated that if the dog made it through the night, she made it. if she didn't she didn't. He said he had to teach her how to walk again over a long period of time. Officer Foster offered Mr. three options, Option one being that he sign the dog over to Pima Animal Care Center and he wouldn't receive any citations. Option two would be that Mr. would follow us to an emergency vet of his choice and receive a citation for no license and no rabies vaccination for his dog provided he obtain recommended treatment. The third option would be to confiscate Isis issue a bond and all applicable welfare citations.

Mr. was given multiple opportunities over the course of nearly two hours to contact an emergency vet of his choice to take his dog to. Mr. spent approximately an hour and a half on the phone contacting multiple friends and nonemergency vets, and did not produce any results. Mr. seemed easy distracted and could not focus on the issue at hand regardless of its urgency. While Mr. was attempting to make arrangements Officer Foster and myself were escorted to the back yard by Tucson Police Officer Lyons badge #52529. We observed the back yard and photographed the area that Isis was kept. The yard had excessive animal waste and there were a numerous piles of miscellaneous items that made it difficult to walk around. There was a covered back porch that would have been suitable shelter but it was not accessible by the dog because it was blocked off by a baby gate. The dog's water receptacle was a stainless steel bucket with a small amount of water that was dirty and covered with algae.

Mr. was given plenty of time to make a decision about his dog but failed to comply, so the decision was made to confiscate the dog, issue a bond, and issue Mr. the citations listed above. After being informed of that decision Mr. stated that he called Buena Animal Hospital and made an 11:15 am appointment to see Isis but he didn't have any transportation to get him to the animal hospital and this was not disclosed to us until he was being cited. However, Mr. was presented the bond document and it was explained to him that he has ten days to pay the fees in order to have the opportunity for an order to show cause hearing. Mr. was issued citations for no license, no rabies vaccination, neglect of potable water, neglect of vet care and neglect of shelter (citation#73113 A-E) Mr. acknowledged signed and accepted copies of his citations and bond form, He was provided with his court date time and location. Mr. was then given his alternate form of Identification back.

Officer's Signature: *M Hendrickson*

Date: 1/11/15

WC 9

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Silverbell Rd  
 Tucson, Arizona 85705  
 Phone: (520) 243-5960  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT				ACO X. Delgadillo #2047		COMPLAINT NUMBER A15-163408	
SUSPECT'S ADDRESS							
ZIP	CITY Tucson	STATE AZ	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS							
ZIP	CITY	STATE	BUSINESS PHONE NUMBER			DRIVERS LICENSE	
SEX	WEIGHT 178	HEIGHT 5'10"	EYES Blu	HAIR COLOR Br	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 01/07/15 15:33	DATE AND TIME OCCURRED 01/07/15 15:33
<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 checked="" 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 Officer X. Delgadillo	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. 520-724-5900*3
<input type="checkbox"/> I WAIVE "upon request" rights in this case.	VICTIM'S ADDRESS 4000 N. Silverbell RD	ZIP 85745	CITY Tucson	STATE AZ
<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:
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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 X. Delgadillo #2047	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS	UTQ <input type="checkbox"/>

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	CODE/ORD VIOLATED 6.4.070, 11-1010(ARS), 6.4.110 (B) (5)		REVIEWED BY 1-8-15 DTB/1911
	CITATIONS/NUMBERS 73683, 73684, 73685		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#
Lab Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Walker	Yellow	M	A					506525
Chihuahua VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Hershey	Brown/White	F	A					506526
Pit Bull VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Kilo	Brown/White	M	A					506524
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 9



## INVESTIGATION REPORT

**Activity Number: A15-163408**

**ACO name & Badge: X. Delgadillo**

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**01/07/15 1533 While en-route to another call, I Officer Delgadillo, passed by the address of \_\_\_\_\_ where I observed several Chihuahuas in separate pens. I could not see shelter or water from the road so I stopped to verify.**

**As I approached the pens, I observed a large amount of feces in the pen and dark colored water which did not appear potable. The dogs did have shelter. As I continued to walk the property I saw a brown and white pit-bull on a tie-out (shelter; food and water were present) and next to him was another pen with a lab mix and a Chihuahua.**

**While photographing the yard, a resident came out of one of the trailers on the property. I met with \_\_\_\_\_. He stated that he has been care taking the pit-bull for a friend for a few weeks, and I advised him tie-outs were illegal. He stated that he had the dog tied for 5 days because he dug under his pen. He stated that the dog owner was a Hamdi Hardy, per chameleon no person found. Mr. \_\_\_\_\_ stated that the Chihuahuas in the front pens were not his the one with lab inside the pen is his. He stated that he has called the owner, Paul Martinez, and he should be arriving shortly. I asked Mr. \_\_\_\_\_ if his dogs were licensed and vaccinated and he stated that they were not.**

**Mr. \_\_\_\_\_ was cited into Pima County Court for neglect tie-out for Kilo, a brown and white pit bull, and for no license; no rabies vaccine for Kilo, Walker, a yellow lab and Hersey, a brown and white Chihuahua. Mr. \_\_\_\_\_ was advised of the court address of 240 N. Stone and he signed his citations and received a copy. He was provided with the court date and time.**

**Officer's Signature:**

**Date:**

**1/8/15**

WC 10

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Campbell Ave  
 Tucson, Arizona 85719  
 Phone: (520) 243-5960  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT				ACO NAME / BADGE # <b>X. Delgadillo #2047</b>		COMPLAINT NUMBER <b>A15-163030</b>	
SUSPECT'S ADDRESS <b>t</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		CODE IF OTHER 4-3-(1), 4-3-2(A), 4-3-2(B), 4-3-2(C), 4-3-2(E)(2)	
ZIP	CITY <b>Tucson</b>	STATE <b>AZ</b>	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		DRIVERS LICENSE		
SEX	WEIGHT <b>211</b>	HEIGHT <b>5'2"</b>	EYES <b>Grn</b>	HAIR COLOR <b>BR</b>	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 <b>01/02/2015 / 0845</b>		DATE AND TIME OCCURRED <b>01/02/15 / 0909</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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.
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<input type="checkbox"/> I WAIVE "upon request" rights in this case.	VICTIM'S ADDRESS	ZIP	CITY	STATE
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<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (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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<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input type="checkbox"/> VIOLATION	BITE SEVERITY:	TREATED BY <b>Mission Pet Clinic</b>	PHONE NUMBER <b>520-889-5751</b>	DATE QUARANTINED	PACC <input type="checkbox"/>
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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"/>	RELEASE DATE:	VET <input type="checkbox"/>
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PHONE NUMBER	VET CLINIC <b>Mission Pet Clinic</b>	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#			
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3 <sup>RD</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	CITING ACO	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 <b>4-3-(1), 4-3-2(A), 4-3-2(B), 4-3-2(C), 4-3-2(E)(2)</b>	REVIEWED BY <b>KMST 1/4/15</b>
	CITATIONS/NUMBERS <b>73682</b>	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 Shepard VICTIM OWNER <input checked="" type="checkbox"/>	Oso	Black	M	adult					506014
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 checked="" 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 #

NC 10



## INVESTIGATION REPORT

**Activity Number: A15-163030**

**ACO name & Badge: X. Delgadillo #2047**

On January 2, 2015, Officer Adkins#1961 responded to \_\_\_\_\_ st reference an abandoned dog on a tie-out. Officer Adkins met with Tucson Police Officer Fernandez badge#39773, Case# 1501020113. Officer Fernandez explained to Officer Adkins that when he arrived and spoke with the complainant, the complainant stated the dog has been tied out for the days; the dog owner has not been seen since the dog was tied out. The dog had no food; water; or shelter. Officer Fernandez stated when he entered the yard, the dog's tie-out was wrapped around his legs and the stroller that was in the yard and had no food or water. Officer Fernandez stated he gave the dog water and did not have any owner information. The dog was on a 15 foot wire tie-out which was wrapped around one of the porch posts. Officer Adkins took photos and impounded the dog.

On January 3, 2015 at approximately 15:30, dog owner \_\_\_\_\_, came to Pima Animal Care Center to redeem her dog. Ms. \_\_\_\_\_ was cited into Tucson City Court for Neglect abandonment; Neglect no food; Neglect no water and Neglect no shelter. Ms. \_\_\_\_\_ signed her citations and received a copy. Ms. \_\_\_\_\_ was advised of her court date and time.

**Officer's Signature:**

A handwritten signature in black ink, appearing to be "X. Delgadillo", written over a large, loopy scribble.

**Date:**

01/03/15

WC 11

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Silverbell Rd.  
 Tucson, Arizona 85714  
 Phone: (520) 243-5960  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT		ACO NAME / BADGE # <b>A.Kirby #2057</b>		COMPLAINT NUMBER <b>A14-160629</b>	
SUSPECT'S ADDRESS		BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER		
SUSPECT'S BUSINESS ADDRESS <b>NOT GIVEN</b>		CODE IF OTHER :			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		
SEX	WEIGHT <b>170</b>	HEIGHT <b>5'05"</b>	EYES <b>GRY</b>	HAIR COLOR <b>BLN</b>	ORIGIN
DOB		SSN <b>264-57-5281</b>			

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

LOCATION OF INCIDENT		DATE AND TIME REPORTED <b>11/23/14 / 1725 hrs</b>		DATE AND TIME OCCURRED <b>01/15/15 / 1728 hrs</b>	
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIEOUT		BEATEN		WASTE	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
OTHER (EXPLAIN)					

I CHOOSE "upon request" rights in this case  
 I WAIVE "upon request" rights in this case.  
 REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)

VICTIM/COMPLAINANT NAME <b>PACC Officer A. Kirby #2057</b>		D.O.B		RESIDENCE PHONE NO. <b>520-724-5900</b>	
VICTIM'S ADDRESS		ZIP	CITY	STATE	
VICTIM'S BUSINESS ADDRESS <b>4000 N. Silverbell Rd.</b>		ZIP <b>85745</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	

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:			

ADDRESS AND PHONE NUMBER SAME AS VICTIM  
 RELATIONSHIP TO VICTIM  
 PHONE NUMBER

<input type="checkbox"/> VIOLATION		BITE SEVERITY:		TREATED BY	
<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:		PHONE NUMBER	
VET CLINIC		PHONE NUMBER		DATE QUARANTINED	
CLINIC'S ADDRESS		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		RELEASE DATE:	

LAWFUL REPRESENTATIVE ADDRESS

3 <sup>RD</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITING ACO <b>A.Kirby #2057</b>		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	
PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER <b>A12-097284</b>		OTHER ADDITIONAL REPORTS	

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

CODE/ORD VIOLATED <b>6.04.110(B)(4)</b>		REVIEWED BY <b>2002 KON ST 1/25/15</b>	
CITATIONS/NUMBERS <b>73475</b>		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#
Shep. / Mix VICTIM OWNER <input checked="" type="checkbox"/>	<b>Rusty</b>	<b>Tan/Black</b>	<b>M</b>	<b>A</b>	<b>CITATION</b>	<b>CITATION</b>	<b>N</b>	<b>A507925</b>
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 11



## INVESTIGATION REPORT

**Activity Number: A14-160629**

**ACO name & Badge: A. Kirby #2057**

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On January 15, 2015 at approximately 1728 hours I Officer Kirby #2057 arrived at \_\_\_\_\_ and met with \_\_\_\_\_, the owner of Max, a tan Chihuahua that had passed away on 11/26/14 from its injuries sustained in a dog on dog attack on 11/23/14. Mrs. \_\_\_\_\_ stated she simply felt it was her duty to report the incident and just wanted us to advise the attacking dog owner of the laws and the incident. Mrs. \_\_\_\_\_ pointed out 15025 W. Well Fargo Pl. as the address where the attacking dog lives.

