



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

December 17, 2015 – 5:30 p.m.

**Pima Animal Care Center  
4000 N Silverbell Road  
Admin Building  
Tucson, Arizona  
(520) 724-7729**

Functions of the Committee

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

**AGENDA**

1.	Call to Order <ul style="list-style-type: none"><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 November 19, 2015 meeting minutes</li></ul>
3.	Animal Welfare and Dangerous Animal Cases August through November 2015 and Recent Holds Snapshot
4.	Call to the Audience
5.	Management Report
6.	Old Business <ul style="list-style-type: none"><li>• Procedures Related to Agenda Items</li></ul>
7.	New Business <ul style="list-style-type: none"><li>• Proposed Ordinance Amending Pima County Code 6.04.070 Related to Licensing Fees</li><li>• Proposed Ordinance Amending Pima County Code 6.04.100 Related to the Pima County Animal Care Advisory Committee</li><li>• Use of Pima Animal Care Center Donations and Bequests</li><li>• Pima County Animal Care Advisory Committee By-Laws</li><li>• Proposal to have Comment Sheet for Welfare and Dangerous Dog Reviews</li><li>• Animal Care Center Main Phone Tree Message</li></ul>
8.	Donations: A total of 1,131 individuals gave \$26,810.12 in donations during the month of November.
9.	Complaints and Commendations: There were no complaints or commendations received by staff during November.
10.	Call to the Audience
11.	Announcements, Schedules and Proposed Agenda Items
12.	Next Meeting – January 21, 2016
13.	Adjournment

Copies of this agenda are available upon request at the Pima County Health Department, 3950 S. Country Club Road, by calling 724-7729 or at [www.pima.gov/animalcare](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  
November 19, 2015  
3950 S. Country Club Road  
Tucson, Arizona 85714

**Draft**

1. Call to Order

Ms. Emptage called the meeting to order at 5:31 pm

- Attendance

Present:

Tamara Barrick, Pima Paws for Life  
Nancy Emptage, Chair, Animal Welfare Coalition  
Pat Hubbard, Humane Society of Southern Arizona  
Pat Jacobs, Tucson Kennel Club  
Sophia Kaluzniacki, DVM, SPCA of AZ, Inc  
Derek Marshall, Public Education  
Helen Mendelsohn, Disabled Community  
Jack Neuman, Vice-Chair, PACC Volunteers  
Jane Schwerin, People for Animals in the Prevention of Cruelty and Neglect  
Gail Smith, MD, Board of Health  
Marcy Flanagan, Health Department Deputy Director, New Ex-Officio

Absent:

Erin O'Donnell, DVM, Southern AZ Veterinary Medical Association

- Pledge of Allegiance

2. Adoption of the Minutes

- Adoption of the October 15, 2015 Meeting Minutes

The motion was made and seconded (Hubbard/Barrick) that the October 15, 2015 meeting minutes be adopted as written. The motion carried (9-0) (Mr. Marshall not present yet).

3. Pima County Attorney's Office Presentation on Open Meeting Laws, and Committee Duties and Responsibilities

Pima County Deputy County Attorney Paula Perrera, supervising attorney of the Health Law Unit, said the duties of the Committee are established in Pima County Code 6.04.100 and succinctly the Committee serves in an advisory capacity to the Board of Supervisors and Animal Care Center manager. The Committee also reviews and evaluates PACC operations to ensure PACC is acting in the best interest of public health and safety, and that PACC is utilizing the most modern practices. The Committee also has the responsibility to review complaints and suggest potential resolution strategies. Ms. Perrera qualified the review doesn't mean investigate.

Ms. Perrera continued with what the code does not mean. The code does not mean the Committee sets policy or speaks on behalf of the County or Board of Supervisors; these duties belong to the Board of Supervisors. The Committee does not control PACC's day-to-day operations and cannot instruct employees or volunteers. Ms. Perrera pointed out that employees have rights, such as the

right to not be harassed, and the Committee is not covered by County Risk Management. The Committee may only communicate to the Board of Supervisors in writing. She clarified that Committee members still have the right to speak for themselves, but stressed members should make it clear they are speaking for themselves, and not the Committee, when doing so. Ms. Perrera was asked if the Committee has to go through the Board of Health or can go directly (in writing) to the Board of Supervisors, to which she indicated there is no requirement in the code to go through the Board of Health. She was also asked if the Committee can send letters to other entities and Ms. Perrera said that doing so is not included in the scope of authority as defined in the code. Dr. Smith pointed out she is the Board of Health's representative on the Committee; she keeps the Board informed regarding the Committee; and the Board may take action to support Committee recommendations. Ms. Perrera commented that there may be practical reasons to inform the Board of Health, but doing so is not required by code.

Pima County Deputy County Attorney Karen Friar said she was asked to talk about the open meeting law because technology and communication has progressed to the point where complying with the law has become more difficult. She read from her handout, which is included in the record, and began by reading:

It is the public policy of this state that meetings of public bodies be conducted openly and that notices and agendas be provided for such meetings which contain such information as is reasonably necessary to inform the public of the matters to be discussed or decided.

Open meeting laws are designed to keep governmental bodies from conducting business out of the public eye; to give the public access to the governmental process. Any gathering of a quorum, in person or through technological devices, at which the body discusses, proposes or takes legal action, including deliberations on the topic must be open to the public. The Committee's by-laws say a quorum is five members and for a sub-committee it is even lower. Ms. Friar pointed out that most Arizona Boards of Supervisors are comprised of only three members making the quorum two. Therefore, they cannot discuss any business or potential business outside of an open meeting. She clarified that proposing to put an item on the agenda is acceptable, even if it is on an e-mail to all members. However, if a proposal includes a course of action, then that is a violation. Ms. Friar cited that Yavapai Community College's Board sent out "educational material" on a topic; however, the Attorney General's Office ruled it was an exchange of facts or issues on a topic that could foreseeably come before the board and as such was a violation of open meeting laws. To avoid this, Ms. Friar said to put the item in the public body's packet and put it on the agenda. Mr. Schlueter, (Committee Coordinator) said he posts the entire packet, as it is available, on the Advisory Committee's webpage prior to the meeting. There was some concern about certain details such as names and addresses associated with welfare cases being posted. There was also concern that discussion on the aforementioned concern could end up being in violation of the open meeting law.

Regarding the notice of meetings Ms. Friar said there must be at least a 24-hour notice to both the public and the body members. She continued that if actions are taken in a meeting in violation of the open meeting law, it is null and void and would have to be redone. If there is an actual emergency, then the 24-hour notice is not required. The agenda is important and lets both the membership and public know what is to be discussed, and by exclusion what cannot be discussed. It must be sufficiently detailed, not generic. There can be a current events agenda topic, but there cannot be any discussion, deliberation, proposing, or action related to the current events.

Ms. Schwerin asked about the law referring to being able to talk about other related matters. Mr. Friar said the open meeting law states you can talk about what's on the agenda and other matters related thereto. She qualified that by asking if a member of the public saw the agenda item would they know the other matter could possibly be discussed. She continued with an example of a fire district agenda having an item about districts responding to other districts; basically if responders from another district are closer then respond and vice versa. However, in the meeting the topic was used to share a PowerPoint presentation on annexing the other fire district, which the public could not have perceived to be part of the discussion based on the agenda item, therefore it was not acceptable. When in doubt, put it on the agenda. Mr. Neuman asked if discussion on an agenda item diverts from its original intention is it acceptable for the chair to state such and move on to the next item? Ms. Friar said that was what should be done.

Ms. Friar said a call to the public is not required, but is a good way to get input from the public. At a call to the public the public is not required to stick to the agenda. If what the public talks about is on the agenda, then the public body can discuss what was said. However, if what the public speaks on is not on the agenda, then the members are very limited. If what the public talks about is not on the agenda, then at the end of the call to the public the committee may only respond to criticism; ask staff to address what was discussed; and ask that the item be placed on a future agenda. She added that five members (a quorum) of members cannot respond to criticism, because then the Committee is talking off topic. In response to a question about who decides there will be a call to the public, Ms. Friar suggested the Committee's by-laws and the question be placed on a future agenda. Ms. Schwerin said the Committee had voted in the past to have two calls to the audience. Ms. Emptage asked if the Committee can impose a time limit and the answer was yes. There can be a sheet to fill out to speak, but not an attendance sheet.

Regarding a quorum, Ms. Friar said a quorum could connect via e-mail or other technological means and doing so could constitute a meeting, even if it was serially versus all at the same time. She cautioned that a "reply all" to an e-mail could constitute a violation of the open meeting law. Working on a draft of a document was brought up and Ms. Friar said put it on as an agenda item. Information can be requested from staff; however, there cannot be a discussion or an opinion in the e-mail. If a quorum gets an e-mail from a member of the public, that is acceptable, but they cannot discuss anything from the e-mail. Members can respond as an individual. She cautioned that happening to meet at a social function and sharing something with other members who then share with other members becomes a problem when it ends up getting shared among a quorum. She called that splintering the quorum. She added that "friending" on Facebook could connect to a quorum and members should use caution expressing opinions on Facebook and clicking "like" which is an opinion.

Minutes have to be available to the public within three business days. Audio and video are acceptable. Ms. Friar also said executive sessions can only be held under seven circumstances, none of which she believes apply to the Animal Care Advisory Committee. Mr. Jacobs asked if the agenda should specify items as for action or as for discussion and Ms. Friar said it is a good idea, but is not required. She added that specifying gives the Committee and the public a better idea of what is to occur in the meeting. Ms. Friar added the Board of Supervisors must approve the by-laws of public bodies.

Ms. Friar discussed penalties regarding violations of the open meeting law. Actions taken in violation of the law are null and void and will have to be done over. Public bodies are subject to court orders to do something to comply with the law or not do something to comply with the law. There are civil penalties up to \$500 per person and the County cannot pay on behalf of the members nor assist with council or attorney fees. Removal from office is also an option.

#### 4. Management Report

Ms. Flanagan said that she will be using the management report to answer questions and report on requests from the prior meeting as they come up; and will request more related details of such be on the agenda going forward. There was a question on how many locations PACC was at for the PetSmart adoption event reported on last month; the answer was three locations. There were questions on how donations are used; and Health Department Director Francisco García said he would like to come to a meeting to discuss the issue with the Committee. Also the Department's Business Manager could come and report on the overall budget and budget process. Mr. Jacobs had asked for the one-page manager's report with numbers for the month that was missed; and it was included in the packet. Ms. Flanagan was asked to verify if staff is making trips to the Ajo Center twice a month to pick up dogs; and she confirmed they are. The Department's Workforce Development Plan was mentioned at the last meeting and it can be an agenda topic whenever the Committee wants to hear about it. Ms. Emptage had asked about getting PACC messaging bumper stickers on County vehicles. Ms. Flanagan said she contacted the head of Fleet Services who thinks the issue would need to go to the Board of Supervisors, but he is still checking on the topic. Ms. Schwerin had asked about an incident on September 6<sup>th</sup> involving a dog on concrete in the hot sun; and Ms. Flanagan reported staff went out twice to check on the dog, but could not find it. The first attempt was within hours of the complaint and the second was the next day.

Reporting on a future item, Ms. Flanagan said tomorrow (November 20<sup>th</sup>) Line and Space (architects) will be giving a more detailed presentation on the conceptual design for the new Animal Care facility, at the Abrams building at 5:30 pm. The PACC volunteers had a number of questions and the meeting is geared to them. Ms. Flanagan gave an example of the volunteers being concerned about part of the old building being renovated versus it being all new structure, as one of the topics to be discussed. The architects have already posted a "frequently asked questions" section to answer many common questions.

Ms. Schwerin asked about the PACC management structure regarding making recommendations. Ms. Flanagan said recommendations can be made to her, and then she will take the recommendations to her chain of command, or the Committee can make recommendations to the Board of Supervisors. Mr. Neuman agreed the Committee can go either route, but added that many things can be handled without going to the Board and some things, if taken directly to the Board, could be embarrassing.

#### 5. Old Business

- Procedures Related to Agenda Items

Ms. Hubbard moved that item 5. Old Business and 6. New Business be tabled until the next meeting. Ms. Mendelsohn seconded the motion, which carried (10-0).

6. New Business

- Proposal to have Comment Sheet for Welfare and Dangerous Dog Reviews

No discussion – see motion under item 5.

- Animal Care Center Main Phone Tree Message

No discussion – see motion under item 5

7. A total of 1,324 individuals gave \$34,906.35 in donations during the month of October.

Mr. Neuman requested Dr. García come talk about how donations are used as mentioned by Ms. Flanagan in the Management Report.

8. Complaints and Commendations: There were no complaint and commendations received by staff during October.

There was no discussion on this agenda item.

9. Call to the Audience

Cathy Neuman spoke regarding dogs quarantined at PACC on bond cases. She said she has heard the Committee discuss trying to shorten the duration on these cases and the end result is that there is no method within the legal system to make these dogs a priority and speed the cases up. These dogs stay at PACC for many months and get little interaction. She referred to the Rottweiler Sativa. Channel 4 news did a piece on Sativa in October saying Sativa will likely face a grim fate because of her own mistake. It's like driving a stake through my heart, said the owner. Sativa was declared dangerous in 2012 and was required to be leashed, muzzled and under the control of an adult when out of a confined area. Last year one of the neighbors reported Sativa at large and showing teeth. Sativa has been quarantined ever since. A judge rejected the owner's appeal. The owner hopes the County will release Sativa's remains so they can be buried on his property. Ms. Neuman said she saw Sativa every day in her kennel and watched for a year as the dog deteriorated mentally and physically. She said, "It is just wrong." Sativa was euthanized on October 22<sup>nd</sup>. Sativa is not an isolated case. Ms. Neuman asked the Committee to try to do whatever they can to get these bond cases moved through the system to reduce the suffering of these animals.

Mr. Jacobs requested the topic be placed on the agenda and requested the presiding judge or the court administrator be invited to the meeting.

10. Announcements, Schedules and Proposed Agenda Items

There were a few proposed agenda items mentioned during discussion on other topics. Ms. Schwerin requested the County Attorney's Office be invited to discuss the requested bond cases agenda item.

11. Next Meeting – December 17, 2015

Mr. Neuman said the road construction, which was the reasoning to move the meetings to the Abrams building, has progressed to the point where it is no longer a problem, and made a motion to have the next meeting at PACC, to give volunteers and others more of an opportunity to attend the meeting. Dr. Smith seconded the motion. The motion carried (7-2), with Ms. Hubbard and Mr. Jacobs voting against and Ms. Mendelsohn abstaining.

12. Adjournment

The meeting adjourned at 7:26 pm.

DRAFT



**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: Marcy Flanagan, Deputy Director**

**FROM: Jose Chavez, Enforcement Operations Manager**

**DATE: 9-3-15**

**SUBJECT: Welfare report for August 2015**

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1. A15-177707 No animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. This complaint is closed.
2. A15-177146 No animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. The recheck was found in compliance. This complaint is closed.
3. A15-177099 One animal (injured) was surrendered to PACC. A welfare case was opened staff reviewed the animal welfare requirements and laws with the owner and cited at PACC. The animal received treatment and was adopted. This complaint is closed.
4. A15-176744 One animal (sick) was surrendered to PACC. A welfare case was opened staff reviewed welfare requirements and laws with the owner and cited the owner at PACC. The animal was euthanized due to the severity of the illness. This complaint is closed.
5. A15-176994 One animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The animal was redeemed. This complaint is closed.
6. A15-177490 One animal (injured) was surrendered to PACC. A welfare case was opened staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The animal was euthanized due to aggression behavior.
7. A15-177407 69 animals were impounded the owner was served with a bond notice. The Pima County Sheriff's Department is investigating the case as a felony. The bond was not posted the animals were automatically forfeited to PACC the animals are receiving care and pending an outcome.
8. A15-177669 No animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. A recheck was found in compliance. This complaint is closed.
9. A15-177069 One animal (sick) was surrendered to PACC. A welfare case was opened staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The animal later died in the kennel. A check was found in compliance. This complaint is closed.
10. A15-177438 Two animals were impounded. Staff and reviewed the animal welfare requirements and laws with the owner and cited at PACC. The animals were redeemed. A recheck was conducted and found the animals and owner had moved out of the property. This complaint is closed.

NC 1

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME	COLOR	SEX	AGE	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Husky	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Goliath	Black/white	M	Adult	CURRENT	CURRENT	OK	A532089
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								

WITNESS 1 TPD Officer Fox #37904		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS 1100 S Alvernon Way	RESIDENCE PHONE #	BUSINESS PHONE # 520-791-4253
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 #

<b>INVESTIGATION REPORT</b>		SUSPECT <b>Jeromy Myles</b>				ACO NAME / BADGE # <b>M. Hendrickson 2066</b>	COMPLAINT NUMBER <b>A15-177707</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 <b>Pantano Rd</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>				
ZIP <b>85710</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>520-704-2642</b>			CODE IF OTHER :				
SUSPECT'S BUSINESS ADDRESS				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>		DRIVERS LICENSE				
ZIP <b>85756</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	BUSINESS PHONE NUMBER			DOB				
SEX <b>M</b>	WEIGHT <b>203</b>	HEIGHT <b>5'11"</b>	EYES <b>BLK</b>	HAIR COLOR <b>BLK</b>	ORIGIN	SSN				
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		LOCATION OF INCIDENT <b>Whistler Dr</b>			DATE AND TIME REPORTED <b>08/26/15 / 1155</b>	DATE AND TIME OCCURRED <b>08/26/15 / 1219</b>				
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		F-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 type="checkbox"/>	BEATEN <input type="checkbox"/>	WASTE <input type="checkbox"/>	OTHER (EXPLAIN) <input type="checkbox"/>	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM/COMPLAINANT NAME <b>Officer M. Hendrickson</b>			D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>520-724-5900</b>			
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S ADDRESS <b>Pima Animal Care Center</b>			ZIP	CITY	STATE			
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		VICTIM'S BUSINESS ADDRESS <b>4000 N. Silverbell Rd</b>			ZIP <b>85745</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>			
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 checked="" type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER: <b>E152380420</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"/>	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		RELEASE DATE:	VET <input type="checkbox"/>	
PHONE NUMBER		VET CLINIC		PHONE NUMBER		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/>	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"/>		FRA HEAD# <input type="checkbox"/>		UTQ <input type="checkbox"/>		
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 VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS
CODE/DRO VIOLATED <b>4-3(2)(B)</b>		CITATIONS/NUMBERS <b>74491 A</b>		REVIEWED BY <b>8-31-15 JC</b>		BOND YES <input type="checkbox"/> NO <input type="checkbox"/>				

WC 1



## INVESTIGATION REPORT

**Activity Number: A15-177707**

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

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**On August 26, 2015 at 11:55 AM, Pima Animal Care Center (PACC) dispatch received a call from Tucson Police Department (TPD) dispatch. The dispatcher advised that a landlord of Whistler Drive called and stated that the house has been vacant. When he went to go show the house to someone interested in it, he found a husky in a kennel.**

**On August 26, 2015 at 12:19 PM, Officer Hendrickson #2066 arrived at Whistler in response to the report of an abandoned dog. She met TPD Officer Fox #37904, case #E152380420, and the complainant Mr. Harry Erickson who stated he is the landlord. Mr. Erickson had posted a notice of intent to enter the property on 08/24/15 stating that on 08/26/15 he would enter the property and begin clearing the home. There was also a 5 day notice to pay or quit the rental agreement with a compliance date set to 08/29/15. She photographed the notices and entered the home with Mr. Erickson and Officer Fox to ensure the welfare of the animal. She observed a male Alaskan Husky in a kennel. The kennel did not have any water provided and the dog was not wearing any form of identification. She impounded the dog for his continued wellbeing. She posted and photographed a notice of impound in plain view on the front door to the home. Mr. Erickson stated the dog owners name is Jeromy Myles.**

**On August 29, 2015 at 2:00 PM, I, Officer Hinte 2068, met with the dog owner Jeromy Myles at PACC. I informed him that the dog, named Goliath, was impounded due to lack of water. Mr. Myles stated that he fed and watered the dog before work. He stated that he got off work around 2:00 and had made arrangements with the landlord to be out of the house by 5:00. He stated that when he got off of work, he had a text message from his landlord stating that he had already entered the house and contacted TPD/PACC regarding the dog. I stated that the timing was irrelevant as the dog was still without water for at least several hours. I informed Mr. Myles that dogs must have access to water at all times. He stated that he understood.**

WC 1

I issued Mr. Myles a citation in the City for no water. I explained his court date, time, and location. He stated that he understood, signed, and received his copy.