I then went to that address and located a black and tan Pit Bull Mix tied to a tree in the front yard, and 5 other dogs running around loose in the front yard. I was then met at the gate by \_\_\_\_\_; (DOB: 08/01/59). Mrs. \_\_\_\_\_ was explained the reasons for my visit as well as the fact that tie outs are illegal even though the dog has water with it. Mrs. \_\_\_\_\_ stated the dog tied out to the tree was named Star and was the father to most of the other dogs on the property. Mrs. \_\_\_\_\_ allowed me access to the property for a premise inspection. I then observed a black and tan Shepherd Mix that was bleeding from its anus, according to Mrs. \_\_\_\_\_; the dog's name is Rusty and the bleeding was caused due to a dog fight earlier in the day.

Mrs. \_\_\_\_\_ then took me into the back yard where four shepherd mixes were kept in kennel runs. I observed all of the dogs had shelter; however the water buckets in the kennel run were green and full of dirt and algae. The 4 dogs in the kennels were named, DumDum, Thor, Rebel, and Lady.

The additional 4 dogs running loose on the property were named, Buster, Spirit, JR, and Jack, with the exception of Rusty all of the dogs on the property appeared healthy and of good weight, Star was immediately removed from the tie-out once advised to do so. All of the dogs had access to adequate shelter.

WC 11

I issued citations accordingly for the lack of clean water for the 4 dogs in the kennel runs, the tie-out for star, and no license, no rabies vaccinations for all of the dogs on the property. Mrs. [redacted] was explained her citations, court date, time, and the new location of PCJC where court would be held, she stated she understood and signed the citations.

Mrs. [redacted] also signed a premise inspection for vet care for Rusty, allowing 24 hours to receive vet care with a required end date and time of January 16, 2015 by 1800 hours. I also provided Mrs. [redacted] with a laws brochure and explained all of the animal welfare laws to her.

On January 20, 2015 at approximately 1535 hours I arrived at [redacted] to follow up on a premise inspection for vet care regarding Rusty a tan/black shepherd mix that was bleeding from the anus area on my previous visit on January 15, 2015. I was met by Mrs. [redacted] who stated she did not have a vet treat Rusty, but did have a friend help her put honey on the wounds. I advised Mrs. [redacted] that the premise inspection she signed stated that Rusty must receive Vet care in which she failed to do so. I then explained to her that for the welfare of Rusty I would be impounding him to make sure he receives vet care. Mrs. [redacted] decided she would sign over Rusty and DumDum to PACC as she could not afford to care for them anymore. I then impounded Rusty and DumDum and had Mrs. [redacted] sign an owner Surrender Form. I then cited Mrs. [redacted] for Neglect - Vet Care for Rusty. Mrs. [redacted] was explained the citation, court time, date, and location, stated she understood and signed the citation.

Officer's Signature:



Date: 01/20/15

WC 12

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Silverbell Rd  
 Tucson, Arizona 85717  
 Phone: (520) 243-5960  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT				ACO NAME / BADGE # <b>X. Delgadillo #2047</b>	COMPLAINT NUMBER <b>A15-163903</b>
SUSPECT'S ADDRESS					
ZIP	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER		
SUSPECT'S BUSINESS ADDRESS				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>	
				CODE IF OTHER :	
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		
				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
DRIVERS LICENSE					
SEX	WEIGHT <b>185</b>	HEIGHT <b>5'3"</b>	EYES <b>Bro</b>	HAIR COLOR <b>Blk</b>	ORIGIN
DOB		SSN			

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

LOCATION OF INCIDENT	DATE AND TIME REPORTED <b>01/14/2015 / 17:02</b>	DATE AND TIME OCCURRED <b>01/16/15 / 14:53</b>
FOOD <input checked="" 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 type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input checked="" type="checkbox"/> <b>Vet Care</b>		

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME <b>X. Delgadillo #2047</b>	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>520-724-5900*3</b>
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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 <b>4000 N. Silverbell Rd</b>	ZIP <b>85745</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>
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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 type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <b>150116189</b> <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:
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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"/>
<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	VET <input type="checkbox"/>
					HOME <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#
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VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO	PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER <b>CR99-235673</b>	OTHER ADDITIONAL REPORTS <b>See attached</b>
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CODE/ORD VIOLATED	REVIEWED BY
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CITATIONS/NUMBERS	BOND YES <input checked="" type="checkbox"/> NO <input 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#
Shepherd Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Black Tan	M	A					507523
Lab Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Black	F	A					507526
Lab Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Black Brindle	M	A					507527
Shepherd Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Tan	M	A					507531
Shepherd VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		White/Tan	F	A					507535
Terrier Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Brown/Cream	F	A					507536
Terrier Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Tan/White	M	A					507538
Chihuahua VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Tan	F	A					507539

WITNESS 1	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
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WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
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WC 12

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME	COLOR	SEX	AGE	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Dobie/Shepherd	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Black/tan	F	A				507540
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Brown/black white	F	P				507541
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Brown/black white	M	P				507542
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Brown/black white	M	P				507543
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Brown/black white	M	P				507545
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Tan	F	A				507556
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Brown/black white	M	P				507557

Lab Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Black	F	A				507558
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Tan	F	A				507559
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Tan/Black	F	A				507560
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		tan	F	A				507561
Rabbit	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		White	F	A				507562
Rooster	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		White	M	A				507563
Shepherd Lab	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		White/Tan	M	A				507564

Hen	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		White	F	A				507565
Rooster	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Red	M	A				507566
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Black/Tan	M	A				507567
Domestic Short Hair	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Black/white	F	A				507568
Domestic Short Hair	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Orange Tabby	F	A				507574
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Tan	F	A				507573
Shepherd Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Black/white	M	A				507575





## INVESTIGATION REPORT

**Activity Number: A15-163903**

**ACO name & Badge: X. Delgadillo #2047**

01/16/15 14:53, while working case A14-161251, I was asked by the property owner to go [redacted] 1 in reference to the tenant having more than 30 dogs. When I arrived, I observed approximately 4 to 5 dogs roaming in the yard and several makeshift kennels on the property. When I exited the vehicle to photograph the area (plain view was visible) the dogs roaming in the yard approached the fence and several were very thin, emaciated. A gentleman drove up and entered the walk gate and I called him back to my vehicle. I asked him (identified himself as [redacted]) if he was the property owner and he stated that he and his wife reside there. I asked him for permission to enter and check the welfare of the dogs in the kennels. He stated that I could not because his wife would not allow it and he was afraid of her. I then contacted Supervisor Tenkate and advised her of the situation and she advised to contact Pima County Sheriff Department to respond. When Deputy Pederson, badge#7730, arrived he attempted to talk to Mrs. [redacted] and she approached the fence with a green bottle in her hand and was talking on her cell phone. She immediately handed the cell phone to Deputy Pederson stating her attorney was on the line; he took the cell phone and turned around, when he turned, Mrs. [redacted] sprayed my eyes with the bottle she was holding. I asked her what was in the bottle and she stated "Holy Water". Mrs. [redacted] stated that we did not have permission to enter and that a search warrant would need to be obtained to enter. I contacted Supervisor Tenkate and Deputy Pederson began making notifications to his supervisors. It was then decided we had exigent circumstances to enter due to the health and welfare of the animals.

Deputy Pederson and I entered the yard through the unlocked walk through gate and began making our way to the front door. Mrs. [redacted] came out of the residence and stated that we needed to have a search warrant. Deputy Pederson asked Mrs. [redacted] to step aside and talk with him so that he may explain exigent circumstances. While the Deputy was speaking with Mrs. [redacted] I began observing the kennels and the conditions of the dogs. I observed approximately 13 to 15 makeshift kennels made of up old wooden pallets; some plywood for roofs; chain link and chicken wire for fencing. These makeshift pens were of poor condition; the doors had been nailed shut or wired shut.

Some of the dogs had a small amount of water; others had no water, the dogs weight were in poor condition for their breed and size. All the makeshift kennels were littered with excessive waste; some piled in several areas of the pens.

WC 12

At the beginning of the path to front door there were two rooster and rabbit in makeshift crates on the left and one chicken on the right in a makeshift crate.

I then began impounding the dogs that were roaming loose on the property with the assistance of Mr. [redacted], a total of 5. Mrs. [redacted] at that time, had become belligerent with the Deputy and for safety concerns, Mrs. [redacted] was placed in the Deputy's patrol car.

Two terriers were housed in a homemade dog crate; which had no water and was not sufficient in size to house two small dogs. The crate next to it had a Chihuahua that was emaciated with hip bones protruding; no water or food was present. I had impounded 13 dogs and did not have anymore kennel space in my vehicle. While waiting for Investigator Klein and Officer Hinte to arrive to assist with the impound, Detective Crehan arrived and the impoundment was ceased in order to obtain a search warrant as it was deemed a felony case after the Detective reviewed the confinement and conditions of the dogs.

While waiting to obtain the search warrant, Deputy County Attorney Rona Kreamer arrived to observe the scene. Officer Downing #1923 arrived and I received permission to escort Investigator Klein, Officer Downing and Officer Hinte to kennels so that we could plan the extraction of the dogs. After viewing the kennels, we exited the property and waited for the warrant to be served in order to begin the impoundment.

At approximately 18:50 we were allowed to enter and resumed impounding the dogs. The dogs from pen # 3 and 4 were removed without incident. These dogs were emaciated and the ribs and hip bones very prominent. While removing the dogs from pen #5 (two dogs in this kennel), the dog in pen# 6 rushed the fence of pen#5 and the chain link gave and the dog pulled Investigator Klein's jacket and pulled her to the fence and was bitten on her right forearm. After this incident it was deemed unsafe to continue as we had no lighting and or path from the kennels to the open yard was very narrow and la large amount of debris in the area. We concluded the impoundment at this time.

On January 17, 2015 at approximately 07:50, I Officer Delgadillo #2047, Officer Hendrickson #2066, Officer Robledo #1990 and Investigator Carver#1901 arrived to [redacted] I to continue with impoundment of the dogs. Deputy Gallo from Pima County Sheriff was on scene.

We started the impoundment with the pen#6, which was the biter from the previous day. The dog was very aggressive and was obvious that it was never socialized. To remove this dog we had to partially dismantle the kennel. There was a dog in med-sized dog crate in the open area between kennels. I asked Mr. [redacted] the dog in the crate where did it come from; when we left the previous night, there were no loose dogs. Mr. [redacted] stated that the dog got out of its kennel and I asked him to show me which one. He pointed to the front of the kennels, which later marked as kennel# 16.

WC 12

I went to the kennel and the top had an opening where the dog escaped from. This kennel was completely enclosed with areas for minimal light to seep through.

When we reached kennel #9, the dog was also very aggressive and as Investigator Carver was attempting to remove the wiring and nails to obtain access, the dog bit him on his right index and pinky finger through an opening in the pallet. I attempted to assist in opening the kennel as well and the dog continued to try to bite, we then had to use wire cutters to obtain access and remove the dog. The remaining kennels required wire cutters and tools to remove the nails to obtain access. The dogs in kennel #13 were four shepherd/retriever mixes.

The kennel was not sufficient in size to house four dogs. The dogs had no room and would jump on the side of the walls to try to go around each other.

The dog in kennel #15 was completely enclosed and had no water; the dog had a dog crate that he could barely fit into. In order to extract this dog I had to crawl into the kennel, and when I attempted to extract him, he cowered and went into the dog crate.

We completed the impoundment and left without incident

1/21/15 17:32 Arrived to residence, gate locked honked horn. Mr.

came to the gate and he asked if he could redeem Cutie 507556. I advised him I was here to serve bond paperwork for the animals removed from the property. He stated that he just wanted Cutie. I asked him if Olga was available and he stated that she was showering. I asked him if he wanted to sign the forms he stated that he did not want to but he would take copies for . I signed all 8 pages served at 1736 and served to Florencio Arvizu. I attached a photo of Mr. with the copies in his hand

Officer's Signature:



Date:

1/23/15



**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**

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## **MEMORANDUM**

**TO:** Kim Janes, Chief of External Operations  
**FROM:** Neil Konst, Animal Care Field Supervisor  
**DATE:** 2/1/15  
**RE:** Dangerous Dog Cases for January 2015

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### Oro Valley:

1. A14-162323 David Shelton; dog named Sumi was declared Dangerous by Investigator Carver who is monitoring compliance.

### Pima County:

2. A14-161990 Desiree Herndon; dog named Coco was declared Not Dangerous by Investigator Eckelbarger.
3. A14-1159477 Lauren Di Angilo; dog named Harvey was declared Dangerous by Investigator Klein who is monitoring compliance. The owner has requested a hearing which is scheduled on 2/6/15.
4. A14-162261 Robert Wilson; dog named Odie was declared Not Dangerous by Investigator Carver.

### City of Tucson:

5. A14-162381 Kenneth Bamford; dog named Ozzy was declared Dangerous by Investigator Klein. The dog is currently impounded. The owner has requested a hearing which is scheduled on 2/5/15.
6. A14-154735 Alex Salomon; dog named Red was declared Vicious by the court. Investigator Eckelbarger monitored and reported the owner was in full compliance.
7. A14-155804 Alisa Mendoza; dogs named Mister and Duke were declared Vicious by the court. Investigator Eckelbarger is monitoring compliance.
8. A14-162551 Daniel Escobar; dogs named JoJo and Charlie were declared Not Dangerous by Investigator Eckelbarger.



DD #1

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4000 N Silverbell Rd  
 Tucson, Arizona 85718  
 Phone: (520) 243-5960  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org

SUSPECT <b>David Ray Shelton</b>				ACO NAME / BADGE # <b>A. Kirby #2057</b>		COMPLAINT NUMBER <b>A14-162323</b>	
SUSPECT'S ADDRESS							
ZIP	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS <b>N/A</b>				BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>			
SUSPECT'S BUSINESS ADDRESS <b>N/A</b>				CODE IF OTHER: <b>Dog On Dog Attack</b>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS <b>N/A</b>				CI <input type="checkbox"/> CO <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Oro Valley</b>			
DRIVERS LICENSE							
SEX	WEIGHT	HEIGHT	PYFS	HAIR COLOR	ORIGIN	DOB	SSN

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

LOCATION OF INCIDENT				DATE AND TIME REPORTED <b>12/20/14 / 1143 hrs</b>		DATE AND TIME OCCURRED <b>12/20/14 / 11:00 hrs</b>	
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
WASTE OTHER (EXPLAIN)							

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT 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	
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REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-288 (B)

VICTIM'S BUSINESS ADDRESS			ZIP		CITY		STATE	
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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 # <b>V14120864</b> <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input checked="" type="checkbox"/> OTHER: <b>OVPD</b>		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"/>	
<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:								VET <input type="checkbox"/>	
								RELEASE DATE:		HOME <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"/>	
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PHONE NUMBER

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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LAWFUL REPRESENTATIVE ADDRESS

3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO <b>A. Kirby #2057</b>		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 <b>8-9-1 (A), 8-3-1</b>				<b>ORO</b>				REVIEWED BY <b>12-23-14</b> <b>DTK 1911</b>			
--	--	--	--	------------	--	--	--	--	--	--	--

VERBAL

CITATIONS/NUMBERS <b>734B4</b>								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#
Papillon/ Chihuahua	BeBe	Black/ White	F/S	A			Dead	
Siberian Husky	Sumi	Black/ White	F	A	L14-233647		Normal	
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 #

DD# 1



# INVESTIGATION REPORT

**Activity Number: A14-162323**

**ACO name & Badge: A. Kirby #2057**

On December 20, 2014 at approximately 1206 hrs I Officer Kirby #2057 responded to [redacted] in reference to Oro Valley Police Department (OVPD) Case #V14120864, regarding a dog on dog attack resulting in one dogs death. Upon arrival I met with OVPD Officer Merker V257 and the owner of the victim dog,

[redacted] stated that at approximately 1100 hrs she was walking all 3 of her dogs in the desert common area behind the homes on her street. She stated as she was walking behind [redacted] a black/white husky mix named Sumi jumped from the yard or [redacted] and attacked her dog Bebe dragging it up the hill. She stated that Sumi jumped back into its yard for a moment before jumping out and attacking her second dog, then jumping back into its yard for a brief moment, then attacking her third dog. Only the 1st dog died in the incident. [redacted] stated she rushed the dog to the vets office where the vet simply told her it was dead and there was no evaluation done. OVPD Officer Merker contacted the vets office and was informed the dog was brought in already dead and that they observed some bruising on the chest, the vet also advised OVPD Officer Merker that an offer for the vet to determine cause of death was denied by [redacted] advised she wanted citations issued on her behalf for the attack on her dog.

I then went to meet with the dog owner at [redacted]. Upon arrival at this address I met with [redacted] the owner of Sumi, a black/white female husky, and explained the reason for my visit. [redacted] stated the claims were impossible since the dogs were inside all morning while his landscapers were working. [redacted] claimed the dogs were capable of jumping the back wall if they were outside unattended, and he is aware of this and that is why they are always with him when he lets them out. As requested I issued citations for biting animal and leash law on behalf of [redacted] was explained his citations, court date, time, and location, stated he understood and signed the citation.

**Officer's Signature:**

**Date:**

12/20/14

DD# 2

<b>INVESTIGATION REPORT</b>		SUSPECT <b>DESIREE HERNDON</b>				ACO NAME / BADGE # <b>J RADEMAKER 2019</b>		COMPLAINT NUMBER <b>A14-161990</b>				
Pima County Health Department Pima Animal Care Center 4006 N. Silverbell Rd. Tucson, Arizona 85745 Phone: (520) 243-5900 Fax: (520) 243-5960 www.pimaanimalcare.org		SUSPECT'S ADDRESS				BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>		CODE IF OTHER: <b>DOG ON DOG ATTACK</b>				
		ZIP	CITY	STATE	RESIDENCE PHONE NUMBER							
		SUSPECT'S BUSINESS ADDRESS				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		DRIVERS LICENSE				
		ZIP	CITY	STATE	BUSINESS PHONE NUMBER							
		SEX	WEIGHT	HEIGHT	ETC	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 <b>SECRET CANYON DR AT CLOUD CANYON PLACE</b>				DATE AND TIME REPORTED <b>12/15/14 / 0938</b>		DATE AND TIME OCCURRED <b>12/15/14 / 0830</b>				
		FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN	WASTE	OTHER (EXPLAIN)	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>LEASH</b>	
<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:		
<input type="checkbox"/> 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:						PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>		
PHONE NUMBER		VET CLINIC <b>SUNRISE PET CLINIC</b>				PHONE NUMBER <b>299-5044</b>		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				QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		FRA HEAD#				
		OTHER VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO <b>DOWNING 1923</b>		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 <b>6.04.030; 6.04.120(B)(2)</b>								REVIEWED BY <b>2002 KONST 12/23/14</b>		
		CITATIONS/NUMBERS <b>73100 A-D</b>								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#
<b>GOLDEN RETRIEVER</b>		VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>		<b>SAM</b>		<b>GOLD</b>		<b>M</b>	<b>11Y</b>	<b>L14-096602</b>	<b>CURRENT</b>	<b>INJ</b>
<b>BOXER/PITBULL</b>		VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		<b>COCO</b>		<b>TAN/WHITE</b>		<b>F</b>	<b>3Y</b>	<b>L15-165519</b>	<b>CURRENT</b>	<b>N</b>
<b>HEELER/SHARPEI</b>		VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		<b>RONAN</b>		<b>TAN/WHITE</b>		<b>M</b>	<b>3Y</b>	<b>EXPIRED 10/22/13</b>	<b>EXPIRED 10/22/13</b>	<b>N</b>
		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 #		

## INVESTIGATION REPORT

DD#2

Activity Number: A14-161990

ACO name & Badge: J RADEMAKER 2019 ; D DOWNING 1923

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On December 15, 2014 at 09:38AM Pima Animal Care Center (PACC) dispatch received a call from complainant [redacted] who stated that the dog named "Coco" and another brown boxer mix type dog came running across the wash into the complainant's neighborhood and the dog "Coco" attacked her dog while she was walking her dog on a leash. She was able to break them apart and somehow got "Coco's" collar and license number. The complainant wants citations and restitution. She stated that the dog is always out.

On December 17, 2019 at 1053AM I, Officer Rademaker #2019, went to [redacted] in response to a leash law animal attack complaint by [redacted]. I met with [redacted] and her husband [redacted]. I saw and photographed their currently licensed Golden Retriever dog Sam, the victim of the attack.

[redacted] said that she was walking Sam on leash in their gated neighborhood with neighbor [redacted]. They were on [redacted] near the traffic mirror at the intersection of [redacted] and [redacted] when 2 dogs came from the desert to the South and attacked Sam. Sam suffered multiple injuries to his left ear in the attack. The ladies were able to intervene and chase the attacking dogs away. In the melee [redacted] ended up holding the collar of one of the attacking dogs. It is an orange nylon collar and has a pink personalized "bone" tag saying "COCO" and "[redacted]" and a PACC license #165519. PACC records show that license issued to [redacted] for COCO [redacted], a brown 3 year old boxer. [redacted] described the dogs as being mostly brown boxer mix dogs and said they belong to a house, visible to the South from the place of the attack, that is in another neighborhood. She showed me the house and I photographed it for this report. She said the dogs have come into her neighborhood frequently and caused problems. She will put together a list of neighbors who have knowledge of these dogs. [redacted] has had Sam treated at Sunrise Pet Clinic for his injuries and has incurred veterinary bills of \$466.00 to date, with more anticipated.

[redacted] requests that PACC issue citations on her behalf to the owners of the attacking dogs for leash law and biting animal violations. She also requests a dangerous dog evaluation on both dogs and restitution for her veterinary expenses.

DD# 2

After meeting with [redacted] went to [redacted] to meet with the owners of Coco A357168. PACC records identify the owners as [redacted] and [redacted]. I was met at the front door by [redacted] who identified himself as the son of the owners. He said his birthday was [redacted] and that he was a freshman at UA and that he resided on campus and was visiting his parents for the holidays. Also present was juvenile [redacted] who said she was [redacted] years of age. I tried to explain the complaint to [redacted] but he kept interrupting with various legal theories and explanations of the incident, although he said he was not present at the time of the incident. He did state that the 2 dogs are Coco and Ronan and brought them to me to photograph. He said Ronan belongs to his sister [redacted] who resides in California and is also visiting for the holidays. He said she was not present at that time. The dog, Ronan is [redacted] a 3 year old tan male heeler/sharpei mix adopted from PACC by [redacted]. Its license and rabies vaccination both expired 10/22/13. Owner [redacted] was arrested by PCSO on [redacted] at the parents residence. Ronan was impounded then on activity A13-120139 at [redacted] by Officer Downing 1923 in response to a request from PCSO that stated the owner was arrested.

[redacted] came to me with a cell phone and told me that her mother wanted to speak with me. I answered, identifying myself, and immediately began to berate me for being on her property and talking to her children. I explained that [redacted] was over 18 years of age and that I was there on official business investigating a complaint. She said that the residence is hers, the dogs are hers and I should be talking to her and not the children. I asked when we could meet and if she would be available later in the day. She replied not until Friday. I said that I was off then and she then said Monday before 0900AM. She refused to consider meeting on Sunday. I asked for a gate code to get into the gated neighborhood and she would not give me one.

I found that [redacted] is President of [redacted] and [redacted] lists herself as a consultant to [redacted] on her LinkedIn profile.

On December 22, 2014 I went to [redacted] at 0800AM and [redacted] was not there. Her daughter, [redacted], said she was out walking and for me to return at 0900. I returned and met, briefly, with [redacted] who was very upset and confrontational. I attempted to explain the complaint and she refused to hear me out, saying she was upset with the complainant's behavior.

We were speaking at the main entrance to the residence, a double door, and [redacted] opened the door and the dog Ronan came out onto the patio and attacked me. It bit at my legs, ripping my pants at the inner right thigh but not puncturing my skin. [redacted] and I believe at least one of her children retrieved and removed the dog. [redacted] went inside saying she would not speak with me any more. I said I wanted to impound Ronan and she said he was going away today, which I took to mean possibly going to California with daughter [redacted].