Officer's Signature:



Date:

8/29/15

NC 2

**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 <b>Michael William Evans</b>				ACO NAME / BADGE # <b>X. Delgadillo #2047</b>		COMPLAINT NUMBER <b>A15-177146</b>	
SUSPECT'S ADDRESS <b>. 9th st</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP <b>85719</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>520-1</b>				
SUSPECT'S BUSINESS ADDRESS				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE		
SEX <b>M</b>	WEIGHT <b>180</b>	HEIGHT <b>5'10"</b>	EYES <b>BRO</b>	HAIR COLOR <b>BRO</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 <b>Columbia St.</b>		DATE AND TIME REPORTED <b>08/16/15 / 18:40</b>		DATE AND TIME OCCURRED <b>08/18/15 / 17:33</b>	
<input type="checkbox"/> FOOD		<input type="checkbox"/> WATER		<input type="checkbox"/> SHELTER		<input type="checkbox"/> INJURED/ILL	
<input type="checkbox"/> VENTILATION		<input type="checkbox"/> ABANDONED		<input type="checkbox"/> TIEOUT		<input type="checkbox"/> BEATEN	
<input type="checkbox"/> WASTE		<input type="checkbox"/> OTHER (EXPLAIN)		<input checked="" type="checkbox"/> <b>Neglect- Vet Care</b>			
VICTIM/COMPLAINANT NAME <b>X. Delgadillo #2047</b>				D.O.B		RESIDENCE PHONE NO.	
VICTIM'S ADDRESS				ZIP		CITY	
VICTIM'S BUSINESS ADDRESS <b>4000 N. Silverbell Rd</b>				ZIP <b>85745</b>		CITY <b>Tucson</b>	
STATE <b>AZ</b>				BUSINESS PHONE NO. <b>520-724-5900*3</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. § 13-1405 (B) and § 9-286 (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 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"/>		<input type="checkbox"/> FRA HEAD#	
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	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED <b>4-3-2 (D), 4-81, 4-76</b>		OTHER ADDITIONAL REPORTS		REVIEWED BY <b>2002</b> <b>Worst 8-19</b>	
		CITATIONS/NUMBERS <b>74080</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#
Shepherd Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Jack	White/red	M	A		Cited	Cited		366522
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

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

WC 2



## INVESTIGATION REPORT

**Activity Number: A15-177146**

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

**On August 18, 2015 at approximately 17:33 I, Officer Delgadillo#2047, arrived to 9th St in reference to a neglect complaint, a white dog that is very emaciated.**

**I met with the dog owner Michael Evans, who stated that the dog has valley fever. He stated the "the dog started getting worse" and losing more weight. I asked him when the last time he took the dog to a veterinarian and he stated maybe 6 months or more. I asked if Jack, the White Shepherd mix was on any medication and he stated Fluconazole. I asked him if the dog was getting worse why was vet care not sought and he stated "I don't know, just being lazy". No documents regarding the vet care were presented.**

**I observed the back yard and did not see adequate shelter for Jack but he did have food and water. Per chameleon Jack's license and rabies have expired. I issued a premise inspection for Shelter and re-inspection to be conducted on 8/25/15 and Jack must receive vet care within 48 hours.**

**Mr. Evans was cited into Tucson City Court for Neglect-Vet Care; No license and No Rabies Vaccination. Mr. Evans signed his citations; received a copy and was provided his 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:**

8/19/15

WC 3

**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 <b>Denise Jean Powers</b>				ACO NAME / BADGE # <b>D.Robledo #1990</b>		COMPLAINT NUMBER <b>A15-177099</b>	
SUSPECT'S ADDRESS <b>Limequat</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP <b>85741</b>	CITY <b>Tuc</b>	STATE <b>Az</b>	RESIDENCE PHONE NUMBER <b>/</b>				
SUSPECT'S BUSINESS ADDRESS <b>n/a</b>				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
SEX <b>f</b>	WEIGHT <b>200</b>	HEIGHT <b>5'-5"</b>	EYES <b>haz</b>	HAIR COLOR <b>brn</b>	ORIGIN	DOB	SSN <b>n/a</b>

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	LOCATION OF INCIDENT <b>4000 N. silverbell Rd.</b>	DATE AND TIME REPORTED <b>8/15/15 / 1305</b>	DATE AND TIME OCCURRED <b>8/15/15 / 1305</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 checked="" type="checkbox"/> <b>vet care</b>			

<input type="checkbox"/> I CHOOSE "upon request" rights in this case	VICTIM/COMPLAINANT NAME <b>Daniel Robledo</b>	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>724-5900</b>
<input type="checkbox"/> I WAIVE "upon request" rights in this case.	VICTIM'S ADDRESS <b>n/a</b>	ZIP	CITY	STATE
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-288 (B)	VICTIM'S BUSINESS ADDRESS <b>4000 N. silverbell Rd.</b>	ZIP <b>85745</b>	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:	PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	RELEASE DATE:	VET <input type="checkbox"/>
PHONE NUMBER	VET CLINIC					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"/>				FTQ <input type="checkbox"/>
	3 <sup>RD</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO <b>D.Robledo #1990</b>	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 <b>6.04.110(B)(4)</b>	CITATIONS/NUMBERS <b>74686</b>	REVIEWED BY <b>Konst 8/18</b>	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#
Pitbull VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Bandit</b>	<b>Brn/Wht</b>	<b>M</b>	<b>Ad</b>				<b>bad</b>	<b>A530811</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"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

WITNESS 1	M <input type="checkbox"/> F <input checked="" 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 3



**INVESTIGATION REPORT**

**Activity Number: A15-177099**

**ACO name & Badge: Daniel Robledo**

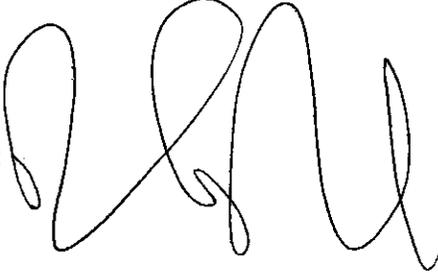
**August 15, 2015 at 1305 hours, dog owner, Denise Powers, with her dog Bandit were at Pima Animal Care Center for the purpose of the dog to be euthanized.**

**Pima Animal Kennel Tech Jessica Heck noted that the dog Bandit had a protruding left eye and reported dog's condition to Pima Animal Care Enforcement Officer Robledo #1990.**

**I, Pima Animal Care Officer Robledo #1990 went to speak with Denise Powers. I asked her how long she has had this dog and she stated she had the animal for three years. She stated her son left the dog with her about three years ago. I asked how long this dog has had this eye condition and she said over six months. She went on to explain that six months ago, the dog was running around the yard and ran into the cacti. When dog managed to get away from the cactus, dog had injury to the eye.**

**I asked her why she not sought medical attention for the eye. She explained that she did not have the money to pay for dog's medical bills. Today she said she went to Banfields Vet Clinic and they told her to bring to Pima Animal Care Center and it would only cost her \$15.00. I explained to Mrs. Powers that it's her responsibility to care for the dog once the injury occurred.**

**I explained to Mrs. Powers that I will be issuing citations for neglect vet care on her dog named Bandit. She said she understood and presented her license for identification. She signed and received her copy of the citations. She signed the dog over to Pima County Animal Care Center.**

**Officer's Signature:** 

**Date:** 8.17.15

NC 4

**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 <b>Andres Lopez Sr</b>		ACO NAME / BADGE # <b>1942 Eckelbarger</b>		COMPLAINT NUMBER <b>A15-176744</b>	
SUSPECT'S ADDRESS <b>Inez Dr</b>		BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP <b>85756</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER		
SUSPECT'S BUSINESS ADDRESS		CODE IF OTHER:			
ZIP		CITY	STATE	BUSINESS PHONE NUMBER	
SEX <b>M</b>		WEIGHT <b>225</b>	HEIGHT <b>6-1</b>	EYES <b>Blk</b>	HAIR COLOR <b>Bk</b>
ORIGIN		DOB	SSN		
DATE AND TIME REPORTED <b>8-9-15 / 0930</b>		DATE AND TIME OCCURRED <b>8-9-15 / 0930</b>			
LOCATION OF INCIDENT <b>4000 N. Silverbell Rd</b>		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input checked="" type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input checked="" type="checkbox"/> Cruelty			
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME <b>1942 Eckelbarger</b>		D.O.B	BUSINESS PHONE NO. <b>724-5992</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 STATE <b>Tucson 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:
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:	TREATED BY
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:	PHONE NUMBER
PHONE NUMBER		VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	DATE QUARANTINED
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		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"/>
CODE/ORD VIOLATED <b>4-3 (2)(D), 4-3 (I)</b>		CITATIONS/NUMBERS <b>746ZZ (A-B)</b>		PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME	COLOR	SEX	AGE
Pit-bull mix		Patches	Brown/white	F	15yr
VICTIM OWNER <input checked="" type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
WITNESS 1		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #
WITNESS 2		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #

REVIEWED BY  
**KONST 2002 8/10**  
 BOND YES  NO

PACC   
 VET   
 HOME   
 FTQ   
 UTQ

WC 4



## INVESTIGATION REPORT

**Activity Number: A15-176744**

**ACO name & Badge: 1942 Eckelbarger**

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**On 8-9-15 at 0930 hours I Investigator Eckelbarger (1942) met with dog owner, Andres Lopez Sr. (DOB [redacted]), after he brought his dog "Patches" into the Pima Animal Care Center to have the dog euthanized. Mr. Lopez stated the dog developed a mass on her underbelly/chest area approximately 6 months ago and it had gotten progressively larger since then. He stated the dog was not able to walk for the past 4/5 days. He stated he did not take the dog for treatment by a veterinarian. He stated the dog had not eaten, drank, or defecated/urinated for the past 3 days. Mr. Lopez then signed Patches over to the Pima Animal Care Center for euthanasia.**

**I then observed Patches who was a 15 year old female pit-bull mix. She had an extremely large mass on the underbelly/chest area of her body that was bloody and leaking a bloody fluid. The dog was lying in a pool of this fluid before moved. The dog was emaciated and I could see the hip, spine, and skull bones clearly. The dog was unable to get up and walk. I took photographs of the dog and setup for a veterinary examination.**

**I then issued Mr. Lopez citations for cruelty and neglect-vet care under City jurisdiction. Mr. Lopez signed and received his copies of the citations.**

**Officer's Signature:**

A handwritten signature in black ink, consisting of a large, stylized loop and a horizontal stroke. To the right of the signature, the number "1942" is written in the same ink.

**Date: 8-9-15**

NC 5

**INVESTIGATION REPORT**

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



SUSPECT <b>Abraham Isaac Zuniga</b>				ACO NAME / BADGE # <b>D. Hinte 2068</b>		COMPLAINT NUMBER <b>A15-176994</b>	
SUSPECT'S ADDRESS <b>Irvington Rd</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP <b>85714</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>520-</b>				
SUSPECT'S BUSINESS ADDRESS				CODE IF OTHER :			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE		
SEX <b>M</b>	WEIGHT <b>160</b>	HEIGHT <b>5'10"</b>	EYES <b>BRO</b>	HAIR COLOR <b>BLK</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 <b>Irvington Rd.</b>	DATE AND TIME REPORTED <b>08/13/15 / 1034</b>	DATE AND TIME OCCURRED <b>08/13/15 / 1106</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 <b>Officer D. Hinte 2068</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 <b>Pima Animal Care Center</b>	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 # <b>1506130208</b> <input type="checkbox"/> SO <input checked="" 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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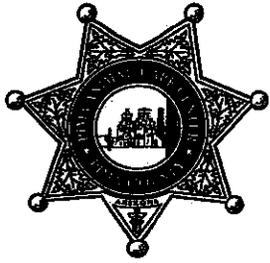
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input type="checkbox"/> VIOLATION	BITE SEVERITY:	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/>
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	VET <input type="checkbox"/>
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"/>
	3 <sup>RD</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO <b>D. Hinte 2068</b>	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS	UTQ <input type="checkbox"/>

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	CODE/DRO VIOLATED <b>4-3(2)(E)(2); 4-3(2)(B)</b>	CITATIONS/NUMBERS <b>74270 A-B</b>	REVIEWED BY <b>WVST 8/17</b>	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	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Pitbull VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Oakley</b>	<b>Blue/white</b>	<b>M</b>	<b>Adult</b>	<b>CURRENT</b>	<b>CURRENT</b>	<b>OK</b>	<b>A530585</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 TPD Officer Vega #29847	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS <b>4410 S Park Ave</b>	RESIDENCE PHONE #	BUSINESS PHONE # <b>520-791-4949</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 #

NC 5



## INVESTIGATION REPORT

**Activity Number: A15-176994**

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

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**On August 13, 2015 at 10:34 AM, Pima Animal Care Center (PACC) received a call concerning a dog on a short tie-out at Irvington Rd. The complainant stated that the dog had been tied out since the day before and had been crying since then. The complainant was unsure if the dog had access to water.**

**On August 13, 2015 at 11:06 AM, I, Officer Hinte 2068, arrived at the rear gate of Irvington. I observed a blue and white Pitbull on a chain approximately 5 feet in length. The chain was wrapped around a tree and padlocked. There was a metal bowl turned upside down and a dry bucket on its side. There were three entry gates, each of which were padlocked. I drove around to the front of the house and knocked on the front door and windows several times. I did not receive a response. I returned to the back of the residence and requested TPD assistance to cut the lock. While awaiting TPD assistance, the dog barked continuously in a high pitched, distressful manner. TPD Officer Vega 29847 arrived and provided his case number of 1508130208. Officer Vega observed the dog and we discussed procedure for removal. He did not have bolt cutters on hand, so he returned to his substation. He arrived back on scene several minutes later with bolt cutters. I cut the lock to the most easily accessible gate while Officer Vega observed as an unbiased third party. I entered the yard and was unable to get close enough to the dog to remove the tie out. I observed a plastic kiddie pool with approximately 1-2 inches of dirt and leaf filled water but it was not within reach of the tie out. I could not locate any water within reach of the tie out. I used the bolt cutters once more to cut the chain from around the tree. I placed my snare over the chain tie out. While transporting to the truck, my snare pole broke, but Officer Vega still had hold of the chain. I realized at that time that the dog was not aggressive, only fearful and confused. I was able to load the dog into the truck using leash and muzzle with no problems. The chain was secured around the dog's neck using a large karabiner clip. The chain was so tight around the dog's neck that it took both Officer Vega and me several minutes to remove it by attempting to push both ends in towards each other.**

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I placed a PACC padlock on the back gate to re-secure the yard. I photographed the lock. I posted a notice on the back gate and the front door advising of impound and to contact PACC to unlock the padlock.

On August 14, 2015 at approximately 1:00 PM, I, Officer Hinte, met with the dog owner, Abraham Zuniga, at PACC. I informed Mr. Zuniga of the reason I had responded to his address and impounded his dog, Oakley. I explained that tie-outs are illegal and water must be potable and available at all times. Mr. Zuniga stated that he was only away from his home for approximately four hours on the day of impound. I explained that the high temperature for that day was over 100 degrees Fahrenheit and again that water must be available at all times. Mr. Zuniga replied that I had "seen the dog" and "he is healthy." I informed him that no level of health can prevent dehydration and heat related illness. I also informed him that Oakley can seriously injure or suffocate himself while on the tie-out. Mr. Zuniga maintained that Oakley is healthy and was not in any danger. Mr. Zuniga stated that he believed I trespassed on his property without the right to do so. I explained that a dog may be impounded if it is found in distress caused by tie-out or deprivation of potable water. I explained further that the Tucson City Ordinance states a dog is always deemed to be in distress while on a tie-out. I issued citations to Mr. Zuniga in the City for neglect – tie-out and neglect – no water. I explained his court date, time, and location. He stated that he understood, signed, and received his copy.

Mr. Zuniga asked who placed the lock on his back gate. I informed him that I did so to keep his yard secure and protect any belongings he had on the property. He became upset and asked who was going to remove it. I informed him that an officer would respond on that same day to remove the lock. I escorted Mr. Zuniga to the lobby where Oakley was released into his custody.

On August 14, 2015 at 5:06 PM, Officer Hendrickson 2066 arrived at Irvington to remove PACC's lock from the rear gate. She removed the lock and attempted to contact the dog owners by the number on file with her personal cellphone but reached the answering machine. She posted a notice on the front security door stating she had removed the lock.

Officer's Signature:



Date:

8/16/15

NC 6

<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 85745</b> <b>Phone: (520) 243-5900</b> <b>Fax: (520) 243-5960</b> <b>www.pimaanimalcare.org</b>		SUSPECT <b>Gregory Thomas Astorga</b>			ACO NAME / BADGE # <b>T. Foster #2042</b>		ACTIVITY/BITE NUMBER <b>A15-177490</b>		
SUSPECT'S ADDRESS <b>20th St</b>		CITY <b>Tucson</b>		STATE <b>Az</b>	ZIP <b>85711</b>	RESIDENCE PHONE NUMBER			
SUSPECT'S BUSINESS ADDRESS <b>Unk</b>		CITY <b>N/A</b>		STATE <b>N/A</b>	ZIP <b>N/A</b>	BUSINESS PHONE NUMBER <b>N/A</b>			
SEX <b>M</b>		WEIGHT <b>180</b>	HEIGHT <b>5'6"</b>	EYES <b>BRO</b>	HAIR <b>BR</b>	ORIGIN 	DOB 		
SOCIAL SECURITY NUMBER <b>529-99-9111</b>		BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/>		OTHER <input type="checkbox"/>		CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
DRIVERS LICENSE		LOCATION OF INCIDENT <b>4000 N Silverbell Rd</b>		DATE AND TIME OF INCIDENT <b>08/22/15 14:20</b>		DATE AND TIME REPORTED <b>08/22/15 14:220</b>			
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> VENTILATION <input type="checkbox"/>		ABANDONED <input type="checkbox"/> TIEDOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/>		INJ / ILL <input checked="" type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>			
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME <b>T. Foster #2042</b>		DATE OF BIRTH <b>N/A</b>	RESIDENCE PHONE <b>N/A</b>		BUSINESS PHONE <b>520-724-5900</b>		
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS <b>N/A</b>		CITY <b>N/A</b>	STATE <b>N/A</b>	ZIP <b>N/A</b>			
<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>		CITY <b>Tucson</b>	STATE <b>Az</b>	ZIP <b>85745</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 <b>N/A</b>	OTHER AGENCY CASE # <b>N/A</b> <input type="checkbox"/> SHERIFF DEPT <input type="checkbox"/> TUCSON POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER: <b>N/A</b>		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER: <b>N/A</b>		
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION	BITE SEVERITY: <b>N/A</b>		TREATED BY <b>N/A</b>	PHONE NUMBER <b>N/A</b>	DATE QUARANTINED <b>N/A</b>		
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN: <b>N/A</b>		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		PACC <input type="checkbox"/> YET <input type="checkbox"/> HOME <input type="checkbox"/>		
PHONE NUMBER		VET CLINIC <b>N/A</b>		PHONE NUMBER	FTO <input type="checkbox"/> LTB <input type="checkbox"/>		RELEASE DATE: <b>N/A</b>		
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS <b>N/A</b>		QUARANTINE (DAYS) 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		FRA HEAD# <b>N/A</b>			
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		3 <sup>RD</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO <b>2042</b>	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER <b>N/A</b>	OTHER ADDITIONAL REPORTS <b>N/A</b>			
CODE/ORD VIOLATED <b>4-3(2)(D); 4-3(1)</b>		CITATIONS/NUMBERS <b>#74419 (A, B)</b>		REVIEWED BY <b>2002</b> <b>KONST 8/25</b>		BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
BREED/DESCRIPTION		ANIMAL'S NAME		COLOR	SEX	AGE	LICENSE #	CONDITION	ANIMAL ID#
<b>Pit Bull Mix</b>		<b>Raider</b>		<b>Black &amp; White</b>	<b>M</b>	<b>5yr</b>	<b>L14-235444</b>	<b>Dead</b>	<b>A398429</b>
VICTIM OWNER <input checked="" type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>	
VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>	
VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>	
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>Dr. Carlson DVM</b>		M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB <b>N/A</b>	ADDRESS <b>4000 N Silverbell Rd</b>		RESIDENCE PHONE # <b>N/A</b>	BUSINESS PHONE # <b>520-724-5963</b>		
WITNESS 2 <b>K. Davis #2053</b>		M <input checked="" type="checkbox"/> F <input type="checkbox"/>	DOB <b>N/A</b>	ADDRESS <b>4000 N Silverbell Rd</b>		RESIDENCE PHONE # <b>N/A</b>	BUSINESS PHONE # <b>520-724-5963</b>		
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #	BUSINESS PHONE #		
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #	BUSINESS PHONE #		



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## INVESTIGATION REPORT

**Activity Number:** A15-177490

**ACD Name & Badge:** T. Foster #2042

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08/22/15 14:20 I, Officer Foster #2042 was advised by Pima Animal Care Center (PACC) Intake/Kennel Supervisor K. Davis that there was a gentleman in the intake area with a dog that had an injured paw. The supervisor stated that the dog's owner told him that the dog hurt his paw and a bandage was placed on the paw albeit too tight. According to Supervisor Davis, the owner stated that the dog's paw was now falling off and he was at PACC requesting Euthanasia services.

I met with the dog owner Gregory Thomas Astorga at the vehicle he was sitting in, that was located in the rear parking lot at PACC. I asked him to show me the dog and he opened the back door and I observed a black and white male pit bull type dog in the back seat. I also noted that the dog had a yellow rubber glove taped over and to the right front paw. I asked the man to tell me what happened and he stated that he had to leave town and was in Phoenix for two weeks. He said that he left the dog with a friend of a friend's but did not know the person's name. He went on to state that this person (that he did not know) called him in Phoenix and told him that his dog Raider sustained a cut to his paw. I asked Mr. Astorga if the dog was seen by a vet and he told me no because he had no money. I then asked the him who taped the glove to the dog's paw and he responded that he did it. He went on to state that he "had to cover it up somehow." I asked Mr. Astorga if he had any veterinary or medical training and he stated that he did not. I then asked him why the dog known as Raider was not taken to a vet facility and he advised me that he did not have any money to have the dog treated.

I then asked for a copy of his driver's license and told him that based on his statement(s) that I was going to issue him citations for cruelty and neglect of vet care. I returned to the building and completed the afore mentioned citations. I met with Mr. Astorga again a few minutes later in the intake room. I asked him again how long ago he received the call from the unknown pet sitter and he initially stated that it was approximately two weeks ago. However, he later stated that the injury and subsequent bandaging happened three or four days prior to bringing the dog to PACC. Mr. Astorga was upset with me for ticketing him for the two violations and felt that his low-income status should excuse the severity of his dog's injury and the extent of the damage caused by improper bandaging. I then informed him that it was free to bring the dog in to PACC and sign him over to the shelter for future reference and he told me that he was aware of that.

At that point Mr. Astorga stated that he no longer wished to speak to me and I ceased trying to interview him and instead explained his citations to him. Mr. Astorga acknowledged, signed, and accepted his copy of the citations. He was given his court date, time, and location. I then returned his Id to him. As I did so he informed me that he adopted the dog known as Raider from PACC and that "it was ok" because PACC was going to euthanize him anyway. I then returned his license to him and left the receiving area to allow him to finish signing the dog over to PACC.

Mr. Astorga was placed on the Do Not Adopt list for failing to provide vet care to Raider.

The dog was examined by one of PACC's staff veterinarians, Dr. Karyn Carlson DVM who advised me that she felt the wound was at least 1.5 to 2 weeks old.

**Officer's Signature:** J. Foster #2042

**Date:** 8/25/2015

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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 <b>Ulrike Gouin</b>				ACO NAME / BADGE # <b>C. Martinez #2067</b>		COMPLAINT NUMBER <b>A15-177407</b>	
SUSPECT'S ADDRESS <b>. Kestrel Rd</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP <b>85736</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>Unknown</b>				
SUSPECT'S BUSINESS ADDRESS <b>N/A</b>				CODE IF OTHER :			
ZIP <b>N/A</b>	CITY <b>N/A</b>	STATE <b>N/A</b>	BUSINESS PHONE NUMBER <b>N/A</b>		DRIVERS LICENSE <b>N/A</b>		
SEX <b>F</b>	WEIGHT	HEIGHT	EYES <b>BLU</b>	HAIR COLOR <b>Drk Brn</b>	ORIGIN	DOB	SSN <b>N/A</b>

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

LOCATION OF INCIDENT <b>Kestrel Rd</b>				DATE AND TIME REPORTED <b>08/21/15 07:20</b>		DATE AND TIME OCCURRED <b>08/21/15 07:20</b>	
FOOD <input checked="" type="checkbox"/> WATER <input checked="" type="checkbox"/> SHELTER <input checked="" type="checkbox"/> INJURED/ILL <input checked="" type="checkbox"/> VENTILATION <input checked="" type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input checked="" type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>							

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME <b>Carmen Martinez</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 <b>4000 N. Silverbell</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 checked="" type="checkbox"/>		RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DANGEROUS CASE NUMBER <b>N/A</b>		OTHER AGENCY CASE # <b>150821028</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"/>	

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"/>		<input type="checkbox"/> FRA HEAD#					
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LAWFUL REPRESENTATIVE ADDRESS

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

CODE/DRO VIOLATED								REVIEWED BY <b>8-27-15 PK</b>			
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CITATIONS/NUMBERS

CITATIONS/NUMBERS								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	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
See attached VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	See attached							
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <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	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 7



## INVESTIGATION REPORT

**Activity Number: 15-177407**

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

---

On August 21, 2015 at 0746 am I, Officer Martinez #2067 responded to Kestrel Rd to assist Pima County Sheriff Deputy Davila #6546 (case # 150821028). PCSO had received a call regarding a woman screaming and yelling out in the middle of the road. Upon arrival they eventually located Ulrike Gouin (DOB [REDACTED]) at her residence. Upon my arrival I saw the deputy's outside with Mrs. Gouin speaking to her. As I started walking up her driveway I could hear a lot of dogs barking. As I got closer to the trailer I could smell a strong odor of animal waste and urine. I also saw a few kennel runs off to the right made up of fencing and other various objects she had available. I then started speaking to Mrs. Gouin and I informed her I was there to talk to her about her animals. She stated she understood. I then asked if she could show me around her property and take me to the various areas she had dogs confined. She took me around the back of the trailer first. I saw 2 separate pens. In one pen, which didn't appear to be very secure, there were approximately 6-10 dogs. The dogs were living in what appeared to be months' worth of animal waste. The water supply for these dogs was minimal and very dirty and they had no shade or shelter. All of the dogs appeared to be underweight. All dogs were barking and running around pen while I was there. There was a Tan male dog in a separate pen. He had no water but did have shelter and shade. He too was up and barking while I was there. She then showed around the other side of her trailer where she had a duck and a water turtle. The duck had a large trash bin laid on its side for shelter. The inside was dirty and had standing water in it. There was also a large black container with green algae like substance and water. The water was so green I was unable to see the water turtle. I also noticed what appeared to be cat food scattered in the enclosure with the duck. Behind the duck and turtle enclosure she had 2 more kennel runs with one dog in each. Both of these also appeared to be underweight. The dogs had months of feces piled up in each run. No potable water. They did have access to shade and shelter. Then, we walked over to the trailer. Right outside her front door on both sides, she had piles of trash bags and clutter. She also had a bird cage with a pigeon inside. She stated that when she got the pigeon it had a broken wing. The bird didn't have any water and the cage looked as if it hadn't been cleaned in sometime.