DD#2

I asked PACC dispatch to have the Pima County Sheriff's Office (PCSO) respond. \_\_\_\_\_ came out with her son \_\_\_\_\_ and drove away in a Chevrolet SUV prior to PCSO arriving. I posted a notice of violation and a law brochure on the front door and left a copy of Pima County's animal laws.

I next went to \_\_\_\_\_ and met with \_\_\_\_\_ confirmed that she had been walking her puppy Mike along with \_\_\_\_\_ and her dog Sam on 12/15/14 at 0830AM when Sam was attacked by two dogs. \_\_\_\_\_ said she was familiar with the attacking dogs as she had contact with them and their owner previously when they were at large in her neighborhood. \_\_\_\_\_ positively identified the photos I had of Coco and Ronan as being the attacking dogs and further identified Coco by name. I explained that she might be called to testify at court and she said she understood.

On December 23, 2014 at 0932 AM Officer D Downing 1923 met with \_\_\_\_\_ at her residence. He explained the nature of the complaint and issued the citations to her and assigned her a court date. She received copies of the citations. Officer Downing 1923 gave her information on how to get copies of the report.

Officer's Signature:   
1923

Date: 12/23/14

DD # 3

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Silverbell Rd  
 Tucson, Arizona 85715  
 Phone: (520) 243-9900  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT <b>Lauren Di Angilo</b>	ACO NAME / BADGE # <b>Klein 1926</b>	COMPLAINT NUMBER <b>A14-159477</b>
------------------------------------	---	---------------------------------------

SUSPECT'S ADDRESS		BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
710	CITY <b>Vail</b>	STATE <b>Az</b>
RESIDENCE PHONE NUMBER		CODE IF OTHER :

SUSPECT'S BUSINESS ADDRESS <b>Unknown</b>		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  NO

LOCATION OF INCIDENT	DATE AND TIME REPORTED <b>11-5-14 / 2012</b>	DATE AND TIME OCCURRED <b>11-5-14 / 1600</b>
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)		

I CHOOSE "upon request" rights in this case

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

VICTIM'S BUSINESS ADDRESS <b>Unknown</b>	ZIP	CITY <b>Vail</b>	STATE <b>Az</b>
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REQUEST/WAIVER exception per A.R.S. § 13-1405 (B) and § 8-286 (B)

VICTIM'S BUSINESS ADDRESS <b>Unknown</b>	ZIP	CITY	STATE
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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 <b>A14-162505</b>	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"/>
<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	VET <input type="checkbox"/>
					HOME <input type="checkbox"/>

RELATIONSHIP TO VICTIM

VET CLINIC <b>Southern Arizona Specialty Clinic</b>	PHONE NUMBER <b>520-886-2436</b>	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	FTQ <input type="checkbox"/>
			UTQ <input type="checkbox"/>

PHONE NUMBER

CLINIC'S ADDRESS <b>7474 E Broadway Blvd</b>	QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	<input type="checkbox"/> FRA HEAD#
---	--	------------------------------------

LAWFUL REPRESENTATIVE ADDRESS

3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO	PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
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VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

CODE/ORD VIOLATED	REVIEWED BY
CITATIONS/NUMBERS	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#
Poodle VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>	<b>Buster</b>	<b>Black</b>	<b>M</b>	<b>4Y</b>				<b>D</b>	<b>A</b>
QBH VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Harvey</b>	<b>Bl Merle</b>	<b>M</b>	<b>10</b>				<b>OK</b>	<b>A:</b>
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		
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		

ANIMAL CONTROL  
 CASE# **A14-162505**  
 ID **A**

DD#

3



## INVESTIGATION REPORT

Activity Number: A14-162505

ACO name & Badge: Klein 1926

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On December 6, 2014 at 1839 hours I arrived at [redacted] and met with [redacted].

[redacted] stated she was with her 8 year old and 17 year old sons walking their three dogs on leashes in their neighborhood on November 5, 2014. They were walking on the sidewalk when they came upon two dogs being walked by two females on the opposite side of the street. As they passed each other the other two leashed dogs began to bark, growl, snarl and lunge toward [redacted] dogs. She stopped and the other two continued to struggle with their two dogs while they continued to walk.

When they circled the block they encountered the two dogs being walked again. They were on the opposite side of the street walking southbound as [redacted] walked northbound. [redacted] the 4 year old black Poodle was on a leash held by [redacted] 8 year old son. [redacted] the 6 month old female Bloodhound was on a leash held by [redacted] 17 year old son. [redacted] the male 6 year old Pom/Poodle mix was on a leash being held by [redacted]. The 2 dogs across the street began acting in the same aggressive manner. She stated they were barking and lunging at the end of their leashes.

[redacted] said she saw the black, white and grey cattle dog break free. The dog came running across the street and went after [redacted], the black 4 year old Poodle. [redacted] said the cattle dog grabbed [redacted] and shook him violently. The 8 year old dropped the leash as [redacted] was being attacked. The owner came and got the cattle dog off of [redacted]. [redacted] stumbled a few feet then collapsed. [redacted] got everyone home and rushed [redacted] to Southern Arizona Vet Specialty Clinic. She stated he was screaming out and then stopped. He had labored breathing and became non responsive. When they arrived the clinic staff started CPR but were unable to save [redacted]. He died at the clinic.

[redacted] said the other dog owner came to her house the following day and offered to pay for half of the medical bills. After discussion she agreed to pay the full amount.

stated she does not want criminal citations issued to the owner of the ~~cattledog~~ but she does want a dangerous dog assessment. She has been very concerned because there are several other dogs and small children in the neighborhood. She added that she doesn't know dog breeds and does not know what type of ~~cattledog~~ it is. She said it might be a Heeler, Aussie or Border Collie. She said that the owner told her that they adopted both dogs from PACC and do not know the dogs history.

She was told that another dog was attacked by the same ~~cattledog~~ on Wednesday ( 12-5-14). She then spoke to who resides at and confirmed that his dog was attacked by the same ~~cattledog~~. He told her that the second dog, a pitbull mix was with the ~~cattledog~~ but that dog did not attack.

I informed that I would try to make contact with and I will refer this to my supervisors so a dangerous dog assessment can be done. I understood the procedure and is willing to testify if needed. I took photographs of and and asked if she would email photos of

I went to and received no answer. I left a notice asking to let me know when they would be available. I heard/saw no dogs on the property.

On December 23, 2014 at 1719 hours I arrived at and met with . I explained that I am responding due to 2 incidents reported to me regarding her dogs being at large and attacking other dogs. stated the most recent incident happened when a friend of her child's did not shut her front door completely and her black and white pitbull mix named ran out to meet a dog that was being walked by its owner. She said there were no injuries and her dog was just being overly friendly.

stated the incident that occurred in November happened when the other dog owner was on the other side of the street walking in the opposite direction with three dogs and several children. She stated those dogs instigated her 2 dogs by barking at them. She said one of the children across the street let go of the leash of a poodle and when the poodle ran off her Heeler, named chased after the poodle and they began to fight. said she immediately went to get Harvey. She said that one of the children, a boy was kicking at the dogs and when she bent down to get Harvey the boy punched her. She said the owner told her that the poodle died from a heart attack. She thought the Poodle may have died from being kicked. I explained that I needed to take photographs of and to have the other dog owner identify the dogs. She brought me inside of her home so I could take the photographs.

I then went to the complainants' house and showed her the photographs of and . She identified , the Heeler as being the dog that attacked her Poodle. She stated that her son did not let go of the leash until she told him to. That was after Harvey ran across the street and started attacking her Poodle.

DD# 3

I then returned to \_\_\_\_\_ and explained that the other dog owner does not want citations issued but she did request a dangerous dog assessment. I provided a dangerous dog pamphlet and explained that \_\_\_\_\_ will be declared dangerous based on the incident. I let her know that I will return after completing all documents.

\_\_\_\_\_ understood the process and stated she will be keeping the dogs crated indoors and will follow the order of compliance. 1926

Officer's Signature: 

Date: 1-6-15

E. Klein #1926

DD# 4

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4006 N. Silverbell Rd  
 Tucson, Arizona 85712  
 Phone: (520) 743-5900  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT <b>Robert Wilson</b>		ACO NAME / BADGE # <b>D.Hinte 2068</b>		COMPLAINT NUMBER <b>A14-162261</b>	
SUSPECT'S ADDRESS					
ZIP	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER		
SUSPECT'S BUSINESS ADDRESS				BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>	
SUSPECT'S BUSINESS ADDRESS				CODE IF OTHER :	
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE
SEX	WEIGHT	HEIGHT	EYES <b>U</b>	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 <b>12/19/14 / 10:32</b>		DATE AND TIME OCCURRED <b>12/19/14 / 9:00</b>
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. <b>520-742-6967</b>
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS		ZIP	CITY <b>Tucson</b>
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS		ZIP	STATE <b>AZ</b>
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:
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input checked="" 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:
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO <b>D.Hinte 2068</b>	PREVIOUS CASE NUMBER
CODE/ORD VIOLATED <b>6.04.030; 6.04.120(B)(2); 6.04.070; 11-1010(A) ARS</b>		CITATIONS/NUMBERS <b>73957 A-E; 73958 A-C</b>		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	OTHER ADDITIONAL REPORTS
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME	COLOR	SEX	AGE
<b>Mix</b>	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Odie</b>	<b>Brown</b>	<b>M</b>	<b>10 yr</b>
<b>Greyhound</b>	VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>	<b>Bella Pinare</b>	<b>White/tan</b>	<b>M</b>	<b>6 yr</b>
	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 checked="" type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE # <b>520</b>	
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 #	

REVIEWED BY **1-8-15**  
**DJK/1911**

BOND YES  NO

CONDO  ANIMAL ID#

Current

L15-133775

Cited

Cited

DD# 4



## INVESTIGATION REPORT

**Activity Number: A14-162261**

**ACO name & Badge: D. Hinte 2068**

On December 19, 2014 at 10:32 AM, Pima Animal Care Center (PACC) dispatch received a call from [redacted] regarding an attack on her dog, [redacted] stated that while walking her dog with a neighbor at approximately 9:00 AM that morning, a dog ran out of an open gate into the street and bit her dog. She stated that she transported her dog to Sahuaro Vista Animal Clinic for treatment for puncture wounds on one shoulder.

On January 6, 2015 at 6:24 PM, Officer Rademaker #2019 and I, Officer Hinte #2068, arrived at [redacted] to speak with [redacted] owner of the victim dog. [redacted] stated that she was walking her greyhound [redacted] at 9:00 AM on December 19, 2014 with her neighbor [redacted] when a dog, [redacted], exited its yard at [redacted] and began attacking her dog. [redacted] stated that [redacted] grabbed [redacted] throat and she began kicking him to get him off. A good samaritan in a white pickup also stopped to help get [redacted] off [redacted] dog. [redacted] did not know the man's name but is working on obtaining it from neighbors. [redacted] owner, [redacted], then yelled at her dog and he went back in the gate. [redacted] stated that she rushed her dog to the vet without further contact with [redacted]. Vet bills have exceeded \$1400.00 to date. [redacted] requested that citations be issued, that the court order restitution of veterinary expenses, and a dangerous dog assessment be conducted.

We then made our way to [redacted] and met with [redacted] who stated that he was in the car at the time, and his wife had just opened the front gate for him to exit the property. It was at this time that [redacted] ran from the yard and bit [redacted]. We explained the leash law in Pima County and informed [redacted] that we would be issuing citations for leash law and biting animal. We also informed him that because [redacted] was not current on his license and vaccination he would be receiving citations for that as well. We inquired about any other dogs on the property, to which he volunteered that he had two more, [redacted], 7, and [redacted]. Both dogs were not current on license or vaccination.

DD#

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received citations in the County for 1x leash law, 1x biting animal, 3x no license, and 3x no vaccinations. We explained his court location, date, and time. He stated he understood, signed and received his copy. We also advised him that the victim requested restitution for veterinary expenses and that a dangerous dog assessment be conducted.

Officer's Signature: 

Date: 1/08/15

DD# 5

<b>INVESTIGATION REPORT</b>		<b>SUSPECT</b> <b>Kenneth Bamford</b>				ACO NAME / BADGE # <b>Attebery, 1929</b>		COMPLAINT NUMBER <b>A14-162381</b>		
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 checked="" type="checkbox"/> WELFARE DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>				
ZIP		CITY	STATE	RESIDENCE PHONE NUMBER		CODE IF OTHER : <b>Leash Law</b>				
SUSPECT'S Mailing Address		CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>				Driver's License/ IDENTIFICATION				
ZIP		CITY	STATE	BUSINESS PHONE NUMBER		DOB		SSN		
SEX		WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN				
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 <b>12/21/2014 11:05 pm</b>		DATE AND TIME OCCURRED 12/21/2014 10:55 pm			
		FOOD	WATER	SNEEZE	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN WASTE OTHER (EXPLAIN)	
<input checked="" type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME <b>Tucson Police Officer Gouy #53366</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 checked="" type="checkbox"/> TPD A14-12210510 <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 12/21/2014	PACC <input checked="" type="checkbox"/>	VET <input type="checkbox"/>	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN: Leg				RELEASE DATE 12/09/2014	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"/>		<input type="checkbox"/> FRA HEAD#			
		3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO <b>Attebery, 1929</b>		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS			
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED <b>4-97 4-81 4-76 4-7 (2) B</b>				REVIEWED BY <b>12-23-14</b> <b>DTK 1911</b>				
		CITATIONS/NUMBERS <b>70636</b>				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#
<b>Husky/Australian Shepherd mix</b>		VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Ozzy</b>	<b>Black</b>	<b>M</b>	<b>6</b>	<b>L14--203661</b>		<b>N</b>	
<b>Husky/Australian Shepherd mix</b>		VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Stormy</b>	<b>Blue Merle</b>	<b>M</b>	<b>8</b>	<b>L14-227834</b>		<b>N</b>	
		VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
WITNESS 1 <b>Tucson Police Officer O'Hara #38876</b>		M <input checked="" type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS <b>270 S Stone Ave</b>		RESIDENCE PHONE #		BUSINESS PHONE # <b>520-791-5059</b>		
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 #		

H

DD# 5



## INVESTIGATION REPORT

Activity Number: A14-162381  
ACO name & Badge: Attebery, 1929

On 12/21/2014 at around 11:38 pm, I, Pima Animal Care Officer Attebery, 1929, arrived at the desert area comprised of the \_\_\_\_\_ reference dog owner being arrested and dogs needing to be impounded. In addition, a dog bit someone.

I met with Tucson Police (TPD) Officer O'Hara #38876 who related the following.

Police Officers O'Hara, Gouy #53366 and several other officers were in the area about a woman screaming. Under the search light of a Tucson Police helicopter and their flashlights, a tent was found. Inside tent were several people and the sounds of dogs barking.

In the course of getting the people to vacate the tent, female dog owner, \_\_\_\_\_, came outside the tent with her 2 Husky/Australian Shepherd mix dogs, 1 black dog named "Ozzy" and 1 blue merle named "Stormy". April \_\_\_\_\_ began to have a physical altercation with the police.

During the altercation, "Ozzy" bit Tucson Officer Gouy #53366 on the back of his left thigh. After biting officer, "Ozzy" charged towards another officer, growling and snarling. When dog was about 3 feet from officer a pepper ball was shot at the dog. Dog retreated back to the tent with its canine companion. The tent was the secured.

Officer Gouy's wound was photographed by the police and he left to go to the hospital prior to my arrival. Wound was described as a puncture type wound to back of thigh. Officer Gouy wants cited issued for both dogs running loose and for the black dog biting him. He also wants medical restitution and a dangerous dog evaluation on the black dog.

\_\_\_\_\_ had been arrested by the police and had removed from the scene. I met with \_\_\_\_\_; husband, \_\_\_\_\_. Per \_\_\_\_\_, he has lived in Tucson all his life and had the dogs for years.

I explained the leash law/ biting animal laws/ rabies protocols and dangerous dog evaluations to \_\_\_\_\_. \_\_\_\_\_ claimed that both dogs were handy dogs and were currently licensed but did not have the paperwork to prove his claims. When asked what training the dogs received, he claimed that

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the dogs had not been trained. stated that both dogs were licensed at Pima County Animal Care Center but had no paperwork to prove it. was unable to provide me with any photo identification, so I took his picture and he gave me his personal information.

was cited for both dogs running loose and not having current licenses/rabies shots and for "Ozzy" biting a human. "Ozzy" impounded for quarantine at Pima Animal Care Center.

I was able to determine later from Pima Animal Care Center's records that both dogs had current licenses and rabies shots. I also found out that the unfenced land where incident occurred actually belongs to the United States Government.

Officer's Signature:  1929

Date: 2/22/2014

DD# 6

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Silverbell Rd.  
 Tucson, Arizona 85718  
 Phone: (520) 243-5900  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT <b>Alex Salomon</b>				ACO NAME / BADGE # <b>Robert Tovar 2021</b>		COMPLAINT NUMBER <b>A14-154735</b>	
SUSPECT'S ADDRESS							
ZIP	CITY	STATE	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS							
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
SEX		WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB / SSN

BITE  WELFARE  DANGEROUS  OTHER   
 CODE IF OTHER :  
 CI  CO  OTHER

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

LOCATION OF INCIDENT	DATE AND TIME REPORTED <b>08/28/14 / 1332</b>	DATE AND TIME OCCURRED <b>08/27/14 / 1830</b>
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.  
 I WAIVE "upon request" rights in this case.  
 REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)

VICTIM/COMPLAINANT NAME	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO.
VICTIM'S ADDRESS		ZIP	CITY STATE
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:
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<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input checked="" type="checkbox"/> VIOLATION	BITE SEVERITY: <b>3</b>	TREATED BY	PHONE NUMBER	DATE QUARANTINED <b>09/01/14</b>	PACC <input checked="" type="checkbox"/>
	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN: <b>R leg</b>			RELEASE DATE: <b>9/5/14</b>	VET <input type="checkbox"/> HOME <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"/>	

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 <b>Robert Tovar #2021</b>	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 <b>4-97; 4-7(2)(B); 4-81; 4-76</b>		CITATIONS/NUMBERS <b>73277</b>		REVIEWED BY <b>9-2-14 DTK/1911</b>

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"/>	Red	Red/Wh	M	5Y		Cited	Cited	N	A282879
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 #

DD# 6



## INVESTIGATION REPORT

**Activity Number: A14-154735**

**ACO name & Badge: Robert Tovar #2021**

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On August 28, 2014 at 1337 hours \_\_\_\_\_ called the Pima Animal Care Center to report that he was riding his bicycle on E 32nd Street when a pit bull ran up and bit him on his right hamstring. He added that he did not know the residence or address of the dog owner.

On August 31, 2014 at 19:06 hours I, Officer Tovar #2021, arrived at \_\_\_\_\_ I met with the bite victim who said that on August 27th, 2014, at 1830 hours he was riding his bicycle on \_\_\_\_\_ west of Alvernon Way. He explained that he saw a large brown or possibly red pit bull sitting in an unconfined front yard and when he rode by the dog charged him and bit him on the back of his thigh. I photographed the large bite wound which also had a lot of bruising. The victim said that a man came out of the house and asked if the dog had bitten him. Victim said that he told the man that the dog bit and that he did not see where the dog had gone after that.

The victim stated that he went to the \_\_\_\_\_ Hospital the next day for treatment as he does not have a vehicle and did not have a ride to the hospital the day of the bite. He stated that he was given an injection and prescriptions for antibiotics and pain medication. He added that he received the first rabies injection. Victim said that he is requesting citations be issued to the dog owner if we find him and the dog. He then said that he can show me the house where he is sure the dog that bit him came from. Victim said that he does not have a car so I gave him a ride in my work truck so he could show me where the dog owner possibly lives. The victim pointed out a house at \_\_\_\_\_ and stated that he was sure that is where the dog came from. I stopped at this residence and made contact with \_\_\_\_\_ an adult, and explained the reason for my visit. \_\_\_\_\_ said that there is a red pit bull at this address that belongs to her brother-in-law but he was not home at this time. I asked her if I could see the dog and she told me that since she is not the registered owner of the dog she did not feel comfortable showing me the dog.

DD# 6

said that had gone to the store to get work supplies and would be home later this evening. She then said that he would be home tomorrow after 1700 hours. I left a Notice for her to give to . I returned the victim to his residence. I looked up in chameleon and found that he had a pit bull registered to him. I gave the victim a Notice with the Bite and Activity numbers as well as the end of quarantine date. I told him that I would attempt to meet with tomorrow so I could photograph his dog and show it to him for identification purposes. Victim said that he would be home tomorrow evening.

On September 1, 2014 at 14:45 hours I, Officer Tovar #2021, arrived at I met with the dog owner, , who allowed me to photograph his dog named Red. I asked his dog has a current rabies vaccination and license. said that Red was not current on either. I drove to the victim's residence where I showed him the pictures of Red. The bite victim said that he was 100% sure that the dog I showed him was the biter dog. He stated that he still wanted citations issued to the dog owner.

I returned to the dog owner's residence and issued third party citations on behalf of the bite victim to for Leash Law and Biting Animal. I also cited for No License and No Rabies Vaccination. signed and received his copy of said citation. I impounded dog, Red, for quarantine. I completed an Animal Quarantined at Pima Animal Care Center form. signed the form indicating that he would redeem his dog at the end of the quarantine period. I gave him his copy of said form.

Officer's Signature: Robert Tovar #2021 Date: 9-1-14

DD# 7

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Silverbell Rd.  
 Tucson, Arizona 85718  
 Phone: (520) 243-5960  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT <b>Alisa Marie Mendoza</b>		ACO NAME / BADGE # <b>A. Kirby #2057</b>	COMPLAINT NUMBER <b>A14-155804</b>
SUSPECT'S ADDRESS		BITE <input checked="" 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 <b>Not Given</b>		CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>	
ZIP	CITY	STATE	BUSINESS PHONE NUMBER
SEX	WEIGHT	HEIGHT	RYES
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 <b>09/13/14 / 0935 hrs</b>	DATE AND TIME OCCURRED <b>09/13/14 / 0745 hrs</b>
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	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 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 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"/>
						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"/>	FRA HEAD# <input type="checkbox"/>
	3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO <b>A. Kirby #2057</b>	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>
			PREVIOUS CASE NUMBER
			OTHER ADDITIONAL REPORTS

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	CODE/DRO VIOLATED <b>4-7(2)(B), 4-97</b>	REVIEWED BY <b>DTK 1911</b>
<b>VERBAL</b>	CITATIONS/NUMBERS <b>73378</b>	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#
Pit Bull/ MIX VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>DUKE</b>	<b>Black/White</b>	<b>M</b>	<b>2 yrs</b>			<b>N</b>	
Germ. Shepherd/ MIX VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>MISTER</b>	<b>BLACK/TAN</b>	<b>M</b>	<b>2 yrs</b>	<b>L14-224726</b>		<b>N</b>	
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 #

DD#

7

# INVESTIGATION REPORT



Activity Number: A14-155804

ACO name & Badge: A. Kirby #2057

I Officer Kirby 2057 arrived at \_\_\_\_\_ and met with the victim \_\_\_\_\_ . He stated that at approximately 0745 AM he was working in his yard when he noticed 2 dogs barking and attacking his horse. The dogs were a black and white Pit Bull wearing a harness and a black and tan German Shepherd. \_\_\_\_\_ stated he went over to the corral, threw rocks and yelled at the dogs, at which time they took off. He stated a short time later he drove around the neighborhood and was able to locate the dogs at \_\_\_\_\_

with an open gate to the property, allowing the dogs to roam freely off the property. \_\_\_\_\_ was stated he was going to have a vet treat the horse for injuries and would like citations issued for biting animal as well as the dogs being loose, and is requesting restitution for his vet bills. I photographed the injuries as well as some canine paw prints that were inside the corral.