Mrs. Gouin stated she hadn't been able to clean because she was out of Fabuloso. It was then that she escorted me into her home. As soon as she opened her front door I was greeted by approximately 5-6 dogs loose in the front room. I also saw approximately 8-10 cats. These dogs were also underweight. I saw a tan basset mix that had a significant amount of hair loss. I was also overwhelmed by the odor of animal urine and feces. She did not have any type of tile, linoleum or carpet in her trailer. It was just wooden flooring. There was fresh and dried up old feces as well as urine throughout the trailer. As I walked in the front door to my left was the kitchen and on top of the refrigerator were a few cats that appeared to be underweight and appeared to be ill. The kitchen counters were covered in filth and fur from all the animals. On her oven was a pile of paper/mail. The kitchen sink had dirty dishes. As I was walking thru the kitchen she informed me that she was out of dish soap and was unable to wash her dishes. Then to my right was a living room that was sectioned off by a Dutch door. In the room were a black lab, tan dog, a cockatiel, and 2 gerbils. She had a couch, coffee table and television in that room. Animal waste was also seen in that room. The living room is where she had a large bag of Old Yeller dog food and a large bag of Kit and Kaboodle cat food. I saw one bowl with about 2-3 inches of water in the front room. As I pass by the kitchen I continue to see feces and urine on the floor. Thru another door was the bathroom/ laundry room. This door had a small hole at the bottom in which some of the animals could go in and out of. The bathroom had a section of some type of flooring but again was covered in animal waste. Everything in this room was covered in waste and filth. The tub had a cat litter box that was filled with cat feces. Dirty blankets were also seen in a pile by the washer and dryer. In the wall separating her bathroom area and bedroom had 2 holes. Mrs. Gouin stated that at one time the cooler had broken and to provide air circulation she made these holes for the dogs living in her bedroom. By this time the smell of the urine and ammonia has become almost unbearable; so much so that my eyes began to burn. Protective gear was required prior to entering the trailer.

I did not go into her bedroom at this time due to being the only ACO at the time and amount of dogs she had confined in her room. Many of her dogs were un socialized and fearful. We walked outside and we walked over to the other outside pens. There were 3 separate pens. In one I saw a cream colored Shepherd mix. She appeared to be elderly and ill. She had 3 bowls/containers in her pen and all were empty. She did have shade and shelter. Her pen was also covered in waste. In a pen right next to her were 2 dogs in one. They had access to shade and shelter. They had a large white container with dirt and algae on the bottom and little water. All 3 of these dogs were also underweight. No food was seen in any pen at this point. Next, was a covered pen with approximately 8 cats. These cats had a kitty condo made and inside there were small red ants crawling all over the cat food. All of the cats were also underweight. There was a large blue container with no water. I then asked Mrs. Gouin why her animals had no- to little clean water. She stated she was getting ready to give them water when the Deputy's arrived. She then began giving some of the dogs and cats water. Once she got to the pen with the cats she had to tear the tarp she had tied to the fencing to get into the pen to give water. The cats were so

thirsty that while she was filling the container some were getting wet and putting front paws in the container and it didn't bother them in the least. While she was doing that I informed her I needed to step away and would return. It was then that I requested another ACO to assist. While waiting for another ACO Mrs. Gouin was saying that things wouldn't have gotten that bad if her husband would have made the kennel runs like she had asked. She also stated she that 2-3 years ago she had turned in a few cats. I was unable to find anything during an activity search. Officer Foster #2042 then arrived. She then recommended that Deputy Davila contact animal cruelty detective. Officer Foster and I then went back into the trailer, with our protective gear on, so she could also assess the situation and take more photographs. In her bedroom were many small and large breed dogs and puppies. The puppies did not appear to be well. While speaking to Mrs. Gouin she stated that she was upset because she had an argument with her husband, William Gouin. She stated that she thought he had killed her kids, who are adults. She also kept stating that she had not spoken to her children in sometime and was concerned that there had been no recent activity on their Facebook accounts.

After we finished our walk thru of the trailer and property we waited for Detective Puckett and requested another ACO. Once he arrived on scene he spoke with Mrs. Gouin. Shortly after Detective Puckett's arrival Officer Hinte #2068 arrived. We went back in to trailer with Detective Puckett but due to all the dogs loose and barking in the trailer he requested we start removing the animals so he could conduct his investigation. It was then that Mrs. Gouin was notified that we would be removing all her animals. She then became very upset and yelling "Just put a bullet through me head". She also stated that they were all she had left. She was also very concerned about her dogs getting into fights because some don't get along. The deputy and Detective Puckett were able to get her to stay outside while Officer Foster and Officer Hinte began impounding. I was taking photographs of each dog and creating ID numbers. When Mrs. Gouin saw Officer Foster and Officer Hinte come out with the first 2 dogs she became very upset and started yelling "she has had them since they were puppies" and "you can't take them". She then reached out as if to grab the dog from Officer Foster. Officer Foster firmly advised Mrs. Gouin not to touch her. I, Officer Martinez then took the leash from Officer Foster and Mrs. Gouin sat on the ground hugging the dog. I told Mrs. Gouin we had to take him and she said "you're going to kill him." With Deputy Davila and Detective Puckett's assistance I was able to get the dog away from Mrs. Gouin and loaded onto the truck. Mrs. Gouin continued to get upset and shortly thereafter Deputy Davila and Detective Puckett handcuffed Mrs. Gouin and removed her from the property. We continued impounding. After several hours and impoundment of 25 dogs the trucks were full and Officer Hinte and Officer Foster returned back to the shelter. I stayed on scene with Detective Puckett and escorted him thru the home while he took his photographs. There were still quite a few dogs and cats in the trailer at this time. Detective Puckett concluded his walk thru and when we discussed locking up the trailer it was decided that I bring the keys back to the shelter and leave with a supervisor. I stayed at the property and started making kennels cards while I waited for more assistance for the remaining animals. Officer Hendrickson #2066, Officer Sanchez #2072 and Officer Hinte #2066

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came to assist with the remaining.

After all the dogs were impounded Officers Hendrickson, Hinte and Sanchez began with the cats inside. While capturing cats the Officers were moving the refrigerator and found a deceased cat. It appeared to have been deceased for a few days, as it was in rigor. I notified Detective Crehan and Operations Supervisor Chavez of our findings.

I started with the cats in the outside pen. I was able to catch 2 without incident and all others were fractious and/or scared and wouldn't let me approach. Since I was needed to continue with animal ID numbers and photographs I set a trap in the enclosure. After all the cats that could be caught were caught Officer Hendrickson and Officer Sanchez went to the enclosure and were able to capture the rest of the cats. All remaining dogs and cats all appeared underweight and some ill. There was one cat that was dragging its back legs while trying to get away from us. Approximately 15 more dogs and 16 cats, 2 gerbils and water turtle were impounded. I was instructed by Operations Supervisor Jose Chavez to make sure the duck and 2 birds had water, to set 3 traps inside the trailer for the remaining cats and we would return first thing the following day. We baited 3 traps inside the trailer, left clean water for the duck and 2 birds. At approximately 2023 hours we all returned to PACC with trucks full.

On August 22, 2015 Officer Foster and I, Officer Martinez returned to

Kestrel to finish impounding the remaining and check traps. It appeared that someone had been at the home. When we arrived the front door was slightly open. No obvious damage was done to the door.

We successfully impounded the duck, pigeon, cockatiel and 5 cats. It is believed that there may be 1-2 more cats that went behind the bath tub and wouldn't go into a set trap. We were instructed by Supervisor Konst to not leave any traps set and to leave keys at the property with a notice of impoundment. Upon completion of this mass impound Officer Foster and I secured the home and left house keys on the front door handle with a notice. The duck and 2 birds were transported by Officer Foster to Sean Ewer. A total of 41 dogs, 21 cats, 1 pigeon, 1 cockatiel, 1 duck, 1 turtle, 2 gerbils, 1 deceased cat = 69 animals impounded from 14294 W. Kestrel Rd.

On August 24, 2015 I arrived at Kestrel with Deputy Perez #52901 to present Mrs. Gouin with the bond paperwork. I discussed the paperwork and options with Mrs. Gouin. She refused to relinquish her animals to Pima Animal Care Center. All papers were signed and she received her copy. I asked if she had any questions and she stated she didn't and understood.

Officer Signature:



Date:

8/27/15

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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 <b>Maria Teresa Rodriguez</b>				ACO NAME / BADGE # <b>X. Delgadillo #2047</b>		COMPLAINT NUMBER <b>A15-177669</b>	
SUSPECT'S ADDRESS <b>North Arrow Rd</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP <b>85757</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>none</b>				
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 <b>F</b>	WEIGHT <b>175</b>	HEIGHT <b>5'8"</b>	EYES <b>BRO</b>	HAIR COLOR <b>BRO</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 <b>North Arrow Rd</b>	DATE AND TIME REPORTED <b>08/25/15 / 18:41</b>	DATE AND TIME OCCURRED <b>08/25/15 / 18:41</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"/>		

<input type="checkbox"/> 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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<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 <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 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"/>
	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	VET <input type="checkbox"/>
RELATIONSHIP TO VICTIM	VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		HOME <input type="checkbox"/>

PHONE NUMBER	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	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/DRG VIOLATED <b>6.4.110 (B) (5), 6.04.110 (B) (3), 6.04.70</b>	CITATIONS/NUMBERS <b>74732</b>	REVIEWED BY <b>2002 KONST 8/26</b>	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#
Min Pin VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Max	Black/Tan	M	A		Cited			532012
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

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

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## INVESTIGATION REPORT

**Activity Number: A15-177669**

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

On August 25, 2015 at approximately 18:42 I, Officer Delgadillo #2047, arrived to [redacted] North Arrow Rd. I was working a different case when I heard a dog barking, not a normal bark but in distress. When I arrived to the address I observed a black and tan male Mini Pin tied to a five gallon bucket which was filled with dirt for weight. I knocked on the door and a juvenile male came out and I asked for his parents. He stated that his mother was in the shower. I advised him tie-outs are illegal and the dog can choke. He stated that the dog had choked before when he jumped off the porch that is why they moved the tie-out to the wall of the trailer. I asked him to ask his mother to come to the porch.

I met with Ms. Maria Rodriguez. She stated that the dog belongs to her husband who is currently being detained in jail. I asked her if the dog had every choked before and she recalled the same story her son had explained. I advised her tie-outs are prohibited and asked for rabies vaccination and license. She stated that the dog was not licensed and she could not find the rabies vaccination.

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

**Neglect- tie-out; Neglect- No Shelter and No license**

Ms. Rodriguez signed her citations; received a copy and 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 circular stamp or mark.

Date:

8/25/15

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<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 85745</b> <b>Phone: (520) 243-5900</b> <b>Fax: (520) 243-5980</b> <b>www.pimaanimalcare.org</b>	<b>SUSPECT</b> <b>Ami Marie Brown</b>				<b>ACD NAME / BADGE #</b> <b>T. Foster #2042</b>		<b>ACTIVITY/BITE NUMBER</b> <b>A15-177069</b>	
	<b>SUSPECT'S ADDRESS</b> <b>Calle Arizona</b>				<b>BITE</b> <input type="checkbox"/> <b>WELFARE</b> <input checked="" type="checkbox"/> <b>DANGEROUS</b> <input type="checkbox"/>		<b>OTHER</b> <input type="checkbox"/>	
	<b>CITY</b> <b>Tucson</b>		<b>STATE</b> <b>Az</b>	<b>ZIP</b> <b>85705</b>	<b>RESIDENCE PHONE NUMBER</b> <b>520-</b>		<b>CI</b> <input type="checkbox"/> <b>CO</b> <input checked="" type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>	
	<b>SUSPECT'S BUSINESS ADDRESS</b> <b>UNK</b>				<b>DRIVERS LICENSE</b>			
	<b>CITY</b> <b>N/A</b>		<b>STATE</b> <b>N/A</b>	<b>ZIP</b> <b>N/A</b>	<b>BUSINESS PHONE NUMBER</b> <b>N/A</b>			
<b>SEX</b> <b>F</b>	<b>WEIGHT</b> <b>181</b>	<b>HEIGHT</b> <b>5'9"</b>	<b>EYES</b> <b>HZL</b>	<b>HAIR</b> <b>BRO</b>	<b>ORIGIN</b> <b>5</b>	<b>DOB</b>	<b>SOCIAL SECURITY NUMBER</b>	
<b>DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS?</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>LOCATION OF INCIDENT</b> <b>4000 N Silverbell Rd</b>				<b>DATE AND TIME OF INCIDENT</b> <b>08/14/15 14:00</b>		<b>DATE AND TIME REPORTED</b> <b>08/14/15 14:00</b>	
<input type="checkbox"/> I CHOOSE "upon request" rights in this case	<b>VICTIM/COMPLAINANT NAME</b> <b>T. Foster #2042</b>		<b>DATE OF BIRTH</b> <b>N/A</b>		<b>RESIDENCE PHONE</b> <b>N/A</b>		<b>BUSINESS PHONE</b> <b>520-724-5900</b>	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.	<b>VICTIM'S ADDRESS</b> <b>N/A</b>				<b>CITY</b> <b>N/A</b>		<b>STATE</b> <b>N/A</b>	<b>ZIP</b> <b>N/A</b>
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)	<b>VICTIM'S BUSINESS ADDRESS</b> <b>4000 N Silverbell Rd</b>				<b>CITY</b> <b>Tucson</b>		<b>STATE</b> <b>Az</b>	<b>ZIP</b> <b>85705</b>
<b>NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)</b>	<b>DANGEROUS ASSESSMENT REQUESTED</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>RESTITUTION REQUESTED</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>DANGEROUS CASE NUMBER</b> <b>N/A</b>	<b>OTHER AGENCY CASE #</b> <b>N/A</b> <input type="checkbox"/> SHERIFF DEPT <input type="checkbox"/> TUCSON POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER: <b>N/A</b>		<b>FOLLOW UP REQUEST</b> <input type="checkbox"/> SD <input type="checkbox"/> TPD <input type="checkbox"/> OTHER: <b>N/A</b>		
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input type="checkbox"/> VIOLATION	<b>BITE SEVERITY:</b> <b>N/A</b>		<b>TREATED BY</b> <b>N/A</b>	<b>PHONE NUMBER</b> <b>N/A</b>	<b>DATE QUARANTINED</b> <b>N/A</b>	<b>PACC</b> <input type="checkbox"/>	
<b>RELATIONSHIP TO VICTIM</b>	<input type="checkbox"/> NON-VIOLATION	<b>PART OF BODY BITTEN:</b> <b>N/A</b>		<b>RELEASE DATE</b> <b>N/A</b>	<b>OWNER KNOWS OF BITE</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	<b>FTQ</b> <input type="checkbox"/>	<b>UTQ</b> <input type="checkbox"/>	
<b>PHONE NUMBER</b>	<b>VET CLINIC</b> <b>N/A</b>				<b>PHONE NUMBER</b> <b>N/A</b>	<b>OWNER KNOWS OF BITE</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	<b>FTQ</b> <input type="checkbox"/>	<b>UTQ</b> <input type="checkbox"/>
<b>LAWFUL REPRESENTATIVE ADDRESS</b>	<b>CLINIC'S ADDRESS</b> <b>N/A</b>				<b>QUARANTINE (DAYS)</b> <b>10</b> <input type="checkbox"/> <b>15</b> <input type="checkbox"/> <b>45</b> <input type="checkbox"/> <b>180</b> <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD# <b>N/A</b>	
	<b>3<sup>rd</sup> PARTY CITATIONS</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>CITING ACD</b> <b>2042</b>		<b>PREVIOUS VIOLATIONS</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>PREVIOUS CASE NUMBER</b> <b>See attached</b>	<b>OTHER ADDITIONAL REPORTS</b> <b>See Attached</b>		
<b>VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE</b>	<b>CODE/ORD VIOLATED</b> <b>6.04.110(A); 6.04.110(B)(4)</b>				<b>REVIEWED BY</b> <b>2002</b> <b>Kraist 8/17</b>			
	<b>CITATIONS/NUMBERS</b> <b>#74418 (A,B)</b>				<b>BOND</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
<b>BREED/DESCRIPTION</b>		<b>ANIMAL'S NAME</b>	<b>COLOR</b>	<b>SEX</b>	<b>AGE</b>	<b>LICENSE #</b>	<b>CONDITION</b>	<b>ANIMAL ID#</b>
<b>Pit Bull/Shepherd</b>		<b>VICTIM OWNER</b> <input checked="" type="checkbox"/>	<b>Max</b>	<b>Brindle</b>	<b>M</b>	<b>17</b>	<b>Dead</b>	<b>A161713</b>
		<b>VICTIM OWNER</b> <input type="checkbox"/>						
		<b>VICTIM OWNER</b> <input type="checkbox"/>						
		<b>VICTIM OWNER</b> <input type="checkbox"/>						
		<b>VICTIM OWNER</b> <input type="checkbox"/>						
		<b>VICTIM OWNER</b> <input type="checkbox"/>						
		<b>VICTIM OWNER</b> <input type="checkbox"/>						
		<b>VICTIM OWNER</b> <input type="checkbox"/>						
<b>WITNESS 1</b> <b>A. Sanchez #2072</b>		<b>M</b> <input checked="" type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>DOB</b> <b>N/A</b>	<b>ADDRESS</b> <b>4000 N Silverbell Rd</b>		<b>RESIDENCE PHONE #</b> <b>N/A</b>	<b>BUSINESS PHONE #</b> <b>520-724-5900</b>	
<b>WITNESS 2</b>		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>DOB</b>	<b>ADDRESS</b>		<b>RESIDENCE PHONE #</b>	<b>BUSINESS PHONE #</b>	
<b>WITNESS 3</b>		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>DOB</b>	<b>ADDRESS</b>		<b>RESIDENCE PHONE #</b>	<b>BUSINESS PHONE #</b>	
<b>WITNESS 4</b>		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>DOB</b>	<b>ADDRESS</b>		<b>RESIDENCE PHONE #</b>	<b>BUSINESS PHONE #</b>	

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## INVESTIGATION REPORT

**Activity Number:** A15-177069

**ACD Name & Badge:** T. Foster #2042

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08/14/15 14:00 Hours I, Officer Foster #2042 and Officer A. Sanchez #2072 were notified by kennel staff that a woman named Ami Brown had brought in an emaciated dog for euthanasia that is/was in need of vet care. Intake staff felt that the dog has been in poor condition for an extended period of time and it's overall condition warranted Enforcement intervention.

We entered the intake room and I immediately noticed the strong odor of ammonia, and the smell I associate with infection. I observed a brindled dog laying lateral on a flat bed cart. The dog was very emaciated and had a very swollen front limb. His eyes were crusted nearly shut with green ocular discharge. I observed that every bone was visible on this dog and that he did not appear to have any remaining body fat. I asked the owner how long she has owned the dog she called "Max". Ms. Brown stated that the dog is approx 16 or 17 years old and that she has owned the dog since he was a puppy. I asked Ms. Brown if the dog had recently been seen by a vet and she stated that he has not. I then asked if the dog has been seen by a vet in the last 12 months and she stated he had not seen a vet in the last 12 months. I asked her if she had an explanation for why the dog was in a condition that I described as deplorable. Ms. Brown stated that she did not have a good reason and she freely acknowledged that she should have addressed the dog's medical condition prior to today. She did tell me that three days ago the dog was ambulatory. I then stated that I believed that was true but told her I had a hard time believing that the dog had lost all the weight in three days and she stated that he did not. Ms. Brown seemed to believe that dog's age was a suitable reason for him to be in the condition he was in.

I told Ms. Brown that I was going to issue her citations for cruelty and neglect of vet care. I requested a copy of her AZ Id and asked her to follow me to an area of the building where I could meet with her privately. I issued her citations for one count of Cruelty and one count of Neglect-No Vet Care. Ms. Brown acknowledged, signed, and accepted her copies of the citations. I provided her with her court date, time, and location. I then returned her Id to her and escorted her out to the parking area. When I met with Ms. Brown I asked if she had additional dogs and she told me she only has a cat. I was later told that Ms. Brown told the intake staff that she has three other dogs and a cat. An activity was generated to perform a welfare check on the other animals living in Ms. Brown's home.

**Officer's Signature:** J. Foster #2042

**Date:** 8/15/2015

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<b>INVESTIGATION REPORT</b>		SUSPECT <b>Gabriel M. Corella</b>				ACO NAME / BADGE # <b>Windauer #1984</b>		COMPLAINT NUMBER <b>A15-177438</b>		
Pima County Health Department Pima Animal Care Center 4000 N. Silverbell Rd Tucson, Arizona 85745 Phone: (520) 724-5900 Fax: (520) 724-5960 www.pimaanimalcare.org		SUSPECT'S ADDRESS				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>				
		ZIP <b>85713</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>520</b>		CODE IF OTHER :			
		SUSPECT'S BUSINESS ADDRESS				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>				
		ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE			
SEX <b>M</b>	WEIGHT <b>190</b>	HEIGHT <b>6'4"</b>	EYES <b>Bro</b>	HAIR COLOR <b>Br</b>	OP'GIN	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>Fairgrounds Drive</b>			DATE AND TIME REPORTED 8-21-15 / 1245		DATE AND TIME OCCURRED 8-21-15 / 1720			
FOOD <input checked="" 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 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 <b>Windauer #1984</b>				D.O.B	RESIDENCE PHONE NO.		BUSINESS PHONE NO. <b>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 § B-286 (B)	VICTIM'S BUSINESS ADDRESS <b>4000 North Silverbell Road</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"/>	
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:				RELEASE DATE:		HOME <input type="checkbox"/>		
PHONE NUMBER	VET CLINIC			PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>			
LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS			QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#				
	3 <sup>RD</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO <b>Konst #2002</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), 4-3(2)(A)</b>							REVIEWED BY <b>Konst 8/25</b>		
	CITATIONS/NUMBERS <b>74272 A-D</b>							BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#	
Pit bull mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Cujo</b>	<b>Brindle/wht</b>	<b>M</b>	<b>8y</b>				<b>N</b>	<b>A531625</b>	
Pit bull mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Kitty</b>	<b>Brindle/wht</b>	<b>F</b>	<b>10y</b>				<b>N</b>	<b>A531626</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 10



## INVESTIGATION REPORT

**Activity Number: A15-177438**

**ACO Name & Badge: Windauer #1984**

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On August 21, 2015 at approximately 1643 hours I, Officer Windauer #1984 responded to Fairgrounds Drive reference an abandonment call on dogs that also indicated no food or water for two dogs.

I knocked at the front door first and saw a lock box installed there. I got no answer to my knocking and could see no belongings inside. I walked around to eastside of house and could see in through the windows. I still saw no belongings inside. At the east side fence, I met two old, gray muzzled brindle pit bull mixes. I saw both dogs were malnourished, the shorter of the two dogs was also the thinner of the two dogs.

From a neighbor to the west I was told the owner drives back and forth from Sierra Vista to care for the dogs and renovate the house. At the west side of the house I found a large wooden gate. After opening top and bottom latches on gate, I entered yard to see if dogs had access to water and shelter. Both dogs were friendly and happy to see me. I took pictures of the area and the dogs. I saw an accumulation of waste at northwest corner of yard and two shelters present-one in full sun and one in shade of house. I saw two metal food bowls that were empty and a 5 gallon plastic bucket that was empty with dust at the bottom. I found no source of water in the back yard for the 2 dogs.

I impounded the two dogs. Inside the truck, I provided them both with a pint of water each which they drank thirstily and a small amount of canned food. I posted a doorknocker at the front door. I requested if owner redeems these dogs they be cited for Neglect-No Water and Neglect-No Food.

On August 24, 2015 Pima Animal Care Supervisor Konst #2002 met with dog owner-Gabriel Corella at the Pima Animal Care Center. The citations were explained to Mr. Corella and he accepted his copy.

Officer's Signature:

Handwritten signature of Officer Windauer.

Date:

Handwritten date 8/25/15.

**Pima County Animal Care Advisory Committee Welfare Cases Comment Page**

**Welfare Cases - August 2015**

1. A15-177707

2. A15-177146

3. A15-177099

4. A15-176744

5. A15-176994

6. A15-177490

7. A15-177407

8. A15-177669

9. A15-177069

10. A15-177438

**Committee Member:** \_\_\_\_\_



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

**MEMORANDUM**

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

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

WC 1

<b>INVESTIGATION REPORT</b> Pima County Health Department Pima Animal Care Center 300 N. Silverbell Rd. Tucson, Arizona 85745 Phone: (520) 724-5960 Fax: (520) 724-5960 www.pimaanimalcare.org	SUSPECT <b>Hector Ramirez</b> SUSPECT'S ADDRESS <b>La Cholla Blvd</b>				ACO NAME / BADGE # <b>Attebery, 1929</b>		COMPLAINT NUMBER <b>A15-178666</b>					
	ZIP <b>Tucson</b>		CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER							
	SUSPECT'S Mailing Address				BITE WELFARE XX DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>							
	ZIP <b>Tucson</b>		CITY <b>Tucson</b>	STATE <b>AZ</b>	BUSINESS PHONE NUMBER		CODE IF OTHER :					
	SUSPECT'S Mailing Address				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>							
SEX <b>( )</b>		WEIGHT <b>( )</b>	HEIGHT <b>( )</b>	EYES <b>( )</b>	HAIR COLOR <b>( )</b>	ORIGIN <b>( )</b>	DOB <b>( )</b>	RSN <b>( )</b>				
DATE AND TIME REPORTED <b>9/9/2015 0725 pm</b>		DATE AND TIME OCCURRED <b>9/9/2015 0735 pm</b>		DRIVER'S LICENSE/ IDENTIFICATION								
LOCATION OF INCIDENT <b>4000 N Silverbell Rd</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"/>		ES THIS INCIDENT REQUIRE VICTIM REQUEST FOR NUMBER OF RIGHTS? YES <input type="checkbox"/> NO <input type="checkbox"/>						
HOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME <b>Pima Animal Care Officer Attebery, 1929</b>			RESIDENCE PHONE NO.		BUSINESS PHONE NO. <b>520-724-5900</b>					
I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS			ZIP		CITY	STATE				
REQUEST/WAIVER exception per A.R.S. § 13-15 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS <b>4000 N Silverbell Rd</b>			ZIP <b>85745</b>		CITY <b>Tucson</b>	STATE <b>AZ</b>				
TYPE OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:					
ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION	<input type="checkbox"/> NON-VIOLATION	BITE SEVERITY: PART OF BODY BITTEN: Leg	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/> 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		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#					
FULL REPRESENTATIVE ADDRESS		3RD PARTY CITATIONS YES <input 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/TRD VIOLATED <b>4-3(2)(D)</b>			REVIEWED BY <b>9-11-15 DTK 1911</b>		BOND YES <input type="checkbox"/> NO <input type="checkbox"/>					
CITATIONS/NUMBERS <b>71591</b>												
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME		COLOR		SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	CBND	ANIMAL ID#
<b>American Bulldog/ Pit bull</b>		VICTIM OWNER <input checked="" type="checkbox"/>	<b>Lacey</b>		<b>White/Black</b>		<b>F</b>	<b>8</b>			<b>Sick</b>	<b>A301917</b>
		VICTIM OWNER <input type="checkbox"/>										
		VICTIM OWNER <input type="checkbox"/>										
		VICTIM OWNER <input type="checkbox"/>										
WITNESS 1 Enforcement Field Supervisor Tenkate 1911		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		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 #				

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## INVESTIGATION REPORT

**Activity Number: A15-178666**

**ACO name & Badge: Attebery, 1929**

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

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

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

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

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

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

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

**Officer's Signature:**

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

**Date:** 9/10/2015

WC 2

**INVESTIGATION REPORT**

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

SUSPECT <b>Cynthia Loreto</b>				ACO NAME / BADGE # <b>1942 Eckelbarger</b>		COMPLAINT NUMBER <b>A15-178038</b>	
SUSPECT'S ADDRESS <b>45th St</b>				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				CODE IF OTHER :			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

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

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

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME <b>1942 Eckelbarger</b>	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>724-5992</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 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"/>
					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

LAWFUL REPRESENTATIVE ADDRESS

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

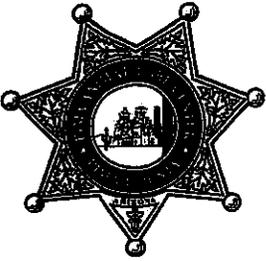
3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO <b>1942 Eckelbarger</b>	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
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CODE/ORD VIOLATED <b>4-3 (2)(D)</b>	CITATIONS/NUMBERS <b>74623 (A)</b>	REVIEWED BY <b>2002 KONST 9/2</b>	BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Pit-bull VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Justice</b>	<b>Blue</b>	<b>F</b>	<b>3yr</b>		<b>Impound</b>		<b>P</b>	<b>A532756</b>
Pit-bull VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Nomas</b>	<b>Nomas</b>	<b>M</b>	<b>2yr</b>		<b>Impound</b>		<b>T</b>	<b>A532757</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 Dr. Jennifer Wilcox	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB	ADDRESS <b>4000 N. Silverbell Rd /Pima Animal Care Center</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 2



## INVESTIGATION REPORT

**Activity Number: A15-178038**

**ACO name & Badge: 1942 Eckelbarger**

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

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

I included Dr. Jennifer Wilcox' veterinary report.

Officer's Signature:

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

Date: 9-2-15

WC 3

**INVESTIGATION REPORT**

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



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

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES NO <input type="checkbox"/>			LOCATION OF INCIDENT <b>34th</b>		DATE AND TIME REPORTED 9/12/2015 0832 pm		DATE AND TIME OCCURRED 9/12/2015 0900 pm	
			FOOD WATER SHELTER INJURED/ILL VENTILATION		ABANDONED TIEOUT BEATEN WASTE OTHER (EXPLAIN)			

I CHOOSE "upon request" rights in this case			VICTIM/COMPLAINANT NAME <b>Pima Animal Care Officer Attebery, 1929</b>			RESIDENCE PHONE NO.		BUSINESS PHONE NO. <b>520-724-5900</b>	
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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. § 8-1405 (B) and § 8-296 (B)			VICTIM'S BUSINESS ADDRESS <b>4000 N Silverbell Rd</b>			ZIP <b>85745</b>		CITY STATE <b>Tucson AZ</b>	
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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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<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: Leg						RELEASE DATE		VET <input type="checkbox"/>	

PHONE NUMBER		VET CLINIC		PHONE NUMBER		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/>		LTQ <input type="checkbox"/>	
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LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		FRA HEAD#	
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3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO Field Supervisor Konst #2002		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS	
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VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED <b>4-3(2) B 4-3(2) C 4-3(2) E 2</b>		REVIEWED BY <b>Konst 9/17</b>		BOND YES <input type="checkbox"/> NO <input type="checkbox"/>	
		CITATIONS/NUMBERS <b>74274</b>					

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Pit bull VICTIM OWNER <input checked="" type="checkbox"/>	Blue	White/Brown	M	14 m		Impounded		N	A494283
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	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

223



## INVESTIGATION REPORT

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

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

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

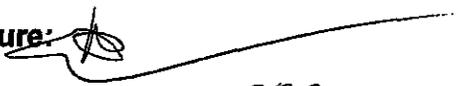
The 34<sup>th</sup> St address had chain link enclosing property with the gates padlocked. Three other pit bull dogs were seen in an enclosed area on west side of residence. Dogs appeared healthy and had dog houses. A plastic five gallon bucket was seen inside pen area by the house's west door. No one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

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

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

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

Officer's Signature:

  
1929

Date:

9/16/2015

WC 4

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

SUSPECT <b>Robert Benett Humphrey</b>				ACO NAME / BADGE # <b>Hendrickson, M 2066</b>		COMPLAINT NUMBER <b>A15-173454</b>				
SUSPECT'S ADDRESS <b>San Rafael Ave</b>				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>NA</b>				CODE IF OTHER :						
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE					
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOR	SSN <b>NA</b>			
LOCATION OF INCIDENT <b>San Rafael Ave</b>				DATE AND TIME REPORTED <b>9/8/15 / 0842hrs</b>		DATE AND TIME OCCURRED <b>9/10/15 / 1214hrs</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 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 <b>Marilyn Hendrickson #2066</b>		D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>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. § 13-405 (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 type="checkbox"/>	RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:			
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION	BITE SEVERITY:		TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/>		
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:				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"/>		FRA HEAD# <input type="checkbox"/>			
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO D Tenkate #1911	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS				
		CODE/ORD VIOLATED <b>4-3(2)(E)(2)</b>					REVIEWED BY <b>2002</b> <b>Kensy 9/13</b>			
		CITATIONS/NUMBERS <b>73815</b>					BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Jalmatian		VICTIM <input type="checkbox"/>	<b>Tenley</b>	<b>White/Black</b>	<b>F</b>	<b>10y</b>			<b>N</b>	<b>A533775</b>
		OWNER <input checked="" 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: A15-173454

ACO name & Badge: D Tenkate #1911

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

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

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

Officer's Signature: *D. Tenkate*

Date: *9-10-15*

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**INVESTIGATION REPORT**

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

SUSPECT <b>Maria Cecilia Blanco - Careaga</b>				ACO NAME / BADGE # <b>A. Kirby #2057</b>		COMPLAINT NUMBER <b>A15-177950</b>	
SUSPECT'S ADDRESS <b>. Drexel Rd.</b>				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>N/A</b>				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		PASSPORT		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN <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 <b>Drexel Rd., Tucson, AZ 85706</b>	DATE AND TIME REPORTED <b>08/30/15 / 0918 hrs</b>	DATE AND TIME OCCURRED <b>08/30/15 / 0932 hrs</b>
<input type="checkbox"/> FOOD		<input checked="" type="checkbox"/> WATER	<input checked="" 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		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 Ext. 3</b>
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS		ZIP	CITY
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-1405 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS <b>4000 N. Silverbell Rd.</b>		ZIP <b>85745</b>	CITY <b>Tucson</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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<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"/>		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
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VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED <b>6.04.110(B)(5), 6.04.110(B)(2), 6.04.110(B)(3), 6.04.070</b>	REVIEWED BY <b>2002</b>
<b>VERBAL</b>		CITATIONS/NUMBERS <b>74934</b>	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#
German Shepherd VICTIM OWNER <input checked="" type="checkbox"/>	Banda	Tan/Bik	M	A	N/A	Cited	Cited	N	A532593
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									

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

WC 5



## INVESTIGATION REPORT

Activity Number: A15-177950

ACO name & Badge: A. Kirby #2057

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

Officer's Signature:

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

Date:

08/30/15

NC 6

**INVESTIGATION REPORT**

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

SUSPECT <b>Gabriella Maria Bustamante</b>				ACO NAME / BADGE # <b>X. Delgadillo #2047</b>		COMPLAINT NUMBER <b>A15-178790</b>	
SUSPECT'S ADDRESS <b>. Holladay St</b>							
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							
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

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

INDICATION OF INCIDENT <b>. Holladay St.</b>				DATE AND TIME REPORTED <b>09/11/15 / 13:05</b>		DATE AND TIME OCCURRED <b>09/11/2015 / 18:12</b>	
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (EXPLAIN) <b>Neglect- Vet Care</b>							

I CHOOSE "upon request" rights in this case  
 I WAIVE "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>	
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>

REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-285 (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 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"/>	
										HOME <input type="checkbox"/>	

RELATIONSHIP TO VICTIM  
  
PHONE NUMBER

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

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

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE  
  
CODE/ORD VIOLATED  
**6.04.70, 6.04.110 (B) (2)**  
CITATIONS/NUMBERS  
**74742**

REVIEWED BY <b>2092</b> <b>Korst 9/13</b>										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#
Heeler Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Rocky	Red/White	M	P					533935
Heeler Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Iggy	White/Red	F	A		Cited			
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

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

WC 6



## INVESTIGATION REPORT

**Activity Number: A15-178790**

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

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

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

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

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

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

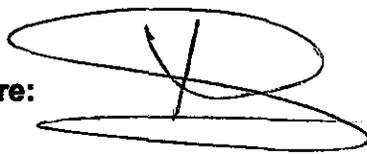
**As I was writing the citations her daughter Gabriella Mara Bustamante arrived and stated that the dog was hers and to issue citations to her. I asked her why hadn't she taken the dog to the vet and provided a vaccination shot from Country Feed Store. Ms. Bustamante stated that the dog just sick this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

WCB

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

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

**Officer's Signature:**



**Date:**

9/11/15

# WC 7

## INVESTIGATION REPORT

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

SUSPECT <b>Rosemarie Carol Garrison</b>				ACO NAME / BADGE # <b>D. Hinte 2068</b>		COMPLAINT NUMBER <b>A15-179515</b>	
SUSPECT'S ADDRESS <b>Delgado Rd.</b>				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				CODE IF OTHER :			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVER'S LICENSE		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	LOCATION OF INCIDENT <b>Delgado Rd</b>	DATE AND TIME REPORTED <b>09/23/15 / 1541</b>	DATE AND TIME OCCURRED <b>09/23/15 / 1659</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 <b>Officer D. Hinte 2068</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 <b>Pima Animal Care Center</b>	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 checked="" type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER: <b>150923110</b>	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 <b>D. Hinte 2068</b>	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>6.04.110(B)(2); 6.04.110(B)(5)</b>	REVIEWED BY <b>2002 Konst</b>
	CITATIONS/NUMBERS <b>75051 A-E; 75052 A-D</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#
Heeler mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Booger	Tan/white	M	Adult			OK	A535502
Heeler mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	RD	Brown/white	M	Adult			OK	A535505
Heeler mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Freckles	Brown/white	M	Adult			OK	A535504
Heeler mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Patti	Brown/white	F	Adult			OK	A535506
Heeler mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Baby Girl	Tan/white	F	Adult			OK	A535507
Collie mix VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Nippy	Tan/white	M	Adult			OK	A535508
LH Dachshund VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>	Harry	Black/tan	M	Adult			OK	A535509

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

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## INVESTIGATION REPORT

**Activity Number: A15-179515**

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

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

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

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

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

Officer's Signature:



Date:

9/26/15

WC8

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

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

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

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME <b>Officer D. Hinte 2068</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>Pima Animal Care Center</b>			ZIP		CITY		STATE	
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REQUEST/WAIVER exception per A.R.S. § 8-405 (B) and § 8-206 (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 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 PET

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

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

3 <sup>RD</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITING ACO <b>D. Hinte 2068</b>		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS			
CODE/ORD VIOLATED <b>6-4-2(A)(4)</b>				CITATIONS/NUMBERS <b>74497 A</b>				REVIEWED BY <b>2007 Konst 9/10</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#
domestic Shorthair VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Abby</b>	<b>Black</b>	<b>F</b>	<b>Adult</b>				<b>A512591</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 #

WC 8



## INVESTIGATION REPORT

**Activity Number: A15-175928**

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

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

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

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

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

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

Officer's Signature:



Date:

9/9/15

WC9

**INVESTIGATION REPORT**

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

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

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

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

I CHOOSE "upon request" rights in this case

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

VICTIM'S ADDRESS	ZIP	CITY	STATE
		<b>Marana</b>	<b>AZ</b>

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

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

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

RELATIONSHIP TO VICTIM

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

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

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

CODE/ORD VIOLATED <b>6-3-1; 6-5-2(A); 6-4-2(A)(2); 6-4-2(A)(5)(B)</b>	REVIEWED BY <b>KORST 9/10</b>
CITATIONS/NUMBERS <b>74494 A-E; 74495 A-C</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#
ferrier mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Baby Dog</b>	<b>Black/white</b>	<b>M</b>	<b>Adult</b>	<b>CITED</b>	<b>EXPIRED</b>	<b>OK</b>	<b>A448094</b>
Labrador mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Koko</b>	<b>Black/white</b>	<b>F</b>	<b>Adult</b>	<b>CURRENT</b>	<b>CURRENT</b>	<b>OK</b>	<b>A397638</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 #

WC9

## INVESTIGATION REPORT



**Activity Number: A15-177726**

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

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

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

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

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

WC9

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

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

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

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

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

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

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

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

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

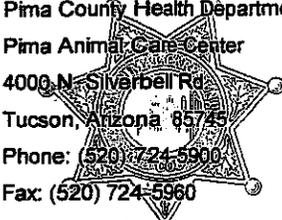
Officer's Signature: 

Date: 9/9/15

WC 10

**INVESTIGATION REPORT**

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



SUSPECT <b>Alexandro Garcia Luna</b>		ACO NAME / BADGE # <b>Walton #1925</b>		COMPLAINT NUMBER <b>A15-176556</b>	
SUSPECT'S ADDRESS <b>1st Guy Street</b>		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>Silverbell Road</b>		CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY <b>Tucson</b>	STATE <b>AZ</b>	BUSINESS PHONE NUMBER		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN
		DOB		SSN	
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		LOCATION OF INCIDENT <b>Guy Street</b>		DATE AND TIME REPORTED 8/5/15 / 1445	
				DATE AND TIME OCCURRED 8/5/15 / 1545	
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input checked="" type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>					
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME <b>D. Windauer</b>		D.O.B.	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		RESIDENCE PHONE NO.		BUSINESS PHONE NO. <b>724-5900</b>	
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-226 (B)		VICTIM'S ADDRESS		ZIP	
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		VICTIM'S BUSINESS ADDRESS <b>4000 North Silverbell Road</b>		CITY <b>Tucson</b>	
				STATE <b>AZ</b>	
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 # <b>150805180</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:	
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:	
PHONE NUMBER		VET CLINIC		TREATED BY	
				PHONE NUMBER	
				OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	
				DATE QUARANTINED	
				PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>	
				RELEASE DATE:	
				FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>	
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	
				<input type="checkbox"/> FRA HEAD#	
3 <sup>RD</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO <b>Walton #1925</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>6.04.110(B)(5)</b>		REVIEWED BY <i>2002 Konst 8/6</i>	
		CITATIONS/NUMBERS <b>73841 (A)</b>		BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME		COLOR	
SEX		AGE		TAG COLOR	
LICENSE #		VX CERTIFICATE #		COND	
ANIMAL ID#					
Boxer		Churro		Brindle/white	
VICTIM OWNER <input checked="" type="checkbox"/>		M		7m	
VICTIM OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
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 10



## INVESTIGATION REPORT

Activity Number: A15-176556

ACO Name & Badge: Windauer #1984

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

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

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

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

Officer's Signature:

*OWindauer #1984*

Date:

*8/6/15*

**Pima County Animal Care Advisory Committee Welfare Cases Comment Page**

**Welfare Cases - September 2015**

1. A15-178666

2. A15-178038

3. A15-178869

4. A15-173454

5. A15-177950

6. A15-177490

7. A15-179515

8. A15-175928

9. A15-177726

10. A15-176556

**Committee Member:** \_\_\_\_\_



**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: Marcy Flanagan, Deputy Director**  
**FROM: Jose Chavez, Enforcement Operations Manager**  
**DATE: 11-3-15**  
**SUBJECT: Welfare report for October 2015**

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1. A15-175616 No animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. This complaint is closed.
2. A15-180010 One animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The dog was redeemed and the recheck was found in compliance. This complaint is close.
3. A15-176042 No animal was impounded. Staff reviewed the animal welfare requirements and laws with the owner and cited at the scene. The animal was given to an unknown relative unknown address. This complaint is closed for now.
4. A15-180769 No animal was impounded. Staff reviewed welfare requirements and laws with the owner and cited the owner at the scene. This complaint is closed.
5. A15-175504 Two animals were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The animals were not redeemed. One was euthanized due to aggression and the second one is pending an outcome. This complaint is closed.
6. A15-181064 One animal was impounded and later returned to owner. Staff reviewed animal welfare requirements and laws with the owner's stepson and cited at the scene. This complaint is closed.
7. A15-178336 One animal was impounded. The owner was served with a bond notice. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. The owner later relinquished ownership of the animal to PACC. The animal is receiving care and pending an outcome.
8. A15-179253 No animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. A recheck was found in compliance.
9. A15-180753 One animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. An additional follow up recheck is pending.
10. A15-180763 No animal was impounded. Staff and reviewed the animal welfare requirements and laws with the owner and cited at the scene. A recheck was found in compliance.