I Officer Kirby then went to the dog owner's house and met with an unknown hispanic female who refused any assistance in a very irate manner and ordered that I get off the property. I then requested Tucson Police, and the unknown female left the property. A short time later the owner of the dogs on the property arrived along with Tucson Police Officer Pina. I then spoke with \_\_\_\_\_ the owner of two dogs on the property that fit the description of the dogs that attacked \_\_\_\_\_ Horse, Mister a black and tan Germ. Shepherd mix and Duke a black and white pit bull mix wearing a harness. Mister was current on license and vaccination. \_\_\_\_\_ stated she had just gotten the other dog, duke and was in the process of getting the license and vaccinations done. \_\_\_\_\_ was explained the situation and issued cites for biting animal and leash law for her 2 dogs on behalf of \_\_\_\_\_ was explained her court date, time, and location and signed.

Officer's Signature:

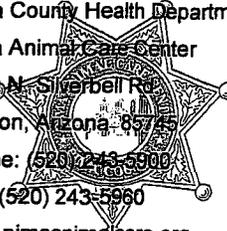
Date:

09/13/14

DD# 8

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Silverbell Rd  
 Tucson, Arizona 85715  
 Phone: (520) 243-5900  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT <b>Daniel Escobar</b>		ACO NAME / BADGE # <b>X. Delgadillo #2047</b>	COMPLAINT NUMBER <b>A14-162551</b>
SUSPECT'S ADDRESS		BITE <input checked="" 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		CODE IF OTHER : 4-81, 4-76, 4-97, 4-7-2(B)	
ZIP	CITY	STATE	BUSINESS PHONE NUMBER
DRIVERS LICENSE		CI <input type="checkbox"/> CO <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	
SEX	WEIGHT	HEIGHT	EYES
			HAIR COLOR
			ORIGIN
			DOB
			SSN

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

LOCATION OF INCIDENT	DATE AND TIME REPORTED 12/24/14 / 16:07	DATE AND TIME OCCURRED 12/24/14 / 16:00
----------------------	--	--

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 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 checked="" 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:	TREATED BY none	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		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 X. Delgadillo#2047	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 73679, 73680,	REVIEWED BY Konst 12/27	BOND YES <input type="checkbox"/> NO <input 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 Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	JoJo	White/Brown	F						
Pit Bull Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Charlie	Brown/White	M						
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 #



DD # 8

Activity Number: A14-162551

ACO name & Badge: X. Delgadillo

On 12/24/14 at 18:16 I, Officer Delgadillo#2047, arrived to references a leash law attack, dog on dog. I met with and she explained that at approximately 1600 hours she arrived home and opened her vehicle drive-through gate. When she opened the gate she observed the neighbors dogs from in the street, they then charged into her yard and attacked Oreo, her 6 year old poodle mix. stated that the neighbor, from assisted her with stopping the attack. Oreo suffered two punctures, one on the chest and one on right hind area. I photographed the dog's injuries and noticed several spots of blood in the carport. a is requesting assistance/restitution with vet care costs for Oreo. stated that if the dog owner would agree to assist with vet care cost, she would not request the third party citations for leash law and biting animal. I advised her that I would relay the request to the dog owner.

I then met with stated that his dogs were not the attacking dogs and that the lady across the street always accuses him of having his dogs out at large when her dogs are out as well. I advised that is requesting assistance with vet care for her injured dog. He stated that he would not pay for any vet care as he believes his dogs are not liable because his dogs and dog were all in the street. I advised him that stated that his dogs charged into her yard. explained he was not at home at the time of the attack but his brother in law, was the one home and witnessed all the dogs in the middle of the street. His brother in law explained to him that he and were the only parties present. I asked if his dogs were licensed and vaccinated, he claimed the dogs were vaccinated in New Mexico prior to moving to Arizona and was not aware of the licensing requirements. I asked him for the rabies certificate from New Mexico. He stated that he did not have any documentation.

was cited into Tucson City Court for Leash and Biting Animal for JOJO a female white and brown Pit Bull mix and Charlie, a brown and white Male Pit-bull mix. was also cited for no license and no rabies vaccination for both dogs. signed his citations and received a copy; he was advised of his court date and time and the City of Tucson 15 day time limit for reduced fines.

did seek vet care for Oreo and the dog was euthanized.

Officer's Signature:

Date:

12/26/14

**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

Number on Hold **48**

**HOLD TYPE ENFORCEMENT**

**A12-102940**

K14-175847 A247678 DOG SATIVA ROTTWEILER/

11/6/14 CONFISCATE FIELD OWN AGGRESSIVE Activity:A12-102940

**D002**

Kennel Comment: chip 494D4C3F3D

**R**

DO NOT RELEASE!

Bond hold.1926 SAFE LOCK

12/17/2014 ENFORCE

JCHAVEZ 12/17/14 17:42

12-16-14 OSC hearing scheduled for 1-2-15. 1914

11/17/2014

DTENKATI 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

11/06/2014 ENFORCE

EKLEIN 11/6/14 20:29

11-6-14, Do not release Sativa. Owner must meet with enforcement.1926

11/10/2014 ENFORCE

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 ENFORCE

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

02/06/2015 ENFORCE

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

12/11/2014 ENFORCE

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

**A15-163903**

K15-180851 A507523 DOG GERM SHEPHERD/MIX

1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903

**DR011**

Kennel Comment:

**R**

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:33

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180852 A507526 DOG LABRADOR RETR/MIX

1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903

DR012

Kennel Comment:

R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:33

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180855 A507535 DOG AUST SHEPHERD/MIX

1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903

DR006

Kennel Comment:

R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:29

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180856 A507536 DOG TERRIER/

1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903

DR014

Kennel Comment: JOSE from Sol.dog will adopt at end of hold.

R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:35

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180857 A507538 DOG TERRIER/

1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903

DR014

Kennel Comment:

R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:36

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180858 A507540 DOG DOBERMAN PINSCH/MIX

1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903

DR016

Kennel Comment:

R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:34

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180859 A507539 DOG CHIHUAHUA SH/

1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903

DR014

Kennel Comment:

R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:36

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180860 A507541 DOG ANATOL SHEPHERD/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 U014  
Kennel Comment: R

K15-180861 A507542 DOG AUST CATTLE DOG/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 U014  
Kennel Comment: R

K15-180862 A507543 DOG AUST SHEPHERD/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 U014  
Kennel Comment: R

K15-180863 A507545 DOG AUST SHEPHERD/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 U014  
Kennel Comment: R

K15-180864 A507556 DOG CUTIE GERM SHEPHERD/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 DR005  
Kennel Comment: R

Bond Posted

02/06/2015 ENFORCE JCHAVEZ 2/6/15 10:28  
2-6-15

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180865 A507558 DOG LABRADOR RETR/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 DR001  
Kennel Comment: R

02/06/2015 ENFORCE JCHAVEZ 2/6/15 10:23  
2-6-15

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180866 A507559 DOG GERM SHEPHERD/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 DR003  
Kennel Comment: R

02/06/2015 ENFORCE JCHAVEZ 2/6/15 10:25  
2-6-15

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180867 A507560 DOG GERM SHEPHERD/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 DR010  
Kennel Comment: R

02/06/2015 ENFORCE JCHAVEZ 2/6/15 10:31  
2-6-15

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180868 A507561 DOG GERM SHEPHERD/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 D065  
Kennel Comment: R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:44

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180869 A507562 OTHER RABBIT SH/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 INTAKE01  
Kennel Comment: hold till 02/06  R

02/01/2015 ENFORCE nkonst 2/1/15 13:26

02/01/15 Enforcement release, no bond posted....2oo2

02/06/2015 ENFORCE JCHAVEZ 2/6/15 10:41  
2-6-15

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180874 A507573 DOG GERM SHEPHERD/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 DR002  
Kennel Comment:  R

02/06/2015 ENFORCE JCHAVEZ 2/6/15 10:25  
2-6-15

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180875 A507568 CAT DOMESTIC SH/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 I013  
Kennel Comment:  R

02/06/2015 ENFORCE JCHAVEZ 2/6/15 10:38  
2-6-15

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180876 A507574 CAT DOMESTIC SH/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 I023  
Kennel Comment:  R

02/06/2015 ENFORCE JCHAVEZ 2/6/15 10:40  
2-6-15

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180877 A507557 DOG GERM SHEPHERD/  
1/16/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 U014  
Kennel Comment: change to vet hold when enforcement hold is taken off 70  R

K15-180881 A507575 DOG GERM SHEPHERD/  
1/17/15 CONFISCATE FIELD OWN NORMAL Activity:A15-163903 DR015  
Kennel Comment:  R

02/06/2015 ENFORCE JCHAVEZ 2/6/15 10:36  
2-6-15

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180883 A507577 DOG GERM SHEPHERD/

1/17/15 CONFISCATE FIELD OWN NORMAL

Activity:A15-163903

DR011

R

Kennel Comment:

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:33

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180884 A507579 DOG GERM SHEPHERD/

1/17/15 CONFISCATE FIELD OWN NORMAL

Activity:A15-163903

D068

R

Kennel Comment:

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:30

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180886 A507581 DOG GERM SHEPHERD/

1/17/15 CONFISCATE FIELD OWN NORMAL

Activity:A15-163903

DR009

R

Kennel Comment:

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:30

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180887 A507583 DOG GERM SHEPHERD/

1/17/15 CONFISCATE FIELD OWN NORMAL

Activity:A15-163903

DR004

R

Kennel Comment:

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:27

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180888 A507590 DOG GERM SHEPHERD/

1/17/15 CONFISCATE FIELD OWN NORMAL

Activity:A15-163903

DR008

R

Kennel Comment:

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:29

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180889 A507589 DOG GERM SHEPHERD/GOLDEN RETR

1/17/15 CONFISCATE FIELD OWN NORMAL

Activity:A15-163903

DR008

R

Kennel Comment:

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:30

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180891 A507587 DOG GERM SHEPHERD/GOLDEN RETR

1/17/15 CONFISCATE FIELD OWN NORMAL

Activity:A15-163903

DR002

R

Kennel Comment:

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:31

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

K15-180892 A507586 DOG GERM SHEPHERD/GOLDEN RETR

1/17/15 CONFISCATE FIELD OWN NORMAL  
Kennel Comment:

Activity:A15-163903

**DR016**  
R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:37

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

~~K15-180893 A507585 DOG GERM SHEPHERD/GOLDEN RETR~~

1/17/15 CONFISCATE FIELD OWN NORMAL  
Kennel Comment:

Activity:A15-163903

**DR001**  
R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:24

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

~~K15-180894 A507584 DOG GERM SHEPHERD/GOLDEN RETR~~

1/17/15 CONFISCATE FIELD OWN NORMAL  
Kennel Comment:

Activity:A15-163903

**DR013**  
R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:37

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

~~K15-180897 A507578 DOG GERM SHEPHERD/~~

1/17/15 CONFISCATE FIELD OWN NORMAL  
Kennel Comment:

Activity:A15-163903

**DR013**  
R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:35

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

~~K15-180898 A507582 DOG GERM SHEPHERD/~~

1/17/15 CONFISCATE FIELD OWN NORMAL  
Kennel Comment:

Activity:A15-163903

**DR007**  
R

02/06/2015 ENFORCE  
2-6-15

JCHAVEZ 2/6/15 10:30

Per the county attorney we need to hold the animals for a longer period of time possibly additional 10days to allow the defense attorney to photograph them. 1914

**A15-164057**

~~K15-182402 A509889 DOG PIT BULL/~~

2/7/15 CONFISCATE FIELD OWN NORMAL  
Kennel Comment: no chip3c3c

Activity:A15-164057

**D067**  
R

**A15-164976**

~~K15-182250 A509698 DOG BOY PIT BULL/MIX~~

2/5/15 CONFISCATE FIELD OWN NORMAL  
Kennel Comment: no bite/ no chip  
3c3c3c3c3c3c3c3c3c3c3c3c3c

Activity:A15-164976

**D032**  
R





HOLD TYPE VET

NO ACTIVITY NUMBER RECORDED

K16181676 A508656 DOG CURLY SUE BEAGLE/

1/28/15 EUTH REQ OTC OWNED INJ SEVERE Activity:

Kennel Comment: no bite  
no chip

D150

R

PIMA ANIMAL CARE CENTER  
ADVISORY COMMITTEE  
JANUARY 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	%+/-
<b>SHELTER OPERATIONS</b>											
<b>ALL ANIMALS HANDLED</b>											
DOGS	612	671	1,283	4,751	4,336	9,087	4,724	4,160	8,884		
CATS	309	159	468	2,228	1,547	3,775	2,868	1,809	4,677		
OTHERS	14	33	47	188	351	539	198	316	514		
<b>TOTAL ANIMALS HANDLED</b>	<b>935</b>	<b>863</b>	<b>1,798</b>	<b>7,167</b>	<b>6,234</b>	<b>13,401</b>	<b>7,790</b>	<b>6,285</b>	<b>14,075</b>	<b>-674</b>	<b>-5%</b>
Live Animals Handled	803	766	1,569	5,997	5,332	11,329	6,866	5,581	12,447	-1118	-9%
<b>IMPOUNDED ANIMALS</b>											
<b>ADOPTED</b>											
DOGS	235	207	442	1,785	1,691	3,476	1,593	1,368	2,961		
CATS	173	90	263	1,112	869	1,981	670	537	1,207		
OTHER	1	1	2	6	13	19	28	12	40		
<b>TOTAL ADOPTED</b>	<b>409</b>	<b>298</b>	<b>707</b>	<b>2,903</b>	<b>2,573</b>	<b>5,476</b>	<b>2,291</b>	<b>1,917</b>	<b>4,208</b>	<b>1268</b>	<b>30%</b>
<b>RETURNED TO OWNER</b>											
DOGS	100	68	168	622	440	1,062	501	382	883		
CATS	1	7	8	25	39	64	31	37	68		
OTHER	1	0	1	13	7	20	4	11	15		
<b>TOTAL RETURNED</b>	<b>102</b>	<b>75</b>	<b>177</b>	<b>660</b>	<b>486</b>	<b>1,146</b>	<b>536</b>	<b>430</b>	<b>966</b>	<b>180</b>	<b>19%</b>
<b>RESCUED</b>											
DOGS	81	132	213	656	747	1,403	771	846	1,617		
CATS	64	51	115	443	349	792	704	470	1,174		
OTHER	0	1	1	11	33	44	44	31	75		
<b>TOTAL RESCUED</b>	<b>145</b>	<b>184</b>	<b>329</b>	<b>1,110</b>	<b>1,129</b>	<b>2,239</b>	<b>1,519</b>	<b>1,347</b>	<b>2,866</b>	<b>-627</b>	<b>-22%</b>
<b>*TOTAL LIVE RELEASES</b>	<b>656</b>	<b>557</b>	<b>1,213</b>	<b>4,673</b>	<b>4,188</b>	<b>8,861</b>	<b>4,346</b>	<b>3,694</b>	<b>8,040</b>	<b>821</b>	<b>10%</b>
<b>**TOTAL LIVE RELEASE RATE</b>	<b>83%</b>	<b>84%</b>	<b>83%</b>	<b>82%</b>	<b>83%</b>	<b>83%</b>			<b>75%</b>		
<b>EUTHANIZED</b>											
DOGS	142	132	274	1,108	973	2,081	1,196	1,110	2,306		
CATS	22	14	36	240	182	422	1,021	598	1,619		
OTHER	0	2	2	42	57	99	27	53	80		
<b>TOTAL EUTHANIZED</b>	<b>164</b>	<b>148</b>	<b>312</b>	<b>1,390</b>	<b>1,212</b>	<b>2,602</b>	<b>2244</b>	<b>1761</b>	<b>4005</b>	<b>-1403</b>	<b>-35%</b>
(-)Owner Requested Euthanasia	29	38	67	369	364	733			1358		
Adjusted Total Euthanasia	135	110	245	1,021	848	1,869			2,647		
<b>***EUTHANASIA RATE</b>	<b>17%</b>	<b>16%</b>	<b>17%</b>	<b>18%</b>	<b>17%</b>	<b>17%</b>			<b>25%</b>		
<b>OTHER</b>	<b>152</b>	<b>108</b>	<b>260</b>	<b>1,514</b>	<b>1,135</b>	<b>2,649</b>	<b>1,075</b>	<b>812</b>	<b>1,887</b>	<b>762</b>	<b>40%</b>
<b>ENFORCEMENT OPERATIONS</b>											
Welfare Responses	273	141	414	1442	708	2150	1395	640	2035	115	6%
<b>ENFORCEMENT CALLS FOR SERVICE</b>	<b>1,658</b>	<b>935</b>	<b>2,593</b>	<b>10,058</b>	<b>6,275</b>	<b>16,333</b>	<b>10,313</b>	<b>6,716</b>	<b>17,029</b>	<b>-696</b>	<b>-4%</b>
<b>LICENSING OPERATIONS</b>											
ALTERED	3,265	5,181	8,446	22,642	29,178	51,820	23,796	30,414	54,210		
UNALTERED	201	275	476	1,331	1,678	3,009	1,677	2,331	4,008		
OTHER	84	121	205	461	638	1,099	494	663	1,157		
<b>TOTAL SOLD</b>	<b>3,550</b>	<b>5,577</b>	<b>9,127</b>	<b>24,434</b>	<b>31,494</b>	<b>55,928</b>	<b>25,967</b>	<b>33,408</b>	<b>59,375</b>	<b>-3,447</b>	<b>-6%</b>

\*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)

## Enforcement Calls by Jurisdiction - January 2015

### Calls Received

MAR	ORO	PIMA	SAH	STUC	TUC	TOTAL
40	29	940	28	28	1,676	2,741
34.3%			61.1%			

### Calls

### Completed

MAR	ORO	PIMA	SAH	STUC	TUC	TOTAL
41	27	821	25	17	1,656	2,587
31.7%			64.0%			

# Donation Activity

Period: 1/1/15 To: 1/31/15

Donation Code	Amount
DONATION	\$0.00
DONATION ADOP	\$705.00
DONATION GEN	\$26,368.76
DONATION OUTR	\$57.00
DONATION S/N	\$11,836.00
DONATION SAMS	\$4,601.00
Grand Total	\$43,567.76

# Donation Activity

Period: 7/1/14 To: 1/31/15

Donation Code	Amount
DONATION	\$130.00
DONATION ADOP	\$5,963.86
DONATION GEN	\$211,243.28
DONATION OUTR	\$3,863.00
DONATION S/N	\$95,578.46
DONATION SAMS	\$48,585.50
DONATION SHEL 0974	\$20,585.00
Grand Total	\$385,949.10

## Complaints and Commendations for the Month of January 2015

### 1-12-15 thank you letter sent to PACC

#### Commendation

Two-page letter commending Jennifer Neustadter for significant efforts to get a dog transported by flight to Springfield Missouri after dog's owner passed away.

### 1-12-15 E-mail from PACC volunteer sent to PACC staff

#### Commendation

Commendation for Shelter Supervisor Danny Miranda and AC Technician Oscar Joya Vasquez for their helpfulness, professionalism and courtesy.

### 1-5-15 E-mail from Department of Environmental Quality

#### Complaint

Reported dead dog dumped behind fairgrounds

#### Course/Action

Picked up

### 1-7-15 E-mail from District 2 Supervisor's Office

#### Complaint

Ongoing problem with wildcat dumping, including dead animals

#### Course/Action

Joint Field Officer and Deputy sweep set up. Effort impounded 12 loose dogs and citing owners for nine other violations.

### 1-12-15 Called into Tucson Ward 1 Office, then e-mailed to District 5 Supervisor's Office

#### Complaint

Loose dogs in Sunnyside neighborhood

#### Course/Action

Patrols set up, five dogs impounded

### 1-27-15 Petition brought downtown; E-mail from District 3 Supervisor's Office

#### Complaint

Barking dog

#### Course/Action

Lead complainant contacted and explained noise complaint process and that a noise complaint advisement letter will be sent to animal owner.

January 12<sup>th</sup>, 2015

Dr. Francisco Garcia,

In early December we lost a beloved family member at the age of 56. A son, brother and uncle, Kenny had resided in Tucson, Az. For the past 10 years, Kenny's constant companion was "Scruffy", a 70 lb Terrier/Mix dog. The day after receiving the news of Kenny's passing, I began making calls to attempt to locate Scruffy. Kenny lived alone and had no family in Tucson. Our family is from Wichita, Ks but I (niece) live in Joplin, Mo. The point being, no one is familiar with Tucson.

Now that you have the prelude, I can share the blessings that have come out of our sadness. In addition, you will understand why you are receiving this letter. As I stated earlier, I needed to find Scruffy. I remember entering "animal shelter, Tucson, Az" in google search. My first choice was "Pima County Animal Care Center" so I called the number on the website. I left a voice message explaining the circumstances hoping that someone would return my call. Not only did a very nice woman call me back but she immediately asked me if I was looking for a dog named Scruffy. I honestly couldn't contain my relief, excitement and sorrow that were all rolled into 1 big emotion! She assured me that Scruffy, overall, was fine. This precious woman then gave me the phone number to someone who I soon learned was absolutely angelic! I trust that you already know Jennifer Neustadter, licensing supervisor, Pima County Animal Care Center, but I'd like you to know of her efforts to accomplish what seemed to be a near impossible task. Now, for the rest of the story...

When I contacted Jennifer I explained that I wanted to get Scruffy to Joplin, Mo and I asked about organizations that help with such things. After researching, Jennifer called me the following day (after working hours) to let me know there really wasn't help available for Scruffy's travel. She did state that the shelter could possibly help with a crate as well as getting Scruffy to the vet for the mandatory physical before he could be put on a flight. I began calling airlines to learn just how a 70lb dog travels. Believe me; it's more governed than when you or I fly. Multiple times each day, Jennifer and I would talk; sometimes about Scruffy and sometimes about the sadness in losing family so unexpectedly. Eventually we had the needed information regarding a 70lb dog flying "Delta." I was nearly dreading telling Jennifer the only flight out of Tucson that a "large dog" could fly on left at 7:00 a.m. which meant he had to be there by 4:30 a.m. I think I saved that info for last. We already knew that Scruffy had to be examined and given a certificate of health. Jennifer scheduled this through her personal vet AND loaded Scruffy into her vehicle and got him to his appointment on time. There is typically a \$50 charge but my account showed only a \$15 debit! Now, considering this was Scruffy's first time on a plane, Jennifer thought he should look his best. She asked the volunteer groomer to tidy him up so he would appear suave and debonair for any of his 4 legged traveling companions. Without

hesitation the groomer, for no charge, bathed, clipped and brushed Scruffy. Indeed, he was quite handsome! The physical and grooming were completed on a Friday and Scruffy's flight was scheduled for Monday. Jennifer told me that she was going to take Scruffy home for the weekend so he wouldn't have to stay in a kennel. Again, this was a weekend, obviously not on the clock! Jennifer sent me several photos and it was obvious that Scruffy was happy and knew that he was safe and loved with Jennifer and her family. Monday morning came and by this time Jennifer knew that Scruffy had to be at the airport at 4:30. Unfortunately, this meant that Jennifer had to leave her home at 3:30 a.m. So, bright and early, Jennifer and Scruffy head towards the airport. All required paperwork and kennel in tow. Around 5:00 a.m. I received a call from Jennifer who sounded as though she had been crying. Somewhere between home and the airport, the certificate of health had been lost. In addition, the kennel did not meet flight requirements. Jennifer was devastated not for herself but for Scruffy. After everything she had done, she felt as though she'd let Scruffy and I down. So, later that day, Jennifer returned to the vet to get a duplicate copy of the health certificate. We then found out that a proper kennel could be purchased from Delta. Again, everything was in order and Scruffy returned home with Jennifer to await his flight the next morning.