NC 1

<b>INVESTIGATION REPORT</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 <b>Monica Celia Lievanos</b>			ADO NAME / BADGE # <b>T. Foster #2042</b>		ACTIVITY/BITE NUMBER <b>A15-175616</b>		
		SUSPECT'S ADDRESS <b>W Calle Milu</b>			BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/>		OTHER <input type="checkbox"/>		
CITY <b>Tucson</b>		STATE <b>AZ</b>	ZIP <b>857</b>	RESIDENT PHONE NUMBER <b>520-</b>		CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
SUSPECT'S BUSINESS ADDRESS <b>UNK</b>		CITY <b>N/A</b>			STATE <b>N/A</b>	ZIP <b>N/A</b>	BUSINESS PHONE NUMBER <b>N/A</b>		
SEX	WEIGHT	HEIGHT	EYES	HAIR	ORIGIN	DOB	SOCIAL SECURITY NUMBER <b>Not Asked</b>		
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		LOCATION OF INCIDENT <b>W Calle Milu</b>			DATE AND TIME OF INCIDENT <b>10/02/15 12:06</b>		DATE AND TIME REPORTED <b>07/20/15 16:24</b>		
		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> VENTILATION <input type="checkbox"/>		ABANDONED <input type="checkbox"/> TIED OUT <input checked="" type="checkbox"/>		BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> INJ / ILL <input type="checkbox"/>		OTHER (EXPLAIN) <input type="checkbox"/>	
<input type="checkbox"/> I CHOOSE "upon request" rights in this case.		VICTIM/COMPLAINANT NAME <b>Unk</b>			DATE OF BIRTH <b>N/A</b>	RESIDENCE PHONE <b>N/A</b>	BUSINESS PHONE <b>N/A</b>		
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS <b>N/A</b>			CITY <b>N/A</b>	STATE <b>N/A</b>	ZIP <b>N/A</b>		
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-285 (B)		VICTIM'S BUSINESS ADDRESS <b>N/A</b>			CITY <b>N/A</b>	STATE <b>N/A</b>	ZIP <b>N/A</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 <b>N/A</b>	OTHER AGENCY CASE # <b>N/A</b> <input type="checkbox"/> SHERIFF DEPT <input type="checkbox"/> TUCSON POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER: <b>N/A</b>		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER: <b>N/A</b>		
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION	BITE SEVERITY: <b>N/A</b>		TREATED BY	PHONE NUMBER	DATE QUARANTINED <b>N/A</b>	PACC <input type="checkbox"/>	
		<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN: <b>N/A</b>		<b>N/A</b>	<b>N/A</b>	RELEASE DATE <b>N/A</b>	VET <input type="checkbox"/>	
RELATIONSHIP TO VICTIM <b>N/A</b>		VET CLINIC <b>N/A</b>			PHONE NUMBER <b>N/A</b>	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		FTD <input type="checkbox"/>	
PHONE NUMBER <b>N/A</b>								UTD <input type="checkbox"/>	
LAWFUL REPRESENTATIVE ADDRESS <b>N/A</b>		CLINIC'S ADDRESS <b>N/A</b>			QUARANTINE (DAYS) 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		FRA HEAD# <b>N/A</b>		
		3 <sup>rd</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO <b>2042</b>	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER <b>N/A</b>	OTHER ADDITIONAL REPORTS <b>N/A</b>		
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED <b>4-3(2)(E)(2); 4-81; 4-76</b>					REVIEWED BY <b>2002</b> <b>Konst 10/16</b>		
		CITATIONS/NUMBERS <b>#72749</b>					BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
BREED/DESCRIPTION		ANIMAL'S NAME	COLOR	SEX	AGE	LICENSE #	CONDITION	ANIMAL ID#	
Shepherd-mix	VICTIM OWNER <input checked="" type="checkbox"/>	Oscar	Tricolor	M	AD	None	Aged	A536679	
Rottweiler-mix	VICTIM OWNER <input checked="" type="checkbox"/>	Willie	Black/Tan	M	AD	None	Normal	A53676	
	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 #		

W C 1



## INVESTIGATION REPORT

**Activity Number:** A15-175616

**ACD Name & Badge:** T. Foster #2042

---

07/20/15 16:24 Pima Animal Care Dispatch Operators received an anonymous complaint stating that there were two dogs in the backyard of W Calle Miln that did not have access to shade and shelter. The caller also stated that one dog was on a tie-out.

10/02/15 12:06 I, Officer Foster #2042 arrived and knocked on the front door but did not receive a reply. I then walked to the east side of the property and looked into the backyard and could see a large black and tan Rottweiler mix with a white chest loose in the yard. I could also see an older male tricolored Shepherd type mix chained to a pole in the back yard. I photographed the dog and then requested that dispatch attempt to reach the owner via the phone and request that she return home to meet with me. Dispatch informed me that they had to leave a voice mail.

I then entered the yard and removed the dog from the tie-out. Both dogs had access to shade/shelter and water but the dog on the tie-out was entangled and only had a few feet of chain left to move around. As I placed the dog in the kennel on the Pima Animal Care Center truck the dog's owner, Monica Lievanos returned home. I stated my name and the reason for my visit. I then asked how long she had owned the Shepherd type dog and she stated that her ex-husband abandoned the dog at her house over a year ago. I then asked her if she was aware that it is a crime to tie-out a dog in Pima County and the City of Tucson and she stated that she was aware of the law. She then stated that she had only been gone for an hour and that the dog had only tied out for that amount of time. I informed her that the call was received by Pima Animal Care Center at the end of July and she acknowledged that she has actually used the tie-out for longer than an hour and told me the dog known as Oscar jumps out of the yard. I provided her with some resources (craigslist to purchase used dog runs, alternatives to tie-outs, etc) and asked to see her ID. She complied and I issued citations for 1 count of Neglect-Tie out; 2 counts of No-License; 2 counts of No-Rabies Vaccination. Ms. Lievanos acknowledged, signed and accepted her citations. She was given her court date, time, location, and information regarding reducing fees for the citations for no license. I returned her driver's license to her and thanked her for her time and cooperation. I then returned the dog to her and she placed him inside the house.

**Officer's Signature:** S. Foster #2042

**Date:** 10/6/15

WC 2

<b>INVESTIGATION REPORT</b>		SUSPECT <b>Marco Antonio Sandoval Guzman</b>				ACO NAME / BADGE # <b>D. Hinte 2068</b>		COMPLAINT NUMBER <b>A15-180010</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 <b>Shannon Rd #</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>							
ZIP <b>857</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENT PHONE NUMBER <b>520-</b>		CODE IF OTHER :								
SUSPECT'S BUSINESS ADDRESS				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		DRIVERS LICENSE							
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN						
LOCATION OF INCIDENT <b>4000 N Shannon Rd. #</b>					DATE AND TIME REPORTED <b>10/02/15 / 1300</b>		DATE AND TIME OCCURRED <b>10/02/15 / 1404</b>						
FOOD			WATER		SHELTER		INJURED/ILL VENTILATION						
<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>						
ABANDONED			TIEOUT		BEATEN		WASTE OTHER (EXPLAIN)						
<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 <b>Officer D. Hinte 2068</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 <b>Pima Animal Care Center</b>				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"/>	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		RELEASE DATE:		FTQ <input type="checkbox"/>		HOME <input type="checkbox"/>	
PHONE NUMBER		VET CLINIC				PHONE NUMBER		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/>		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>D. Hinte 2068</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>6.04.110(B)(5)</b>						REVIEWED BY <b>2002</b> <b>KONST 10/4</b>		BOND YES <input type="checkbox"/> NO <input type="checkbox"/>			
		CITATIONS/NUMBERS <b>75055 A</b>											
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME		COLOR		SEX	AGE	LICENSE #		VX CERTIFICATE #		COND	ANIMAL ID#
<b>Bichon Frise mix</b>		<b>Chiquis</b>		<b>White</b>		<b>M</b>	<b>10yr</b>					<b>OK</b>	<b>A536711</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 #			

W 2



## INVESTIGATION REPORT

**Activity Number: A15-180010**

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

---

**On October 2, 2015 at 1:00 PM, Officer Baugus 1918 received a voicemail from a juvenile female. It was hard to understand her, but she stated there is a dog in a small cage with no food and no water. She stated the dog looked like it was about to die. She stated the dog was at the house next to #166 of 5505 N Shannon Rd.**

**On October 2, 2015 at 2:04 PM, Officer Hinte 2068, arrived at 5505 N Shannon Rd. I drove through the mobile home park attempting to locate unit #166. I was unable to locate #166. The closest unit number I could find was #165. Trailer #165 is on the corner of a street with no neighbors to the east and a vacant trailer to the west. I walked around the perimeter of the homes and heard barking coming from a makeshift yard at unit #166. I approached the area and observed a small white Bichon Frise mix run out from under the back porch. I could see the dog was on a tie out before it ran back under the porch. The tie out was secured to the corner post of the porch. I could hear a second small dog barking but could not see it. I walked around to the front of the unit and knocked loudly on the front door several times. I did not receive a response. I walked back to where the dogs were located. I moved a piece of wood to enter the yard area. I observed a small tan Chihuahua in a wire crate on the back porch. The kennel had a small accumulation of waste; I would say approximately 1-2 days worth. There was clean water available for the dog in the cage. The porch was well shaded and the dog did not appear in any distress. The dog on the tie out had a medium wooden dog house available. There was a ceramic pot filled with dirty water. The water was in shade upon my arrival but would be in full sun later in the afternoon.**

**I attempted to remove the dog from the tie out but I could not safely remove the clip from the dog's collar due to it attempting to bite. The tie out was made of a metal cable that I was unable to cut through with the tools I had on hand. I asked for assistance from an officer with bolt cutters and was informed via radio that one was en route. Officer Young 1908 arrived and assisted in impounding the dog from the tie-out. I posted a notice on the front door advising of impound and photographed it.**

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On October 2, 2015 at 6:45 PM, I, Officer Hinte 2068, met with owner Marco Guzman at PACC. He speaks and understands some English, but had his daughter present to assist in translating when necessary. I explained the law regarding tie-outs. He advised that he was unaware of the law and was only trying to keep Chiquis confined and safe. He stated that he would keep Chiquis inside or in a crate until he can build adequate fencing. I provided Mr. Guzman with a law brochure in Spanish that he advised he would review.

I issued Mr. Guzman a citation in the County for 1x neglect tie-out. I explained his court date, time, and location. He stated that he understood, signed, and received his copy.

I issued Mr. Guzman a premise inspection noting that the water container must be cleaned and tie outs not in use with a compliance date of 10/10/15. He stated that he understood, signed, and received his copy.

Officer's Signature:

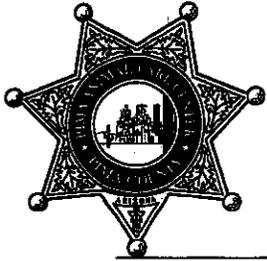


Date:

10/3/15

WC 3

<b>INVESTIGATION REPORT</b> Pima County Health Department Pima Animal Care Center 4000 N. Silverbell Rd Tucson, Arizona 85745 Phone: (520) 724-5900 Fax: (520) 724-5960 www.pimaanimalcare.org	SUSPECT <b>TIMOTHY KEVIN OWENS</b>				ACO BADGE NUMBER <b>C. YOUNG 1908</b>		COMPLAINT NUMBER <b>A15-176042</b>		
	SUSPECT'S ADDRESS <b>E 20TH ST</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>				
	ZIP <b>857</b>	CITY <b>TUCSON</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER					
	SUSPECT'S BUSINESS ADDRESS <b>REFUSED</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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	LOCATION OF INCIDENT <b>E 20TH ST</b>		REPORTED <b>11:01 AM</b>		OCCURRED <b>10/13/15 17:30</b>				
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> HUNGRY <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input checked="" type="checkbox"/> <b>VET CARE</b>									
<input type="checkbox"/> I CHOOSE "upon request" rights in this case	VICTIM/COMPLAINANT NAME <b>C YOUNG #1808</b>		DOB	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 § 8-296 (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	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	PACC <input type="checkbox"/>		
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN				VET <input type="checkbox"/>	HOME <input type="checkbox"/>		
PHONE NUMBER	VET CLINIC			PHONE NUMBER	QUARANTINED DATE RELEASE DATE		FTQ <input type="checkbox"/>		
LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS			QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#			
		3RD PARTY CITATIONS	CITING ACO <b>C. YOUNG #1908</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)(D), 4-81, 4-76</b>					REVIEWED BY <b>KONST 10/14</b>			
						CITATIONS/NUMBERS <b>73821 A, B, D</b>			
						BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID
PIT BULL MIX VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>SKITZO</b>	<b>RED/WHITE</b>	<b>F</b>	<b>12Y</b>		<b>CITED</b>		<b>SIC</b>	<b>A537840</b>
PIT BULL MIX VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>GIZMO</b>	<b>RED/WHITE</b>	<b>F</b>	<b>4Y</b>		<b>CITED</b>		<b>OK</b>	<b>A537207</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"/>			?						



## INVESTIGATION REPORT

**Activity Number: A15-176042**  
**AGO Name & Badge #: C. YOUNG #1908**

On July 31, 2015 at approximately 17:41 hours, Officer E. Klein #1926 arrived at E 20th St and observed a red and white colored Heeler mix inside of a securely confined yard. The dog had a large mass hanging on its rear leg. Officer Klein also observed a tan and white Pit Bull inside of the house. She took photographs of what she had observed. A young man named Anthony came outside and stated that his mother, Jennifer, took the dog to the vet like the dog catcher told her to. He said his mother works until 6 pm and is off on Sundays. Officer Klein asked Anthony to let his mother know that we will be back and we will need to see licenses for both dogs and vet records for the dog with the mass as well as a date for surgery to have it removed. He told Officer Klein he will let her know.

On August 14, 2015 at approximately 11:12 hours Officer C. Martinez #2067 arrived at E. 20th and saw the same 2 dogs in the front yard as reported by Officer Klein. The heeler mix still had the tumor hanging from her leg. Officer Martinez knocked on the door of the residence but received no answer. A notice was posted on the front door stating that an Officer needed to meet with the dog owner and asked for the dog owner to call.

On August 15, 2015 at approximately 16:31 hours Officer Hendrickson #2066 arrived at E 20th street to follow up on the neglect complaint. She met with the dog owner's son, Anthony, who stated his mother was not home but would be shortly and asked if she could wait for her. After some time Officer Hendrickson met with the dog owner, Ms. Jennifer Kain, who provided her with veterinary documents for her dog "Skitzo" with the large mass growing on its leg. The documents were a price quote to remove the mass from ABC Pet Clinic. Ms. Kain stated the vet informed her that the mass was not harming the dog's health and did not need to be removed at this time. Officer Hendrickson attempted to contact the Clinic to confirm her statement but it was past business hours. The activity was reset to confirm that Ms. Kain's statements were true by contacting the ABC Clinic during regular business hours.

On October 02, 2015 at approximately 12:30 hours Supervisor D. Tenkate #1911 I spoke to a Veterinary Technician at ABC Pet Clinic at 1114 S Craycroft Rd (520-745-4564) about the dog owned by Jennifer Kain and Timothy Owens who reside at 4504 E 20th St. The dog they own named Skitzo was examined by the Veterinarian and an estimate was provided to the owner for the surgical removal of the tumor. The dog owners never made an appointment with the clinic and according to the records, the Veterinarian recommended that the tumor be removed and that is why an estimate was given. The clinic will fax the

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information to The Pima Animal Care Center. Supervisor Tenkate directed the next responding Officer to meet with the dog owner and fill out a premise inspection form requiring a follow up with a Veterinarian to remove the tumor.

On October 07, 2015 at approximately 16:59 hours Officer X. Delgadillo #2047 arrived at E 20<sup>th</sup> St and met with the dog owner, Timothy Owens. He was very upset and stated that the Veterinarian provided them a quote for removal of the mass and that they were advised it was not medically necessary. He stated that he wanted to file a complaint of harassment as we keep visiting his residence for a problem that is non-existent. I advised him that the Veterinarian did fax the quotes but nothing is stated that the mass is not a medical problem. I asked about the licenses and he stated that he just got off work and cannot bring the dogs to The Pima Animal Care Center for licensing. Officer Delgadillo advised Mr. Owens he can mail the spay certificates and rabies vaccination certificates along with payment. He stated that he was not aware of that and will mail the documents in to purchase licenses. Officer Delgadillo advised Mr. Owens that he can contact the Veterinarian and have them send a letter stating the mass is not a medical threat to the dog, or advise the Pima Animal Care Center what the status of the mass is, and if it is necessary to be removed or not. Mr. Owens put a line as a signature on the premise inspection and Officer Delgadillo wrote refused to sign as she felt that he was not attempting to sign the document.

On October 13, 2015 at approximately 17:30 hours I, Officer C. Young #1908, met with Timothy Owens at E 20<sup>th</sup> St in reference to a follow up visit regarding Veterinarian care needed for his dog with the mass growing on its leg. Mr. Owens was not very cooperative and told me that he gave the dog to his cousin. I asked where his cousin lived and he stated that he did not know. I advised him that he failed to give me the address for the new dog owner then he would receive a citation for failure to provide veterinary care for his dog. He asked how I could cite him for a dog he did not own. I told him that he did own the dog at the time that we received the complaint and he has failed to provide proof of vet care. He showed me some documents dated June 0f 2015 for the dog Named "Skitzo" and told me that the veterinarian told him the growth on the dog's leg did not need to be removed. I told him that we needed to see proof of that, as he was directed by the previous Officer that met with him and he continued to argue with me. I told him if he refused to cooperate that I would have to call for assistance from Tucson Police for his failure to cooperate. He told me to call them. I Then contacted Pima Animal Care Dispatch and requested Tucson Police assistance.

Approximately five minutes later two unidentified Tucson Police units arrived. I briefed the Officers on the current situation. While the Officers spoke with Mr. Owens I completed the citations for Neglect-Vet Care and No License on his two dogs, "Skitzo" and "Gizmo." Mr. Owens signed the citation and accepted his copy. He then waded up the copy and I told him that the violations are criminal and if he does not appear in court, a warrant will be issued for his arrest. He asked if it was a criminal violation to throw the citation away. I told him I just wanted to advise him of the consequences of failure to appear.

Officer's Signature:



Date:

10/13/15

NC 4

**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 <b>Oliver Jennings Pasilis</b>				ACO NAME / BADGE # <b>D. Hinte 2068</b>		COMPLAINT NUMBER <b>A15-180769</b>	
SUSPECT'S ADDRESS <b>N Mountain Ave</b>				E. Klein 1926		BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>	
ZIP <b>857</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>520-4</b>		CODE IF OTHER :		
SUSPECT'S BUSINESS ADDRESS				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE		
SEX	WEIGHT	HIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN <b>REFUSED</b>

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

LOCATION OF INCIDENT <b>W Fort Lowell</b>	DATE AND TIME REPORTED <b>10/14/15 / 1913</b>	DATE AND TIME OCCURRED <b>10/14/15 / 1928</b>
FOOD WATER SHELTER INJURED/ILL VENTILATION ABANDONED TIEOUT BEATEN WASTE OTHER (EXPLAIN) <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

<input type="checkbox"/> I CHOOSE "upon request" rights in this case	VICTIM/COMPLAINANT NAME <b>Officer D. Hinte 2068</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 <b>Pima Animal Care Center</b>	ZIP	CITY	STATE
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 43-4405 (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:
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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 checked="" type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	VET <input type="checkbox"/>
PHONE NUMBER	VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		HOME <input type="checkbox"/>
LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	FTQ <input type="checkbox"/>

3 <sup>RD</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO <b>D. Hinte 2068</b>	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/TORD VIOLATED <b>4-81; 4-3(1); 4-3(2)(B); 4-3(2)(C); 4-3(2)(E)(2)</b>	REVIEWED BY <b>10/15/15 DTK 194</b>
	CITATIONS/NUMBERS <b>75056 A-E</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#
Rottweiler VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Shadow	Black/tan	F	Adult	CITED	CURRENT	OK	A538059
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>								

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

WC 4



## INVESTIGATION REPORT

**Activity Number: A15-180769**

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

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**On October 14, 2015 at 7:13 PM, Pima Animal Care Center dispatch received a call regarding a dog tied outside of a convenience store.**

**On October 14, 2015 at 7:28 PM, I, Officer Hinte 2068, arrived at the Quik Mart convenience store at E Fort Lowell. I observed a large female black and tan Rottweiler tied to a post on the west side of the store. The tie out allowed approximately 2-3 feet of movement for the dog. I walked the dirt easement that runs along the west and south side of the building. I could not locate an owner. I spoke with an employee of the Quik Mart named (520- ). Ms. Stover stated that the same dog was tied in the same place for approximately one hour on Saturday 10/10/15. On that day, it was reported to her by two female customers that an adult male came and retrieved the dog. She observed the dog when it was tied out but did not observe the man retrieve the dog that day. She stated that today, she found the dog tied out again with no water. She provided a small plastic container of water for dog. I found the container empty on my arrival. I took several photographs of the dog and the surrounding conditions.**

**I approached the dog, but could not get closer than 3-4 feet before she began growling. I asked dispatch for assistance and was informed via radio that an ACO was en route. Officer Klein 1926 arrived to assist in the impound. We impounded the dog without incident. Before clearing the scene, an adult male approached Officer Klein's window. He reportedly asked her if we had his dog. She asked him for his ID and he advised that he would need to return home to retrieve it. I exited my vehicle and the man then approached me. He stated that his 13 year old twin sons had taken the dog to the store 20 minutes prior and just informed him that they had forgotten the dog. I advised him that the dog was tied out for approximately one hour based on the time the call was made. I then asked him again to retrieve his ID.**

**While waiting for the owner to return with identification, Officer Klein went inside the store to speak with Ms. Stover. Officer Klein reported to me that Ms. Stover stated that she knows of the dog owner and his children as they are regulars. She stated that the owner was in the store approximately one hour before but she had not seen his kids today.**

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The owner, now identified as Oliver Pasilis, returned with his ID and proof of rabies vaccination for the dog, named Shadow. The vaccination certificate showed that the dog is current through 05/2016. I inquired about a license for Shadow and Mr. Pasilis advised that she was not licensed. I verified this by performing a records search. The only dog I found licensed under Mr. Pasilis' name and address was a Chihuahua named Roxy. I explained the welfare violations I had observed. Mr. Pasilis advised that he would no longer tie the dog out for any reason. I issued citations to Mr. Pasilis in the City for no license, abandonment, neglect- no water, neglect- no shelter, and neglect- tie out. I explained his court date, time, and location. He stated that he understood, signed, and received his copy. Mr. Pasilis removed Shadow from the truck and began walking in the direction of his home with her on leash.

Officer's Signature:



Date:

10/15/10

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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 <b>Renee Denean Petty</b>				ACO NAME / BADGE # <b>X. Delgadillo #2047</b>		COMPLAINT NUMBER <b>A15-175504</b>	
SUSPECT'S ADDRESS <b>W. Sierrita Vista Dr</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP <b>857</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>520-</b>				
SUSPECT'S BUSINESS ADDRESS				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	LOCATION OF INCIDENT <b>W. Sierrita Vista Dr</b>	DATE AND TIME REPORTED <b>10/17/15 / 12:41</b>	DATE AND TIME OCCURRED <b>10/17/15 / 12:41</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 type="checkbox"/> 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>
<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 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"/>

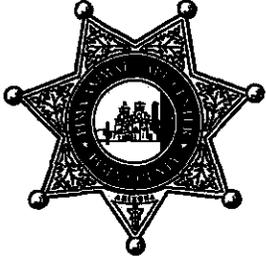
3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	CITING ACO <b>TECHNATE 1911</b>	PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
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VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	CODE/ORD VIOLATED <b>6.04.110 (B)(2), 6.04.110(B)(3), 6.04.110(B)(1)</b>	REVIEWED BY <b>10-23-15 DTR 1911</b>
	CITATIONS/NUMBERS <b>73811, 73812</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#
Shepherd Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Molly</b>	<b>Brown/Tan</b>	<b>F</b>	<b>A</b>					<b>538280</b>
Shepherd Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Cindy</b>	<b>Tan/White</b>	<b>F</b>	<b>A</b>					<b>538279</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 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 #

WC 5



## INVESTIGATION REPORT

Activity Number: A15-175504

ACO name & Badge: X. Delgadillo #2047

On October 17, 2015 at approximately 13:45 I, Officer Delgadillo arrived to W. Sierrita Vista Dr. in reference to a follow-up for vet care. Original complaint was Neglect. When I approached the property I observed two dogs in a kennel with no potable water and an extreme excessive amount of waste in the kennel which limited their kennel space which was already too small. The kennel had a small tarp like cloth on top but it would not have provided shelter from the elements (rain, wind). The large metal water receptacle was filled with algae to the point that the algae was growing to the top of the receptacle. I provided both dogs a cookie treat and they both started to fight for the treats and they were eating to the point of biting the wood where the treats fell. I called Supervisor Tenkate and advised of the situation and that I could hear several dogs inside the residence. I called for a 2NH to insure the dogs were removed safely as they would fight with each other as I approached each one looking to be the first for attention.

I attempted to contact the dog owner via the number she provided and received no answer. While I was waiting for Officer Hinte, I was observing the dogs in the kennel and the Chocolate female appeared to be the dominant one and would not allow the tan dog in the dog house. At approximately 15:11 Officer Hinte arrived and we impounded the dogs. Both dogs are very thin and hip bones are beginning to protrude.

On 10/21/15 at 1708 hours Supervisor Tenkate #1911 met with the dog owner Renee Petty when she came to the Pima Animal Care Center (PACC) to redeem her two dogs. She asked Ms. Petty when was the last time the dog run had been cleaned and was told that the solid waste was only 3 days' worth. She was not sure when the water containers had been scrubbed to remove the algae. Ms. Petty provided an Arizona driver's license for identification and she signed and received a copy of citation #73811 A-C and #73812 A-C. She is aware of her court date time and location. She also signed and received a copy of a premise inspection form requiring potable water, nutritive food, sanitary shelter, veterinary diagnosis and treatment for weight loss.

Officer's Signature:

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

Date:

10/22/15

# WC 6

## INVESTIGATION REPORT

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



SUSPECT <b>Rocky Jesus Sandoval</b>				ACO NAME / BADGE # <b>C. Meek 2015</b>		COMPLAINT NUMBER <b>A15-181064</b>			
SUSPECT'S ADDRESS <b>W. Delano #2</b>				BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>					
ZIP <b>857</b>	CITY <b>TUC</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>520-</b>						
SUSPECT'S BUSINESS ADDRESS				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>					
ZIP	CITY	STATE	BUSINESS PHONE NUMBER						
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN		
LOCATION OF INCIDENT <b>W. Delano #2</b>				DATE AND TIME REPORTED <b>10/19/15 / 1338</b>		DATE AND TIME OCCURRED <b>10/19/15 / 1200</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 checked="" type="checkbox"/> <b>cruelty</b>									
<input type="checkbox"/> I CHOOSE "upon request" rights in this case				VICTIM/COMPLAINANT NAME		DOB			
<input type="checkbox"/> I WAIVE "upon request" rights in this case				RESIDENCE PHONE NO. <b>520-</b>		BUSINESS PHONE NO.			
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)				VICTIM'S ADDRESS <b>W. Delano #2</b>		ZIP <b>85705</b>	CITY <b>TUC</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 # <b>1510190293</b>			
						FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER: <b>Boyen 42216</b>			
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM				<input type="checkbox"/> VIOLATION		BITE SEVERITY: <b>3</b>			
RELATIONSHIP TO VICTIM				<input checked="" type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: <b>legs</b>			
PHONE NUMBER				VET CLINIC		TREATED BY			
						PHONE NUMBER			
LAWFUL REPRESENTATIVE ADDRESS				CLINIC'S ADDRESS		DATE QUARANTINED <b>10/19/15</b>			
						RELEASE DATE: <b>10/26/15</b>			
				QUARANTINE 10 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		PACC <input type="checkbox"/>			
				3 <sup>RD</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		VET <input type="checkbox"/>			
				CITING ACO <b>C. Meek 2015</b>		HOME <input checked="" type="checkbox"/>			
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE				PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		OWNER KNOWS OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
				PREVIOUS CASE NUMBER		FTQ <input type="checkbox"/>			
				OTHER ADDITIONAL REPORTS		UTQ <input type="checkbox"/>			
				CODE/ORD VIOLATED <b>4-3(I)</b>		REVIEWED BY <b>10-23-15</b> <b>DTK 1911</b>			
				CITATIONS/NUMBERS <b>74771</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#
Labrador-X		Shorty	Blk	M	7Y	219266		ok	A469917
VICTIM OWNER <input checked="" type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
VICTIM OWNER <input type="checkbox"/>									
WITNESS 1 <b>Isabel Ratliff</b>		M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB	ADDRESS <b>238 W. Delano #2</b>			RESIDENCE PHONE # <b>520-551-7182</b>	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: A15-181064

ACO name & Badge: C. Meek 2015

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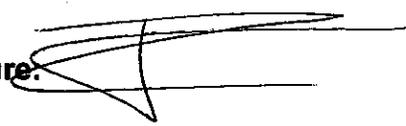
On 10/19/15 at 1338 hours I Officer Meek badge number 2015 responded to W. Delano space number 2 to assist Tucson Police Department with a bite complaint.

I arrived at the address and was able to meet with Tucson Police Department Officer Boyen badge number 42216 who also provided the case number of 1510190293. Officer Boyen advised me that an argument broke out at the residence between the stepfather and stepson. Officer Boyen advised me that the stepson became agitated and took his frustration out on the dog by kicking and punching the dog. Officer Boyen advised me that while the dog was being punched and kicked the dog bit several times at which point the stepfather intervened and law enforcement was called.

Officer Boyen advised me that the dog owner and spouse witnessed the whole fight and asked that charges be pressed. I advised Officer Boyen that I would like to meet with the dog owner at which point I was able to meet with a Mr. Greg Ratliff. Mr. Ratliff advised me that at approximately 1200 hours he and his stepson, Mr. Rocky Sandoval got into an argument and Rocky began to beat the dog. Mr. Ratliff had his dog with him while I met with him, a Labrador retriever mix named Shorty. I asked Mr. Ratliff if Shorty was injured. Mr. Ratliff was unsure if Shorty was injured. I asked Mr. Ratliff if I could transport Shorty to PACC to be evaluated by the veterinarian due to the financial hardship. Mr. Ratliff stated that I could transport Shorty. I concluded my meeting with Mr. Ratliff and met with Mr. Sandoval.

I advised Mr. Sandoval that I would be issuing him a citation for animal cruelty. Mr. Sandoval stated he understood and I was provided his AZID by Officer Boyen (Mr. Sandoval was in custody at this point). I issued Mr. Sandoval the citation and explained to him that with the citation he would need to appear in court and I provided him with the date. Mr. Sandoval stated he understood his need to appear and signed his copy of the citation.

I then transported Shorty to Pima Animal Care Center where he was evaluated by an on staff veterinarian. I was advised that Shorty had no major injuries that would require any prolonged vet care. I was also advised that Shorty had normal range of motion in his neck and that further notes would be added to the call. I then transported Shorty back to Mr. Boyen who advised me that he would be getting an emergency restraining order to ensure that Rocky would not be back at the property.

Officer's Signature: 

Date: 10/19/15

# WC 7

## INVESTIGATION REPORT

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

SUSPECT <b>April Jean Rowley</b>		ACO NAME / BADGE # <b>X. Delgadillo #2047</b>		COMPLAINT NUMBER <b>A15-178336</b>	
SUSPECT'S ADDRESS <b>E. Golf Links rd #2108</b>		BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP <b>857</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>520-</b>		
SUSPECT'S BUSINESS ADDRESS		CODE IF OTHER :			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		LOCATION OF INCIDENT <b>E&gt; Golf Links Rd #2108</b>		DATE AND TIME REPORTED <b>09/04/15/ 15:30</b>	
				DATE AND TIME OCCURRED <b>10/28/2015 / 17:20</b>	
		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input checked="" type="checkbox"/> VENTILATION <input type="checkbox"/>		ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <b>license/rabies vac</b>	
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME <b>X. Delgadillo #2047</b>		D.O.B	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		RESIDENCE PHONE NO.		BUSINESS PHONE NO. <b>520-724-5900*3</b>	
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S ADDRESS		ZIP	
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		VICTIM'S BUSINESS ADDRESS <b>4000 N. Silverbell Rd</b>		CITY <b>Tucson</b>	
		DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		STATE <b>AZ</b>	
		RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		ZIP <b>85745</b>	
		DANGEROUS CASE NUMBER		CITY <b>Tucson</b>	
		OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		STATE <b>AZ</b>	
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:			
RELATIONSHIP TO VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:	
PHONE NUMBER		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:	
LAWFUL REPRESENTATIVE ADDRESS		VET CLINIC		TREATED BY	
		CLINIC'S ADDRESS		PHONE NUMBER	
		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		DATE QUARANTINED	
		3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	
		CITING ACO		RELEASE DATE:	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED <b>4-3-(2) (D), 4-81, 4-97</b>		PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		CITATIONS/NUMBERS <b>7474B</b>		PREVIOUS CASE NUMBER	
				OTHER ADDITIONAL REPORTS	
				REVIEWED BY <b>10-29-15</b> <b>DTM 1911</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>Boxer Mix</b>	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Bella</b>	<b>Brown/White</b>	<b>F</b>	<b>A</b>
<b>Hound Mix</b>	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Princess</b>	<b>White/Black</b>	<b>F</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"/>				
	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 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 #

WC 7



## INVESTIGATION REPORT

Activity Number: A15-166426

ACO name & Badge: X. Delgadillo #2047

On September 22, 2015 at approximately 11:45, Officer Henderson #1904 met with April Rowley at E. Golf Links RD unit in reference to a neglect complaint.

Ms. Rowley would not come out of the residence and spoke with him through the screen door. He informed her of the complaint PACC was given. Ms. Rowley said the hair loss was because she had a harness on the dog and the harness was too small so it rubbed the hair off the dog. She has taken the harness off. I was able to see the dog through the open screen door and it did have some hair loss in the areas that a harness would be if it had one on. The dog was not scratching or licking. Ms. Rowley did not bring the dog out to be photographed. He informed Ms. Rowley we would check back with her in a couple weeks to make sure "BELLA" is not getting worse. He told her if Bella gets worse then she will be required to take Bella to a vet and risk Bella being impounded. Ms. Rowley stated that she understood.

On October 12, 2015 at approximately 12:21, Officer Henderson returned to conduct a follow-up and received no answer at the door. He posted a notice and Ms. Rowley did not make contact with Pima Animal Care.

On October 28, 2015 at approximately 17:20 I, Officer Delgadillo #2047, arrived to E. Golf Links Rd unit # to conduct a follow-up on Bella A#3535198.

I met with Ms. Rowley and advised her that I was there to conduct a follow-up on Bella and asked if she had received vet care for her. Ms. Rowley stated that she cannot afford vet care and has been treating the dog with cortisone cream. I advised her that the previous Officer who visited her on September 22, 2015 advised her we would conduct a follow-up. Ms. Rowley kept stating that she cannot afford vet care. I advised her that she can be given a premise inspection and required to obtain vet care. She kept stating that she could not seek vet care. At this point, for the health and welfare of Bella, I impounded Bella and provided Ms. Rowley a bond form. I advised her that the bond would be \$375.00 and she would have 20 days to post to secure a court date. Ms. Rowley signed the bond form and received a copy. Ms. Rowley was also cited into Tucson City Court for Neglect- Vet Care. Ms. Rowley signed her citations and received a copy; she was advised of her court date and time.

WC 7

On October 28, 2015 at 1829 hours, Supervisor Tenkate#1911, spoke to April Rowley by phone and advised her that the bond amount for her dog Bella is \$1325 as the dog is unlicensed and unaltered. Ms. Rowley said she did not have the money to take Bella to the vet for her skin condition and still cannot afford vet care and has no transportation. Supervisor Tenkate explained that she has had over 30 days to obtain vet care (for Bella), license and rabies vaccinations for both of her dogs. She stated again she cannot afford to pay for the license and rabies vaccination and vet care.

Supervisor Tenkate then explained that she has ten days to post the bond in the amount of \$1325.00 and if it is not paid on 11/7/15 by 5pm that Bella will be forfeited to PACC.

Officer's Signature:



Date:

10/29/15

W/C 8

<b>INVESTIGATION REPORT</b> <b>Pima County Health Department</b> <b>Pima Animal Care Center</b> <b>4000 N. Starbuck Rd.</b> <b>Tucson, Arizona 85745</b> <b>Phone: (520) 243-5900</b> <b>Fax: (520) 243-5960</b> <b>www.pimaanimalcare.org</b>	<b>SUSPECT</b> <b>Carolyn Marie Smith</b>				<b>ACO NAME / BADGE #</b> <b>Delgadillo #2047</b> <b>Hendrickson #2066</b>		<b>ACTIVITY/BITE NUMBER</b> <b>A15-179253</b>				
	<b>SUSPECT'S ADDRESS</b> <b>W Altar Road</b>				<b>BITE</b> <input type="checkbox"/> <b>WELFARE</b> <input checked="" type="checkbox"/> <b>DANGEROUS</b> <input type="checkbox"/>		<b>OTHER</b> <input type="checkbox"/>				
	<b>CITY</b> <b>Tucson</b>		<b>STATE</b> <b>AZ</b>	<b>ZIP</b> <b>857</b>	<b>RESIDENCE PHONE NUMBER</b> <b>(520) 1</b>		<b>OTHER</b> <input type="checkbox"/>				
	<b>SUSPECT'S BUSINESS ADDRESS</b>				<b>CI</b> <input type="checkbox"/> <b>CO</b> <input checked="" type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>DRIVERS LICENSE</b> <b>AZDL</b>				
	<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>	<b>BUSINESS PHONE NUMBER</b>		<b>DOB</b>				
<b>SEX</b>	<b>WEIGHT</b>	<b>HEIGHT</b>	<b>EYES</b>	<b>HAIR</b>	<b>ORIGIN</b>	<b>SOCIAL SECURITY NUMBER</b>					
<b>DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS?</b> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	<b>LOCATION OF INCIDENT</b> <b>W Altar Valley Rd</b>				<b>DATE AND TIME OF INCIDENT</b> <b>10/08/15 09:31</b>		<b>DATE AND TIME REPORTED</b> <b>09/9/15 12:34</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)	<b>FOOD</b> <input type="checkbox"/> <b>WATER</b> <input type="checkbox"/> <b>SHELTER</b> <input checked="" type="checkbox"/> <b>VENTILATION</b> <input type="checkbox"/> <b>ABANDONED</b> <input type="checkbox"/> <b>TIED OUT</b> <input type="checkbox"/> <b>BEATEN</b> <input type="checkbox"/> <b>WASTE</b> <input type="checkbox"/> <b>INJ/ILL</b> <input type="checkbox"/> <b>OTHER (EXPLAIN)</b>	<b>VICTIM/COMPLAINANT NAME</b>	<b>DATE OF BIRTH</b>	<b>RESIDENCE PHONE</b>	<b>BUSINESS PHONE</b>				
<b>VICTIM'S ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>VICTIM'S BUSINESS ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>				
<b>NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)</b>	<b>DANGEROUS ASSESSMENT REQUESTED</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>RESTITUTION REQUESTED</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>DANGEROUS CASE NUMBER</b>	<b>OTHER AGENCY CASE #</b> <input type="checkbox"/> SHERIFF DEPT <input type="checkbox"/> TUCSON POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER:		<b>FOLLOW UP REQUEST</b> <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 <input type="checkbox"/> NON-VIOLATION	<b>BITE SEVERITY:</b> <b>PART OF BODY BITTEN:</b>	<b>TREATED BY</b>	<b>PHONE NUMBER</b>	<b>DATE QUARANTINED</b>	<b>PAGE</b> <input type="checkbox"/> <b>VET</b> <input type="checkbox"/> <b>HOME</b> <input type="checkbox"/>	<b>RELEASE DATE:</b>				
<b>RELATIONSHIP TO VICTIM</b>	<b>VET CLINIC</b>	<b>PHONE NUMBER</b>	<b>OWNER KNOWS OF BITE</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	<b>FTD</b> <input type="checkbox"/> <b>LTU</b> <input type="checkbox"/>	<b>LAWFUL REPRESENTATIVE ADDRESS</b>	<b>CLINIC'S ADDRESS</b>	<b>QUARANTINE (DAYS)</b> <b>10</b> <input type="checkbox"/> <b>15</b> <input type="checkbox"/> <b>45</b> <input type="checkbox"/> <b>180</b> <input type="checkbox"/> <input type="checkbox"/> FRA HEAD#				
<b>3<sup>rd</sup> PARTY CITATIONS</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>CITING ACO</b> <b>M. Hendrickson #2066</b>	<b>PREVIOUS VIOLATIONS</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>PREVIOUS CASE NUMBER</b>	<b>OTHER ADDITIONAL REPORTS</b>	<b>VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE</b>	<b>ES/DE/ORD VIOLATED</b> <b>6.04.110(B)(3) 6.04.070</b>	<b>REVIEWED BY</b> <i>2062</i> <i>Kraust 10/11</i>				
<b>CITATIONS/NUMBERS</b> <b>#74814 A,B,C,D,E</b>	<b>BOND</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	<b>BREED/DESCRIPTION</b>	<b>ANIMAL'S NAME</b>	<b>COLOR</b>	<b>SEX</b>	<b>AGE</b>	<b>LICENSE #</b>	<b>CONDITION</b>	<b>ANIMAL ID#</b>		
<b>Rottweiler</b>	<b>VICTIM OWNER</b> <input checked="" type="checkbox"/>	<b>Bear</b>	<b>Black/ Tan</b>	<b>M</b>	<b>3yr</b>	<b>U15-090127</b>	<b>Injured</b>	<b>A537229</b>			
<b>Pit Bull X</b>	<b>VICTIM OWNER</b> <input checked="" type="checkbox"/>	<b>Noel</b>	<b>White/ Tan</b>	<b>F</b>	<b>3yr</b>	<b>U15-090126</b>	<b>Pregnant</b>	<b>A537230</b>			
<b>Chihuahua</b>	<b>VICTIM OWNER</b> <input checked="" type="checkbox"/>	<b>Cujo</b>	<b>Tan</b>	<b>M</b>	<b>2yr</b>	<b>U15-090128</b>	<b>Normal</b>	<b>A537241</b>			
<b>Dachshund Mix</b>	<b>VICTIM OWNER</b> <input checked="" type="checkbox"/>	<b>Goldie</b>	<b>Tan/ White</b>	<b>F</b>	<b>3yr</b>	<b>U15-090125</b>	<b>Pregnant</b>	<b>A535246</b>			
<b>WITNESS 1</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>DOB</b>	<b>ADDRESS</b>	<b>RESIDENCE PHONE #</b>	<b>BUSINESS PHONE #</b>	<b>WITNESS 2</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>DOB</b>	<b>ADDRESS</b>	<b>RESIDENCE PHONE #</b>	<b>BUSINESS PHONE #</b>
<b>WITNESS 3</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>DOB</b>	<b>ADDRESS</b>	<b>RESIDENCE PHONE #</b>	<b>BUSINESS PHONE #</b>	<b>WITNESS 4</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>DOB</b>	<b>ADDRESS</b>	<b>RESIDENCE PHONE #</b>	<b>BUSINESS PHONE #</b>

W/K 8



## INVESTIGATION REPORT

**Activity Number:** A15-179253

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

On October 8th, 2015, I Officer Hendrickson badge #2066 arrived at W Altar Road in response to a neglect complaint to ensure the dog owner had provided shelter for her multiple dogs. I met the dog owner Ms. Carolyn Smith and her granddaughter Jasmine. They showed me four dogs, Bear a black and tan male Rottweiler mix who appeared underweight but not emaciated. Bear was missing fur around his face and was limping from both his rear legs. Noel a female white and tan Pit Bull that was pregnant and lactating. Goldie a small Chihuahua Dachshund mix that was also pregnant. And Cujo a tan and white male Chihuahua mix. All the dogs appeared healthy and active except for Bear.

Ms. Smith showed me and I photographed a shelter in the back yard she stated was for the dogs. The shelter appeared adequate for one medium sized dog but was not sufficient in size to permit all the dogs to enter, stand, turn around and lie down in a natural manner. I walked around the yard with Ms. Smith and could not find any other forms of shelter that would protect the animals from the elements. Ms. Smith's trailer has a brick skirting that would not allow the animals underneath and the other structures on the property are not available for the animals to enter. Ms. Smith stated only two dogs, Bear and Noel live outside all the time while Cujo and Goldie are indoor dogs.

I asked Ms. Smith about Bear's condition and her granddaughter answered stating she thinks he was hit by a car a while ago and that's why he limps. Ms. Smith stated Bear was given to her by a friend a couple of months ago. I explained that since she has had Bear for so long she is the legal owner and needs to provide Bear with vet treatment. I issued a premise inspection for vet care with a comply by date set for 10/17/2015. I explained to Ms. Smith that Bear would need to see the veterinarian and she would need to follow through with any recommended treatment to not receive a citation. I informed her if she cannot afford the treatment she could choose to release custody to Pima Animal Care before the comply by date.

I asked Ms. Smith if she had her animals licensed and vaccinated since the first Animal Care Officer had left a notice to do so. Ms. Smith stated she didn't get the animals licensed and did not provide any more shelter for her animals since then.

I issued Ms. Smith citations for no license on her four dogs and issued a citation for neglect no shelter. I issued a premise inspection for vet care with the comply by date set for 10/17/15 and informed her to have the vet fax the paperwork to PACC.

**Officer's Signature:**

*M Hendrickson #2066*

**Date:** 10/11/15

# WC 9

## INVESTIGATION REPORT

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

SUSPECT <b>Sigrid D. Armenta</b>		ACO NAME / BADGE # <b>Windauer #1984</b>		COMPLAINT NUMBER <b>A15-180753</b>						
SUSPECT'S ADDRESS <b>East Calle Sevilla</b>		BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>								
ZIP <b>857</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>520-</b>							
SUSPECT'S BUSINESS ADDRESS <b>none</b>		CODE IF OTHER: 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								
LOCATION OF INCIDENT <b>East Calle Sevilla</b>		DATE AND TIME REPORTED <b>10/14/15 / 1421</b>		DATE AND TIME OCCURRED <b>10/14/15 / 1445</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 <b>Windauer #1984</b>		D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>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 § 8-288 (B)	VICTIM'S BUSINESS ADDRESS <b>4000 North Silverbell Road</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:						
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input type="checkbox"/> VIOLATION	BITE SEVERITY:		TREATED BY	PHONE NUMBER					
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:		DATE QUARANTINED	PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>					
PHONE NUMBER	VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	FTQ <input type="checkbox"/> 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#					
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS					
	CODE/ORD VIOLATED <b>4-81, 4-3(2)(B), 4-3(2)(E)(2)</b>		REVIEWED BY <b>10-15-15</b> <b>DTK 1911</b>							
	CITATIONS/NUMBERS <b>74548 A-E</b>		BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Husky	<input checked="" type="checkbox"/>	Miley	Blk/wht	F	17m		cited		N	A538053
Malamute mix	<input checked="" type="checkbox"/>	Santino	Gry/wht	M	23m		cited		N	A538055
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
WITNESS 1	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #			
WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #			
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #			
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #			

WC 9



## INVESTIGATION REPORT

**Activity Number: A15-180753**

**Name ACO & Badge: Windauer #1984**

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On October 14, 2015 at approximately 1435 hours I, Officer Windauer # 1984 responded to East Calle Sevilla reference an alleged emergency welfare complaint-dog on tie out, in distress.