Through tears, Jennifer watched as Scruffy was boarded on Delta Airlines, flight 1987. She had come to love Scruffy and would miss him. I'm certain that Jennifer also would tell you that she shed tears for Kenny who she had never met but had become familiar with through her giving nature.

On December 23<sup>rd</sup>, 2014, Delta, flight 1987 landed in Springfield, Mo. An exhausted, yet debonair Terrier/Mix peeked through the openings of his "airline approved" kennel. Scruffy was home, rescued from an uncertain future, thanks to the kindness and unconditional love of Jennifer Neustadter...our Christmas angel. Please, Dr Garcia, recognize Jennifer for the amazing human that she is. Please, let her know that she is appreciated and her efforts are recognized by you. Thank you for taking the time to read our story.

Sincerely,

## Michael Schlueter

---

**From:** Kim Janes  
**Sent:** Thursday, January 15, 2015 3:41 PM  
**To:** Michael Schlueter  
**Subject:** Fwd: Danny Miranda and Oscar Joya Vasquez

Sent from my iPhone

Begin forwarded message:

**From:**  
**Date:** January 15, 2015, 12:29:47 PM MST  
**To:** Jose Ocano <[Jose.Ocano@pima.gov](mailto:Jose.Ocano@pima.gov)>, Kim Janes <[Kim.Janes@pima.gov](mailto:Kim.Janes@pima.gov)>, "Kristin Barney" <[kristin.barney@pima.gov](mailto:kristin.barney@pima.gov)>  
**Subject:** **Danny Miranda and Oscar Joya Vasquez**

Dear Kristin, Kim, and Jose,

I just wanted to take a moment to commend Shelter Supervisor, Danny Miranda, and AC Technician Oscar Joya Vasquez. They are always extremely helpful when I am at PACC volunteering, and they continually go above and beyond to help resolve any issues or concerns that come up. They are both very professional and courteous, and their willingness to assist others deserves to be recognized.

Please relay my great thanks and appreciation to both of them.

PIMA COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY

33 N. Stone Ave, Suite 700, Tucson, Arizona, 85701

(520) 724-7400

COMP-TRAK FORM

Tracking# PC1501-008 Date 1/5/2015 Time 08:00 AM Origin PUBLIC
Supervisor District 2 Type WST Descriptor WLD Entry Person
Source Name UNKOWN

Address

City Phone

Location Description BEHIND 402 E. FAIRGROUND

Map Page 107 TRS 14 13 36

Complainant HOTLINE

Address 344 E FAIRGROUND City TUCSON

Phone-Home Phone-Work E-MAIL

Description COMPLAINANT OBSERVED DEAD DOG BEING DUMPED BEHIND 402 E. FAIRGROUND. HANDICAP LICENSE PLATE HAV13.

COMPLAINT CLOSURE

Assigned To CUSTER Date Assigned 11/5/2015 Assigned By TG

Permit/System Investigation Date 1-5-15 Inspector's Initials CUS
Project #

Parcel # Row Latitude 32168202 Longitude - 110962608

Referred: ADEQ PC Zoning PC DOT PC Build/Codes Other PALL

Attachments:

Comments

Could Not Verify Insufficient Evidence Duplicate

NOC? NOV? OOA? Date Closed 1-5-15 Closed by

COMPLAINT SIGNATURES

Inspector KC Date 1-5-15

Reviewer Date 1.6.15

## Michael Schlueter

---

**From:** Kim Janes  
**Sent:** Wednesday, January 07, 2015 11:27 AM  
**To:** Kristin Barney  
**Cc:** Robert Hendrix; Michael Schlueter  
**Subject:** FW: Wildcat Dumping and Dead Animal Dumping in Old Nogales

Good morning Kristin, this is a historical challenge for the neighborhood and us.

Staff has put together doa and loose dog complaint responses and numbers from this area in the past and your direction on how you want to respond to Supervisor's request would be appreciated.

Respectfully,

Kim



---

**From:** Jennifer Eckstrom  
**Sent:** Wednesday, January 07, 2015 11:07 AM  
**To:** Ursula Nelson; Kim Janes  
**Cc:** Jan Leshar; John Bernal; Ramon Valadez; Benny Gomez  
**Subject:** Wildcat Dumping and Dead Animal Dumping in Old Nogales

Good morning,

Supervisor Valadez has asked that I get in touch with the appropriate departments regarding the news story on KVOA last night. <http://www.kvoa.com/news/dirt-roads-illegal-dumping-southside-residents-are-fed-up/>

It appears that there are numerous health and environmental violations in and around the Franco Wash. There are instances of wildcat dumping and dead animals. It seems that residents have been calling various departments to complain and nothing has been done yet.

Supervisor Valadez is requesting that these items be followed up on and that our office be provided with what was found out by the Franco Wash and what each department has done to deal with the various issues. Please provide this report to our office no later than Wednesday, January 14, 2015.

If you have any questions or concerns please feel free to contact me by email or phone. Thank you.

Jennifer Eckstrom  
Executive Assistant to Hon. Ramón Valadez  
Board of Supervisors, District 2  
130 West Congress, 11th Floor  
Tucson, Arizona 85701  
520-724-8126

## Michael Schlueter

---

**From:** Kim Janes  
**Sent:** Monday, February 02, 2015 4:18 PM  
**To:** Michael Schlueter  
**Subject:** FW: PACC - Loose dogs in Sunnyside

Kim



---

**From:** Neil Konst  
**Sent:** Wednesday, January 14, 2015 1:10 PM  
**To:** Kim Janes  
**Subject:** RE: PACC - Loose dogs in Sunnyside

No record of any other calls from [redacted]. There was another call A14-161875 from December 12<sup>th</sup> concerning same issue.

**Neil Konst #2002**  
**Field Enforcement Supervisor**  
**Tel: 520-724-5957 Fax: 520-724-5960**

---

**From:** Kim Janes  
**Sent:** Wednesday, January 14, 2015 11:43 AM  
**To:** Neil Konst  
**Subject:** RE: PACC - Loose dogs in Sunnyside

Thanks Neil, do we have record of any other calls recently from [redacted] about this area?

Respectfully,

Kim



---

**From:** Neil Konst  
**Sent:** Wednesday, January 14, 2015 11:02 AM  
**To:** Kim Janes  
**Cc:** Debra Tenkate  
**Subject:** RE: PACC - Loose dogs in Sunnyside

Good morning, Activity A15-163842 was set up from the complaint. We have existing calls in area at Officer Walton is familiar with the area and is checking previous problem addresses near the intersection. A morning patrol is being set up for an Officer to check area in morning.

**Neil Konst #2002**  
**Field Enforcement Supervisor**  
**Tel: 520-724-5957 Fax: 520-724-5960**

---

**From:** Kim Janes  
**Sent:** Wednesday, January 14, 2015 10:25 AM  
**To:** Debra Tenkate; Neil Konst  
**Cc:** Robert Hendrix  
**Subject:** FW: PACC - Loose dogs in Sunnyside

Good morning Debra and Neil, are you aware of this complaint? Can you provide me an update please?

Thanks.

Kim



---

**From:** Kim Janes  
**Sent:** Monday, January 12, 2015 4:11 PM  
**To:** Celina Cuaron; Kristin Barney; Justin Gallick  
**Cc:** Jan Leshar; Jose Ocano; Jose Chavez; Francisco Garcia  
**Subject:** RE: PACC - Loose dogs in Sunnyside

Of course.

Respectfully,

Kim



---

**From:** Celina Cuaron  
**Sent:** Monday, January 12, 2015 3:44 PM  
**To:** Kim Janes; Kristin Barney; Jose Ocano  
**Cc:** Jan Leshar; Andres Cano  
**Subject:** FW: PACC - Loose dogs in Sunnyside

Kim,

Please assist with this request and give us an update on the resolution.

Thanks,  
Celina for Jan  
724-8228

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**From:** Andres Cano  
**Sent:** Monday, January 12, 2015 3:37 PM  
**To:** Jan Leshar; Celina Cuaron  
**Cc:** Beki Quintero; Anakarina Rodriguez; Laura Dent; Keith Bagwell  
**Subject:** Re: PACC - Loose dogs in Sunnyside

Jan,  
Can you assist with this, please?

Anakarina, Laura— can you reply all to this and send Beki's phone number? I can't seem to find it.

Thanks,

**Andrés Cano**  
*Special Staff Assistant to Supervisor Richard Elías*  
**Pima County Board of Supervisors, District Five**  
[andres.cano@pima.gov](mailto:andres.cano@pima.gov) | 520.740.8126

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**From:** "[laura.dent@tucsonaz.gov](mailto:laura.dent@tucsonaz.gov)" <[laura.dent@tucsonaz.gov](mailto:laura.dent@tucsonaz.gov)>  
**Date:** Monday, January 12, 2015 at 3:34 PM  
**To:** Andres Cano <[andres.cano@pima.gov](mailto:andres.cano@pima.gov)>, Keith Bagwell <[Keith.Bagwell@pima.gov](mailto:Keith.Bagwell@pima.gov)>  
**Cc:** "[gapitgirl@msn.com](mailto:gapitgirl@msn.com)" <[gapitgirl@msn.com](mailto:gapitgirl@msn.com)>, Anakarina Rodriguez <[Anakarina.Rodriguez@tucsonaz.gov](mailto:Anakarina.Rodriguez@tucsonaz.gov)>  
**Subject:** PACC - Loose dogs in Sunnyside

Hi All,

Happy new year  
I was called in today because apparently there have been several instances of loose dogs running around in Sunnyside, near [redacted]. The situation has become a hazard for children waiting for the school bus. She indicated that she has reached out to Animal Care to no avail -- we suggested she connect with your office to see if that helps address the concern. She is CC'd here -- Anakarina in our office can serve as a contact, as she works most often with Sunnyside. Thanks

Laura Dent, MPA

Chief of Staff  
Council Member Regina Romero  
City of Tucson - Ward 1  
940 W. Alameda  
520.837.4264  
<http://government.tucsonaz.gov/ward-1>

## Michael Schlueter

---

**From:** Kim Janes  
**Sent:** Tuesday, January 27, 2015 4:11 PM  
**To:** Jose Chavez  
**Cc:** Robert Hendrix; Michael Schlueter  
**Subject:** FW: RE:  
**Attachments:**

Hi Jose, for your staff action.

Please keep Mike and I posted on this one.

Thanks.

Kim



---

**From:** Kiki Navarro  
**Sent:** Tuesday, January 27, 2015 4:06 PM  
**To:** Kim Janes  
**Cc:** Jennifer Cabrera; Anissa Ramirez  
**Subject:** RE

Good afternoon Kim, hope all is well. Our office received a call from [redacted] who lives out on [redacted]. Attached is a petition he brought down to the clerk's office yesterday. His is having some problems with his neighbor and their barking dog. He has tried to go over to talk to him with no luck. I told him that I would contact your department to see what can be done to help. He asked if someone could give him a call as well. His number is [redacted]. Thank you

**Kiki Navarro**  
**Supervisor Sharon Bronson's Office, Chair**  
**Pima County Board of Supervisors**  
**District 3**  
**(520) 724-8051**

December 10, 2014

Tucson, AZ 85713

Foothills Board of Directors:

We, the undersigned residents of \_\_\_\_\_, wish to formally complain about the continued **dog barking** from \_\_\_\_\_

*7 names*

CLERK'S NOTE:  
COPY TO SUPERVISORS  
COUNTY ADMINISTRATOR  
+ Health Dept Director  
DATE 1/26/15 AEB

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