The front door of the residence was answered by a young Hispanic woman who spoke little English but she did advise me she was the dog owner. I attempted to relay the problem to her but did not speak that much Spanish, so I asked to see the dogs.

From the rear sliding glass door, we could see one of the dogs but not the second dog, so I asked to go inside the yard. We entered the yard and I looked around and finally saw the second dog, a large gray/white malamute mix on a cable tie out at north east corner of yard. The dog did not appear in any distress but I did see the dog had spilled the 5 gallon bucket that had been used for water. I saw this dog's only shade/shelter was from the shade provided by the house. I saw the dog's collar which was attached to the cable was a prong-type training collar in choke position.

I advised the woman that the dogs needed to have water available at all times and that tie outs were illegal. She seemed to understand because she said/mimicked the dog spilling the bucket and then that the dog was tied because of the husky and her 4 1-week old pups. I provided water for dogs and she helped with filling the bucket which both dogs drank from some.

I saw the dog's tie out was attached to a very small tree and then also wrapped around another stake in corner area. I saw there were two dog houses in yard at middle of rear wall. The plastic house was in 2 pieces acting as a whelping box for the pups. The mother dog during the time I was there spent little time with pups. The female appeared underweight-her backbone was visible and had little milk. When she did go in with the pups it was for a short time.

Still trying to communicate, the woman called a cousin to translate and he helped some but she didn't remove dog from cable until I told him if she didn't I was going to pick up dog. There were no problems when dog was let loose. I then asked for her identification and told her I was going to issue citations.

Mrs. Sigrid Armenta accepted citations for both dogs not being licensed

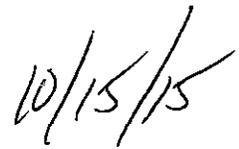
NE 9

and for Neglect-No Water. She was cited for Neglect-Tie Out for the dog-Santino. I also issued a premise inspection to return in 2 weeks to check for a clean and secured water bucket, removal of excessive animal waste, shade to be provided and extra food for the dog-Miley to aid in production of milk for puppies.

Officer's Signature:



Date:



WC 10

**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 <b>Lesly Ayon-Hernandez</b>				ACO NAME / BADGE # <b>M. Glanz/2051</b>		COMPLAINT NUMBER <b>A15-180763</b>	
SUSPECT'S ADDRESS <b>N Shannon Rd unit</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP <b>8571</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>520-</b>				
SUSPECT'S BUSINESS ADDRESS <b>n/a</b>				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP <b>n/a</b>	CITY <b>n/a</b>	STATE <b>n/a</b>	BUSINESS PHONE NUMBER <b>n/a</b>		Mexico ID		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN <b>n/a</b>

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

LOCATION OF INCIDENT <b>N Shannon Rd unit 11</b>	DATE AND TIME REPORTED <b>10-14-15 / 17:46</b>	DATE AND TIME OCCURRED <b>10-22-15 / 8:09am</b>
FOOD <input type="checkbox"/> WATER <input checked="" type="checkbox"/> SHELTER <input checked="" type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input 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 <b>Officer M. Glanz 2051</b>	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>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>Tuc</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 <b>n/a</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:
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<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input type="checkbox"/> VIOLATION	BITE SEVERITY:	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/>
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	VET <input type="checkbox"/>
PHONE NUMBER	VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		HOME <input type="checkbox"/>
LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	FTQ <input type="checkbox"/>

3 <sup>RD</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO <b>M. Glanz 2051</b>	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>6.04.110(B)(2), 6.04.110(B)(3)</b>	REVIEWED BY <b>2002 Kraist 10/26</b>
	CITATIONS/NUMBERS <b>75154</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#
Cocker X VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Bambi	Bm/wht	M	1yr	cited	cited	N	A538692
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 #

NC 10



## INVESTIGATION REPORT

Activity Number: A15-180763

ACO name & Badge: M. Glanz #2051, A. Kirby #2057

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On 10/22/15 at approximately 09:14 hours, I Officer Glanz #2051 and Officer Kirby #2057 arrived at 5505 N Shannon Rd trailer #13 and met with complainant. She stated that the people who live behind her have a dog that is always outside barking and doesn't have food or water. The complainant showed us the dog from her back yard that had no shelter, food or water and was contained in the backyard of [redacted], N. Shannon Rd. # [redacted]. In the yard I observed two bowls, but they were empty. I also observed another dog in the front yard at the residence the complainant called about.

I arrived at [redacted] N Shannon Rd trailer #11. The dog that had been in the front yard was now in the street barking. I was able to open the gate to the front yard and the dog went in. I then met with Lesly Ayon-Hernandez who is the owner of Bambi, the Cocker Spaniel mix in the backyard. I asked why the dog didn't have food or water and she stated she gives the dog water daily and ran out of dog food so she has been feeding the dog human food. She wasn't sure why he didn't have water at this time. I asked for proof of current rabies vaccination and license which she didn't have. I informed her of the laws and gave her citations for neglect-no water, neglect-no shelter and no license. I informed Lesly of the court date, location and time and she stated she understood and signed the citation. The dog appeared to be in good weight and healthy.

I also met with Josue Pina who also lives at [redacted] N Shannon Rd unit # [redacted] and is the owner of Rocko, the Border Collie mix who had been at large. He stated the dog jumps over the gate in the front yard. I asked for proof of rabies and license which he stated he didn't have as it was with his mother who lives out of state. Josue did show me records of vaccinations, but it didn't include a rabies vaccination. I informed him of the laws and cited for no license and leash law. I informed Josue of the court date, location and time and he stated he understood and signed the citation. Josue said he may bring the dog to PACC to surrender him as he can't keep the dog in the house due to the kids being allergic.

Officer's Signature: *Melissa Glanz*

Date: 10-26-15

**Pima County Animal Care Advisory Committee Welfare Cases Comment Page**

**Welfare Cases - October 2015**

1. A15-175616

2. A15-180010

3. A15-176042

4. A15-180769

5. A15-175504

6. A15-181064

7. A15-178336

8. A15-179253

9. A15-180753

10. A15-180763

**Committee Member:** \_\_\_\_\_



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

## MEMORANDUM

**TO:** Marcy Flanagan, Deputy Director  
**FROM:** Jose Chavez, Enforcement Operations Manager *JC*  
**DATE:** 12-2-15  
**SUBJECT:** Welfare report for November 2015

- 
1. A15-170470 Four sick animals were surrendered to PACC. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The dogs were euthanized due to the severity of the illness. This complaint is closed.
  2. A15-118233 One animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The animal was redeemed. This complaint is closed.
  3. A15-183295 Two animals were impounded. Staff reviewed the animal welfare requirements and laws with the owner and cited at the scene. The animal owner was later served with a bond notice for the two dogs.
  4. A15-178266 One sick animal was relinquished to PACC for euthanasia. After a medical examination was conducted a welfare case was initiated for failure to provide vet care by the Enforcement Supervisor and PACC Veterinarian. At a later date staff reviewed animal welfare requirements and laws with the owner and cited at the owner at their residence. The animal was fostered. This complaint is closed.

WC 1

**INVESTIGATION REPORT**

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

SUSPECT <b>Pearl Lynne Gregory</b>				ACO NAME / BADGE # <b>Windauer #1984</b>		COMPLAINT NUMBER <b>A15-182280</b>	
SUSPECT'S ADDRESS <b>West 7<sup>th</sup> Street</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP <b>85602</b>	CITY <b>Benson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER <b>520</b>				
SUSPECT'S BUSINESS ADDRESS				CODE IF OTHER:			
ZIP				CITY		STATE	
BUSINESS PHONE NUMBER				DRIVERS LICENSE			
SEX <b>F</b>	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR REVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		LOCATION OF INCIDENT <b>4000 North Silverbell Road</b>	DATE AND TIME REPORTED 11/6/15 / 1400	DATE AND TIME OCCURRED 11/6/15 / 1430
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input checked="" type="checkbox"/> VENTILATION <input type="checkbox"/>		ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>		

I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME <b>Windauer #1984</b>	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>724-5900</b>
I WAIVE "upon request" rights in this case		VICTIM'S ADDRESS		ZIP	CITY
REQUEST/WAIVER exception per A.R.S. § 12-15 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS <b>4000 North Silverbell Road</b>		ZIP <b>85745</b>	CITY <b>Tucson</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	<input type="checkbox"/> YES	ONE SERVICE	RELEASED BY	PHONE NUMBER	DATE	RELEASE DATE	PACC <input type="checkbox"/>
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NONE - VIOLENT	POINT OF ENTRY OTHER:					VET <input type="checkbox"/>
PHONE NUMBER	VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/>	
FULL 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 type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS		
VICTIM OR LAWFUL REPRESENTATIVE NATURE	CODE/DRO VIOLATED <b>4-3(2)(D)</b>				REVIEWED BY <b>11-7-15</b> <b>BTK1911</b>		
	CITATIONS/NUMBERS <b>74952 A-D</b>				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#
stiff mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	----	Blk /wht	M	5m				s	A540279
stiff mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Blk/wht	M	5m				s	A540281
stiff mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Blk/wht	M	5m				s	A540282
stiff mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Brn/wht	M	5m				s	A540277
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

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

WC 1



## INVESTIGATION REPORT

**Activity Number: A15-182280**

**ACO Name & Badge: Windauer #1984**

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**At approximately 1400 hours 11/6/15, I, Officer Windauer #1984 was called to Pima County Animal Care Intake by Kennel Technician Nicki Jones #2058 to look at four emaciated puppies brought in by their owner and family. I saw three black with white pups and one brown with white pup all very thin, showing ribs and hip bones with little musculature. I saw they were offered canned dog food and it was refused. I was told by a daughter of the owner that the dogs have been eating every day until today.**

**I then entered Intake Area and met the dogs' owner-Pearl Gregory and Kennel Technician Stefanie Schelble #2030. I was advised by the Tech that they had tested two of the four pups and the Parvo Tests had come back positive. Ms. Gregory advised me that the pups had been eating every day until today. I was also told the pups were fed separately to be sure they each got their share.**

**Ms. Gregory also said they had had visits from the Benson Animal Shelter three times and had been told by Officer Lori Fivecoat (586-3600) that the pups were healthy. She said the last visit had been two days ago.**

**From information provided by Ms. Gregory, I learned the 4 dogs were 5 months old. I was also shown a fifth pup-black with white that they were keeping. I was told this pup had been kept separate and was healthy and then the dog's fat belly was displayed to me from inside vehicle.**

**Accompanied by Kennel Technician Jessica Reck #2046, I spoke with Enforcement Supervisor Tenkate #1911 about these animals. I was told to issue citations for Neglect-Vet Care on the 4 pups to the owner. I returned to Ms. Gregory and advised her of the citations. Ms. Gregory accepted the citations, repeating that the pups had been healthy two days ago. I advised of the court date and location. The pups were relinquished by Ms. Gregory and were scheduled for euthanasia.**



WC 1

# Pima Animal Care Center

**PIMA COUNTY**  
ANIMAL CARE

K15-204454

## MEDICAL HISTORY



<b>NAME</b>	<b>ANIMAL ID</b>
	A540279
<b>BREED</b>	<b>WEIGHT</b>
MASTIFF MIX	UNKNOWN
<b>COLOR</b>	<b>ESTIMATED DATE OF BIRTH</b>
BLACK / WHITE	06/06/2015
<b>SEX</b>	<b>AGE</b>
MALE	6 MOS
<b>MICROCHIP</b>	

VACCINATIONS			SPAY/NEUTER			
DATE	ORDERED BY	TREATMENT NO.	DATE	VISIT TYPE	COMPLETED BY	TREATMENT NO.

TREATMENTS/VACCINATIONS (Recorded by the Pima Animal Care Center)				
DATE	TYPE/REASON	VETERINARIAN	TREATED BY	TREATMENT NO.
11/06/2015	INTERNAL	OTHER		T15-785732
	BCS 2/9 Lethargic, N/I in food. Given poor condition, prognosis for successful Parvo treatment is poor to grave. P: PTS			
	JW			
	Treatment	TEST PARVO POSITVE		

If you or your veterinarian have any questions about the medical treatment your pet has received, please contact our Clinic Staff at (520) 724-5939.

For any other questions, please contact the Pima Animal Care Center via:

**MAIL:** 4000 N. Silverbell Rd  
Tucson, AZ 85745

**PHONE:** (520) 724-5900  
**FAX:** (520) 724-5960

**MEDICAL HISTORY**



**NAME:** [REDACTED] **ANIMAL ID:** A540281  
**BREED:** MASTIFF MIX **WEIGHT:** UNKNOWN  
**COLOR:** BLACK / WHITE **ESTIMATED DATE OF BIRTH:** 06/06/2015  
**SEX:** MALE **AGE:** 6 MOS  
**MICROCHIP:** [REDACTED]



VACCINATIONS			SPAY/NEUTER			
DATE	ORDERED BY	TREATMENT NO	DATE	VISIT TYPE	COMPLETED BY	TREATMENT NO

**TREATMENTS/VACCINATIONS** (Recorded by the Pima Animal Care Center)

DATE	TYPE / REASON	VETERINARIAN	TREATED BY	TREATMENT NO
11/06/2015	INTERNAL BCS 2/9 Lethargic, N/I in food. Given poor condition, prognosis for successful Parvo treatment is poor to grave. P: PTS JW Treatment	OTHER		T15-785733
11/06/2015	INTERNAL / VACCINATION	NORMAL		T15-785796

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Tucson, AZ 85745

**PHONE:** (520) 724-5900  
**FAX:** (520) 724-5960

K15-204456

**MEDICAL HISTORY**



<b>NAME</b>		<b>ANIMAL ID</b>	
<b>BREED</b>		<b>WEIGHT</b>	
<b>MASTIFF MIX</b>		<b>UNKNOWN</b>	
<b>COLOR</b>		<b>ESTIMATED DATE OF BIRTH</b>	
<b>BLACK / WHITE</b>		<b>06/06/2015</b>	
<b>SEX</b>		<b>AGE</b>	
<b>MALE</b>		<b>6 MOS</b>	
<b>MICROCHIP</b>			

VACCINATIONS			SPAY/NEUTER			
DATE	ORDERED BY	TREATMENT NO	DATE	VISIT TYPE	COMPLETED BY	TREATMENT NO

TREATMENTS/VACCINATIONS (Recorded by the Pima Animal Care Center)				
DATE	TYPE/REASON	VETERINARIAN	TREATED BY	TREATMENT NO
11/06/2015	INTERNAL	OTHER		T15-785734
	BCS 2/9 Lethargic, N/I in food. Given poor condition, prognosis for successful Parvo treatment is poor to grave. P: PTS			
	JW			
	Treatment	TEST PARVO POSITVE		

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Tucson, AZ 85745

**PHONE:** (520) 724-5900  
**FAX:** (520) 724-5960

**MEDICAL HISTORY**



<b>NAME</b>		<b>ANIMAL ID</b>	
		<b>A540277</b>	
<b>BREED</b>		<b>WEIGHT</b>	
<b>MASTIFF MIX</b>		<b>UNKNOWN</b>	
<b>COLOR</b>		<b>ESTIMATED DATE OF BIRTH</b>	
<b>BROWN / WHITE</b>		<b>06/06/2015</b>	
<b>SEX</b>		<b>AGE</b>	
<b>MALE</b>		<b>6 MOS</b>	
<b>MICROCHIP</b>			

VACCINATIONS			SPAY/NEUTER			
DATE	ORDERED BY	TREATMENT NO.	DATE	VISIT TYPE	COMPLETED BY	TREATMENT NO.

TREATMENTS/VACCINATIONS (Recorded by the Pima Animal Care Center)				
DATE	TYPE/REASON	VETERINARIAN	TREATED BY	TREATMENT NO.
11/06/2015	INTERNAL / PARVO Treatment	NORMAL		T15-785567
11/06/2015	INTERNAL BCS 2/9 Lethargic, N/I in food. Given poor condition, prognosis for successful Parvo treatment is poor to grave. P: PTS JW Treatment	OTHER		T15-785735

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**MAIL:** 4000 N. Silverbell Rd  
Tucson, AZ 85745

**PHONE:** (520) 724-5900  
**FAX:** (520) 724-5960

WC 7

<b>INVESTIGATION REPORT</b>		SUSPECT <b>Josefina Dixon</b>				ACO NAME / BADGE # <b>R Tovar 2021</b>		COMPLAINT NUMBER <b>A15-182333</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 <b>Gardner Street</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>															
ZIP <b>85713</b>		CITY <b>Tucson</b>		STATE <b>AZ</b>		RESIDENCE PHONE NUMBER <b>520-</b>															
SUSPECT'S BUSINESS ADDRESS <b>2800 E Ajo Way</b>		CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>				CODE IF OTHER :															
ZIP <b>85713</b>		CITY <b>Tucson</b>		STATE <b>AZ</b>		BUSINESS PHONE NUMBER <b>520-</b>															
SEX <b>F</b>		WEIGHT		HEIGHT		EYES		HAIR COLOR		ORIGIN		DOB		SSN							
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		LOCATION OF INCIDENT <b>Gardner Street</b>				DATE AND TIME REPORTED <b>11/07/15 / 1523</b>				DATE AND TIME OCCURRED <b>11/07/15 / 1628</b>											
		FOOD		WATER		SHELTER		INJURED/ILL		VENTILATION		ABANDONED		TIEOUT		BEATEN		WASTE		OTHER (EXPLAIN)	
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME <b>Debbie Windauer</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 type="checkbox"/>		RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		DANGEROUS CASE NUMBER		OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:				FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:									
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:		TREATED BY		PHONE NUMBER		DATE QUARANTINED		PACC <input type="checkbox"/>		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"/>		FRA HEAD#													
		3 <sup>RD</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITING ACO		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS											
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/DOD VIOLATED <b>4-3(2)(E)(2)</b>				CITATIONS/NUMBERS <b>75185</b>		REVIEWED BY <b>2002 Konst 11/12</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#			
Terrier X		Patotas		Tan/wh		M		9M				L15-259959				N		A540423			
VICTIM OWNER <input checked="" type="checkbox"/>																					
VICTIM OWNER <input type="checkbox"/>																					
VICTIM OWNER <input type="checkbox"/>																					
VICTIM OWNER <input type="checkbox"/>																					
VICTIM OWNER <input type="checkbox"/>																					
VICTIM OWNER <input type="checkbox"/>																					
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 #											

NC 2



## INVESTIGATION REPORT

Activity Number: A15-182333

ACO name & Badge: Robert Tovar #2021

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On November 7, 2015 at 1628 hours Officer Windauer #1984 arrived at Garden Street reference a Neglect call for a dog on a tie-out. Officer Windauer reported that she knocked on the front door of the residence but did not receive an answer. Officer Windauer reported that she then walked around to the alley to see if she could see into the yard. She stated that through knot holes in the fence she took her first two pictures of the little white and tan terrier on a leash that was tied to the rear of a vehicle. Officer Windauer stated that she then walked back to the front of the house where she knocked loudly on the door but did not receive an answer.

Officer Windauer reported that she found access into the backyard through a fence that was tied shut with wire and was missing a board. Officer Windauer stated that she saw the aforementioned dog and that the dog had the basics, food, water, shelter, a pillow and shade. She said that the dog was tied with a four foot long red nylon leash that had been hooked to a choke-chain collar attached to a bracket on the vehicle. Officer Windauer reported that she took pictures and then removed the dog. She added that she posted a Notice on the front door advising the dog owner that their dog had been impounded. Officer Windauer requested that the owner be cited for Neglect-Tie Out when they come to redeem their dog.

On November 10, 2015 at 1250 hours I, Officer Tovar #2021, spoke with the dog owner, Ms. Josefina Dixon, when she came into the Pima Animal Care Center to redeem her dog, Patotas. I advised Ms. Dixon that I was going to issue her a citation for Neglect-Tie Out due to her dog being tied-out on November 7, 2015 at 1628 hours. Ms. Dixon explained that when she puts her dog out in the backyard to do his business she puts him on a tie-out as he will get out of the yard.

WC 2

I told her that it was against the law to tie-out her dog. She said that her fence is in good repair, however, her dog still manages to find a way out of the yard. She added that on November 7, 2015 she tied-out her dog when she went to the store and there was no one home to let him out so he would not do his business inside the house. She stated that she believes it was her neighbor who called to report her. I cited Ms. Dixon for Neglect-Tie Out. She signed and received her copy of said citation.

Officer's Signature: *Robert Lova #2021* Date: *11-10-15*

WC 3

<b>INVESTIGATION REPORT</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 <b>Sean Eamon Vaeth</b>				ACO NAME / BADGE # <b>C. Meek</b>		ACTIVITY/BITE NUMBER <b>A15-183295</b>		
	SUSPECT'S ADDRESS <b>Elm Street</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/>		OTHER <input type="checkbox"/>		
	CITY <b>Tucson</b>		STATE <b>AZ</b>	ZIP <b>85705</b>	RESIDENCE PHONE NUMBER				
	SUSPECT'S BUSINESS ADDRESS				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>		DRIVERS LICENSE		
	CITY		STATE	ZIP	BUSINESS PHONE NUMBER		SOCIAL SECURITY NUMBER		
	SEX <b>M</b>	WEIGHT	HEIGHT	EYES	HAIR	ORIGIN	DOB	SOCIAL SECURITY NUMBER	
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 OF INCIDENT		DATE AND TIME REPORTED		
<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 <b>Officer C. Meek</b>		DATE OF BIRTH		RESIDENCE PHONE		BUSINESS PHONE <b>520-724-5900</b>	
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S ADDRESS <b>4000 N. Silverbell</b>				CITY <b>Tucson</b>		STATE <b>AZ</b>	ZIP <b>85745</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"/> SHERIFF DEPT <input type="checkbox"/> TUCSON POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SSI <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		NET CLINIC		PHONE NUMBER	OWNER ADDRESS OF BITE		FIB <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"/>		<input type="checkbox"/> FRA HEAD#		
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		3 <sup>rd</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITING ACO <b>C. Meek 2015</b>		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER	
CODE/ORD VIOLATED		<b>4-31, 4-3(2)(D)</b>						REVIEWED BY <b>2002</b> <b>KONST 11/30</b>	
CITATIONS/NUMBERS		<b>75206</b>						BOND YES <input type="checkbox"/> NO <input type="checkbox"/>	
BREED/DESCRIPTION		ANIMAL'S NAME		COLOR	SEX	AGE	LICENSE #	CONDITION	ANIMAL ID#
<b>Lab-X</b>	VICTIM OWNER <input checked="" type="checkbox"/>	<b>Daisy</b>		<b>Wht</b>	<b>F</b>	<b>6Y</b>		<b>ok</b>	<b>A358505</b>
<b>Lab-X</b>	VICTIM OWNER <input checked="" type="checkbox"/>	<b>Cooler</b>		<b>Wht</b>	<b>M</b>	<b>6Y</b>		<b>ok</b>	<b>A358506</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 3



# INVESTIGATION REPORT

Activity Number: A15-183295

ACD Name & Badge: C. Meek 2015

On 11/24/15 at 1532 hours I Officer Meek badge number 2015 responded to [redacted] Elm in reference to a neglect complaint. I arrived at the address and immediately observed two dogs in the side yard that appeared to be thin. Both dogs were active and barked as I approached them. When I made it to the fence I found them to be extremely emaciated not thin. I made my way to the front door in an effort to meet with the dogs' owner but I was unsuccessful.

While at the residence the Post Office worker arrived to deliver mail. I was advised that she recently returned from an eight week vacation and before she left she noticed the dogs to be thin but recently found them in their condition. I was advised that the mail is picked up at the residence although it does stack up occasionally.

I returned to the front fence line and began photographing the dogs from my vantage point. Initially I was unable to locate a gate to the yard and I made the decision to impound the dogs based on their body condition. I contacted the dispatch department and asked for assistance as I would be making entry into a yard without a gate. While waiting I did feed the dogs approximately half a can of wet cat food and both dogs ate voraciously.

Officer Windower badge number 1984 arrived on scene shortly thereafter and we were able to make entry to the yard by removing the chain-link section of fencing from the walls holding it up. We impounded both dogs without incident and I placed them in my truck and began to walk the yard.

I found the dogs to have shelter available to them in the form of a covered walled patio, inside the patio room there was a couch and dog crates available. I did see a small amount of water available in a small metal container all of which was photographed. I was able to look into the interior of the residence and I did observe human belongings scattered through in addition to a large bag of dry dog food also photographed.

While walking through the yard I did notice that the dogs' solid waste did appear to contain a large amount of human clothing. I photographed some of the waste that I found to contain clothing. After walking the yard I was able to make contact with the treatment staff who advised me to transport the dogs to Pima Animal Care Center for further care. Upon my arrival the dogs were weighed and fluids were given.

On 11/24/15 at 1917 hours I returned to [redacted] Elm to meet with the dog owner in the complaint and to issue citations.

I arrived at the address and was able to meet with Mr. Sean Eamon Vaeth. I asked Mr. Vaeth what happened that led up to the dog's current condition. Mr. Vaeth advised me that he took the dogs from his mother. Mr. Vaeth advised me that the dogs were approximately 6 years old. Mr. Vaeth advised me that the dog Daisy (the thinner of the two) had seen a veterinarian because she was losing weight. Mr. Vaeth advised me that Daisy was seen several months ago but there was no findings as to why the dogs were in that condition. Mr. Vaeth advised me that he would be able to locate the vet records if given some time.

I advised Mr. Vaeth he should make the effort to locate the paperwork for Daisy. I asked if Cooler had seen a vet too. Mr. Vaeth advised me that Cooler had not seen a vet. I advised Mr. Vaeth that the dogs were impounded due to their condition and were currently be seen by PACC veterinary staff to determine why the dogs were in such poor condition. I also advised Mr. Vaeth that I would be issuing him citations for neglect vet care and cruelty. Mr. Vaeth stated he understood and provided me with his AZDL. I issued Mr. Vaeth the citations and explained that with the citations he would need to appear in court and I provided him with the date. Mr. Vaeth stated he understood his need to appear and signed his copy of the citation.

Officer's Signature:

Date: 11/30/15

WC 3

# Pima Animal Care Center



**PIMA COUNTY**

ANIMAL CARE

K15-205819

## MEDICAL HISTORY



<b>NAME</b> DAISY	<b>ANIMAL ID</b> A358505
<b>BREED</b> LABRADOR RETR MIX	<b>WEIGHT</b> 15.40 LBS
<b>COLOR</b> TAN	<b>ESTIMATED DATE OF BIRTH</b> 12/17/2008
<b>SEX</b> SPAYED FEMALE	<b>AGE</b> 6 YRS
<b>MICROCHIP</b> 0A11044F75	

### VACCINATIONS

### SPAY/NEUTER

11/24/15	T15-794542
DHPP 02121655A	
INB 00541339A	

### TREATMENTS/VACCINATIONS (Recorded by the Pima Animal Care Center)

A358505

TREATMENTS/VACCINATIONS (Recorded by the Pima Animal Care Center)

11/24/2015 INTERNAL / OTHER NORMAL T15-794542

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Presented as a confiscates off an officer truck.  
Weight: 17.6 #, Temp: 98.6

BAR.

BCS: 1/9 ( able to see spine, pelvic bones, ribs). Severely emaciated.

Pink, mildly tacky mm. mild delay in skin tent (estimate of 5-7 % dehydration).

H/L: Normal heart sounds, clear lung sounds

EENTO: no ocular or nasal discharge present. No aural debris present. Oral Exam: Severe generalized gingivitis, calculus and tarter. Severe halitosis present.

M/S: generalized muscle wasting present. severe muscle wasting at the level of the temporal muscles.

Diagnostics:

CBC/Chem:

4DX; negative

CBC: lymphopenia (0.7 k)

Chem: Elevated BUN (35) -mild elevation (R/O: dehydration, renal dz), mild decrease in Ca (7.8), mild increase in ALT (158), mild decrease in albumin (2.2)- (R/O: malnutrition, malabsorption, parasites).

UA dipstick results:

USG; 1.050

Gluc, bili, ketones, protien, nitrates, leukocytes: negative.

pH: 7

Results of full body radiographs:

2 view thoracic views; lack of fat around the heart. cardiac silhouette appears to be tall and floating (artifact due to lack of peri-cardial fat).

Pelvic rads: 2-view: WNL, no abnormalites observed.

two view of forelimbs: lateral and a/p: no abnormalites observed.

two view abdominal: lateral and v/d: lack of serosal detail due to lack of fat present.

A:

severe emaciation; (R/O parasites, lack of intake, malabsorptive disorder, neoplasia).

Plan:

Given 300 ml of SQ fluids prior to bloodwork.

Monitor: Refeeding Plan: 90 kcal at each feeding TID. ( 1/2 can of a/d) for 3 days. Then 2/3 can AM feeding and 1/2 can noon and PM feeding x 2 days.

Recheck weight in 3-4 days.

SLR

Medication 1.00 MONITOR 3.00 TIMES/DAY FOR 7.00 DAYS

Medication DHPP 02121655A

Medication INB 00541339A

11/29/2015 INTERNAL / OTHER NORMAL T15-796043

A 358505

**TREATMENTS/VACCINATIONS** (Recorded by the Pima Animal Care Center)

11/29/2015    **INTERNAL / OTHER**    **NORMAL**    T15-796263

WC 3

recheck weight: 15.2 Lbs  
Has lost 2.2 lbs since first presentation on 11/24/15.  
Ate one can of a/d (180 kcal) in AM.

Current sch for refeeding today is as follows: 1 can of A/D (AM feeding), 1/2 can a/d (PM feeding). 1/4 can of costco lamb/rice (PM feeding).  
Feeding sch for 11/30, 11/31 and Dec 1: 1/4 can of costco lamb and rice BID. then recheck weight in 2-3 days.

Will need to bring into azroom and watch eat to insure that the dog is getting the food she is offered. Potential that the other dogs she is kenneled with is eating her portion of food.

Plan:  
Rx; clindamycin 75 mg PO BID x 14 days z(for severe dental disease)  
Recheck weight in 2 days.

SLR  
Medication            1.00 CLINDAMYCIN 75MG JW 2.00 TIMES/DAY FOR 14.00 DAYS

If you or your veterinarian have any questions about the medical treatment your pet has received, please contact our Clinic Staff at (520) 724-5939.

For any other questions, please contact the Pima Animal Care Center via:

**MAIL:**    4000 N. Silverbell Rd  
              Tucson, AZ 85745

**PHONE:** (520) 724-5900  
**FAX:**    (520) 724-5960

W/C 3

# Pima Animal Care Center

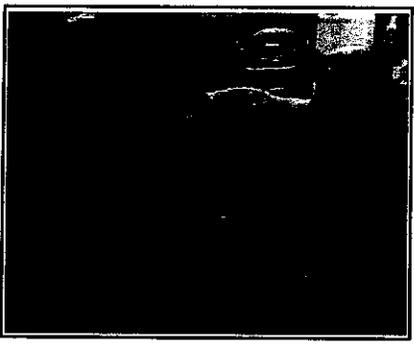


**PIMA COUNTY**

ANIMAL CARE

K15-205817

## MEDICAL HISTORY



<b>NAME</b> COOLER	<b>ANIMAL ID</b> A358506
<b>BREED</b> AUST SHEPHERD MIX	<b>WEIGHT</b> 24.60 LBS
<b>COLOR</b> TAN / WHITE	<b>ESTIMATED DATE OF BIRTH</b> 12/17/2008
<b>SEX</b> NEUTERED MALE	<b>AGE</b> 6 YRS
<b>MICROCHIP</b> 0A11044F75	

VACCINATIONS		SPAY/NEUTER
11/24/15	T15-794544	
DHPP 02121655A		
INB 00541339A		

**TREATMENTS/VACCINATIONS** (Recorded by the Pima Animal Care Center)

A 358 506

TREATMENTS / VACCINATIONS (Recorded by the Pima Animal Care Center)

11/24/2015 INTERNAL / OTHER

NORMAL

T15-794544

WC 3

Presented as a confiscate off an officer truck.  
Weight: 24.6#, Temp: 102.3 F

BAR.

BCS: 1/9 ( able to see spine, pelvic bones, ribs). Severely emaciated.  
Pink, mildly tacky mm. mild delay in skin tent (estimate of 5-7 % dehydration).  
H/L: 3/6 left sided systolic heart murmur. Clear lung sounds  
EENTO: no ocular or nasal discharge present. No aural debris present. Oral Exam: no tartar or calculus observed.  
M/S: generalized muscle wasting present. No muscle wasting at the level of the temporal muscles.

Diagnostics:

CBC/Chem:

4DX; faint positive for e.canis, anaplasma, and lyme disease.

CBC: WNL, no abnormalites observed.

Chem: mild decrease in ALP (16) and mild decrease in amylase (489)

Results of full body radiographs:

2 view thoracic views; lack of fat around the heart. cardiac silhouette appears to be tall (artifact due to lack of peri-cardial fat). Interstitial pattern observed (most likely due to the age of the patient).

Heart was not noted to be enlarged.

Pelvic rads: 2-view: WNL, no abnormalites observed.

two view of forelimbs: lateral and a/p: no abnormalites observed.

two view abdominal: lateral and v/d: lack of serosal detail due to lack of fat present.

A:

severe emaciation; (R/O parasites, lack of intake, malabsorptive disorder, neoplasia).

positive for: e.canis, anaplasma and lyme disease

3/6 left sided heart murmur

Plan:

Given 300 ml of SQ fluids prior to bloodwork.

Monitor: Refeeding Plan: 90 kcal at each feeding TID. ( 1/2 can of a/d) for 3 days. Then 2/3 can AM feeding and 1/2 can noon and PM feeding x 2 days.

Recheck weight in 3-4 days.

Rx: Doxycycline 100 mg PO q 24 x 30 days. (for treatment of lyme, anaplasma, and e.cains)

Monitor: Refeeding Plan: 1/2 can of a/d TID, for 2 days, then 3/4 can AM, 1/2 can BID.

SLR

Medication 1.00 MONITOR 3.00 TIMES/DAY FOR 7.00 DAYS

Medication DHPP 02121655A

Medication INB 00541339A

A 358506

**TREATMENTS/VACCINATIONS** (Recorded by the Pima Animal Care Center)

11/25/2015 INTERNAL / OTHER NORMAL T15-795298

WC3

Received full body rads:  
results:

4DX:  
Positive for e.cainis, anaplasma, and lyme.

Did not eat afternoon feeding.

Rx: Doxycycline 100 mg PO q 24 x 30 days.  
Monitor appetite.

SLR

SLR

Medication 1.00 DOXYCYCLINE JW 1.00 TIMES/DAY FOR 30.00 DAYS

11/29/2015 INTERNAL / OTHER NORMAL T15-796248

recheck weight: 24.6 Lbs  
Has not gained any weight since first presentation on 11/24/15.  
Ate one can of a/d in AM.

Current sch for refeeding today is as follows: 1 can of A/D (AM feeding), 1/2 can a/d (PM feeding). 1/4 can of costco lamb/rice (PM feeding).

Feeding sch for 11/30, 11/31 and Dec 1: 1/4 can of costco lamb and rice BID.

Recheck weight in 2 days.

Will need to monitor weight gain over 4-6 weeks.

SLR

If you or your veterinarian have any questions about the medical treatment your pet has received, please contact our Clinic Staff at (520) 724-5939.

For any other questions, please contact the Pima Animal Care Center via:

**MAIL:** 4000 N. Silverbell Rd  
Tucson, AZ 85745

**PHONE:** (520) 724-5900  
**FAX:** (520) 724-5960

WC 4

<b>INVESTIGATION REPORT</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 <b>Michael Frank Bravo</b>				ACD NAME / BADGE # <b>T. Foster #2042</b>		ACTIVITY/BITE NUMBER <b>A15-178266</b>		
	SUSPECT'S ADDRESS <b>28th Street</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/>		OTHER <input type="checkbox"/>		
	CITY <b>Tucson</b>		STATE <b>AZ</b>	ZIP <b>85713</b>	RESIDENCE PHONE NUMBER <b>520-</b>		CI <input checked="" type="checkbox"/> CD <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>STUC</b>		
	SUSPECT'S BUSINESS ADDRESS <b>UNK</b>				CITY <b>N/A</b>		STATE <b>N/A</b>		
	CITY <b>N/A</b>		STATE <b>N/A</b>	ZIP <b>N/A</b>	BUSINESS PHONE NUMBER <b>N/A</b>		DRIVERS LICENSE		
	SEX	WEIGHT	HEIGHT	EYES	HAIR	ORIGIN	DOB	SOCIAL SECURITY NUMBER <b>Not Asked</b>	
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				LOCATION OF INCIDENT <b>4000 N Silverbell Rd</b>		DATE AND TIME OF INCIDENT <b>09/03/15 13:12</b>		DATE AND TIME REPORTED <b>09/03/15 15:00</b>	
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input 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) <input type="checkbox"/>				VICTIM/COMPLAINANT NAME <b>Dr. Jennifer Wilcox DVM</b>		DATE OF BIRTH <b>N/A</b>		RESIDENCE PHONE <b>N/A</b>	
BUSINESS PHONE <b>520-724-5971</b>				VICTIM'S ADDRESS <b>N/A</b>		CITY <b>N/A</b>		STATE <b>N/A</b>	
ZIP <b>N/A</b>				VICTIM'S BUSINESS ADDRESS <b>4000 N Silverbell Rd</b>		CITY <b>Tucson</b>		STATE <b>AZ</b>	
ZIP <b>85713</b>				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 <b>N/A</b>	
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)				OTHER AGENCY CASE # <b>N/A</b> <input type="checkbox"/> SHERIFF DEPT <input type="checkbox"/> TUCSON POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER: <b>N/A</b>		FOLLOW UP REQUEST <input type="checkbox"/> SD <input type="checkbox"/> TPD <input type="checkbox"/> OTHER: <b>N/A</b>			
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM				<input type="checkbox"/> VIOLATION		BITE SEVERITY: <b>N/A</b>		TREATED BY <b>N/A</b>	
RELATIONSHIP TO VICTIM				<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: <b>N/A</b>		PHONE NUMBER <b>N/A</b>	
PHONE NUMBER				VET CLINIC <b>N/A</b>		PHONE NUMBER <b>N/A</b>		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAWFUL REPRESENTATIVE ADDRESS				CLINIC'S ADDRESS <b>N/A</b>		QUARANTINE (DAYS) 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD# <b>N/A</b>	
3 <sup>rd</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				CITING ACD <b>#2042</b>		PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER <b>A15-165129</b>	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE				CODE/ORD VIOLATED <b>4-3(2)(D)-TUC; 3-81 &amp; 3-76 STUC</b>		OTHER ADDITIONAL REPORTS <b>See Attached</b>			
CITATIONS/NUMBERS <b>#74594 (A) Tuc; #74595 (A-E) #74596 (A)</b>				REVIEWED BY <b>DTK/1911</b>					
BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				BREED/DESCRIPTION		ANIMAL'S NAME		COLOR	
SEX		AGE		LICENSE #		CONDITION		ANIMAL ID#	
M <input checked="" type="checkbox"/> F <input type="checkbox"/>		DOB <b>N/A</b>		ADDRESS <b>4000 N Silverbell Rd</b>		RESIDENCE PHONE # <b>N/A</b>		BUSINESS PHONE # <b>520-724-5900</b>	
M <input type="checkbox"/> F <input checked="" type="checkbox"/>		DOB <b>N/A</b>		ADDRESS <b>4000 N Silverbell Rd</b>		RESIDENCE PHONE # <b>N/A</b>		BUSINESS PHONE # <b>520-724-5900</b>	
M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #	
M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #	
M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #	

BREED/DESCRIPTION	VICTIM OWNER	ANIMAL'S NAME	COLOR	SEX	AGE	LICENSE #	CONDITION	ANIMAL ID#
Maltese-X	<input checked="" type="checkbox"/>	Hazel	White	F	Adult	None	Normal	A542271
Maltese-X	<input checked="" type="checkbox"/>	Rosie	Fawn	F	Adult	None	Normal	A542272
Toy Poodle-X	<input checked="" type="checkbox"/>	Chuchi	Red	F	Adult	None	Normal	A542273
Maltese-X	<input checked="" type="checkbox"/>	Jemma	White	F	6Yr	None	Poor	A533044
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							



WC 4

## INVESTIGATION REPORT

Activity Number: A15-178266

ACD Name & Badge: T. Foster #2042

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09/03/15 13:12 hours Mr. Michael Bravo brought a Maltese type mixed breed dog named Jemma to Pima Animal Care Center for humane euthanasia services. Mr. Bravo reported to the staff that the dog had had seizure like behavior the previous night, a limp but was unsure of what leg, and what he described as a cataract on one of her eyes. After Mr. Bravo left the facility the Chief of Veterinary Services for PACC examined Jemma and after which she concluded that in her medical opinion, Mr. Bravo had neglected to provide adequate veterinary care to maintain Jemma's health and as a result of her untreated conditions she suffered unnecessarily. Dr. Wilcox then contacted Enforcement Supervisor N. Konst #2002 and requested that he come review the case and the dog's condition. After meeting with Dr. Wilcox, Supervisor Konst assigned Officer D. Hinte #2068 to the case.

09/03/15 15:00 Officer D. Hinte 2068, met with Dr. Wilcox DVM at Pima Animal Care Center regarding Jemma, A533044. Jemma had been relinquished by owner Michael Bravo (P212704), who requested that the dog be euthanized. Dr. Wilcox examined Jemma, who she determined is approximately 6 years old, and found several serious health concerns that appeared to have gone untreated.

Jemma had severely matted fur covering her whole body. The area around her anus was so badly matted that it was difficult for her to defecate normally. The dog was so underweight that Officer Hinte could feel all of dog's the rib bones, spine, hips bones, etc through the mats. Jemma's right eye appeared to be protruding from the socket and was possibly infected and/or not functional. Dr. Wilcox stated that her blood work indicated that Jemma had a serious case of Valley Fever. Officer Hinte then took several photographs of Jemma's condition.

The owner reported to staff upon intake that the dog had not been seen by a vet since being spayed. Officer Hinte contacted Santa Cruz Vet Clinic on PACC recorded line 45956 and requested the records for Jemma's last visit. She was informed she was last seen on 1/29/14 when she was spayed. Officer Hinte also received a copy of the record via fax. The records noted that the owner had declined routine vaccinations, including rabies vaccinations at the time of the spay surgery.

At that point the decision was made that citations needed to be issued to Michael Bravo for neglect of vet care.

11/29/15 19:11 I, Officer Foster #2042 arrived at 28th Street in reference to a third party request for citations regarding the alleged neglect of Veterinary care for a Maltese type mix named Jemma, A533044. I knocked on the front door and was met by Mr. Bravo's wife. As I approached the fenced yard I observed two small breed dogs, one white or mostly white dog that appeared to be a Poodle or Maltese type mix, the other was a small medium coated fawn and white dog. I stated my name and the reason for my visit and asked to speak to Michael Bravo. She went inside and returned with Mr. Bravo. I asked to see a copy of his Driver's License. He then went inside and returned with his ID and a third small dog followed him outside. The small dog that came outside was a red curly coated dog that appeared to be a poodle type mix, who Mrs. Bravo called Chuchi. Mrs. Bravo also stated that the little white dog and the little fawn colored dog are Jemma's adult off-spring and their names were Hazel and Rosie. I asked to see proof of license and vaccinations for the three small dogs and they advised me that none have current shots. Mrs. Bravo did tell me that all of their big dogs are licensed.

Officer's Signature: *see attached*

Date:



WC 4

**INVESTIGATION REPORT CONTINUATION**

Activity Number: A15-178266

ACD Name & Badge: T. Foster #2042

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I then Mr. Bravo if he had any veterinary records for Jemma, and if not, could he explain why she had not been seen by a veterinarian prior to bringing her to PACC. He and his wife told me that they simply could not afford vet care and that was the only reason the dog had not been seen or treated.

I explained that based on what they told me that night combined with the reporting vet's findings that I would be issuing a citation for Neglect of Vet care to Mr. Bravo. Mr. Bravo then became quite upset and right away told me that he would not sign anything under any circumstance. He went on to demand to know what gave me the right to appear at his house at 19:00 hours on a Sunday night to discuss such a "menial and trivial" matter. He then asked me why I did not have anything better to do than to harass good people who love their pets and simply cannot afford the cost of veterinary services. I explained that I was simply performing my job duties as required and that I had not personally seen the dog known as Jemma but that the attending vet at Pima Animal Care Center felt quite strongly that the animal had been neglected in the weeks or months leading up to her being brought to PACC to be put to sleep. Mr. Bravo continued to rant about PACC not responding when they are called to investigate real crimes while his wife attempted to calm him.

I then explained that I was going to return to the PACC truck to complete the citations. I went on to say that I hoped Mr. Bravo would rethink his position on signing the citations because I would have no choice but to request Police assistance and they would compel him to sign, even if it meant arresting him to accomplish the task. I then went to the PACC truck and completed the Neglect of Vet care citation for the City of Tucson since the alleged violation occurred within city limits. I then did a records search of Mr. Bravo's address and found three adult female Pit Bulls licensed to him but no other dogs. As a result I issued citations for No-License and No Rabies vaccination for the three small dogs into South Tucson City Court. When I returned to the house Mr. Bravo apologized for being rude and defensive earlier and agreed to sign his citations. I thanked him for his apology but told him it was unnecessary because I understood that situations like this can be very emotional. Mr. Bravo then acknowledged, signed and accepted his copies of all the citations. He was given both court dates, times, and locations. I then thanked the couple for their time and cooperation.

Before leaving Mr. and Mrs. Bravo's home I provided them with resources for obtaining low/no cost vet care that is available through a local grant program as well as information on obtaining vaccines and licenses prior to Mr. Bravo's court date.

Officer's Signature: *S. Foster #2042*

Date: *11/30/15*

WE 4

# Pima Animal Care Center



K15-199288

## MEDICAL HISTORY



NAME JEMMA	ANIMAL ID A533044
BREED MALTESE MIX	WEIGHT 6.90 LBS
COLOR WHITE	ESTIMATED DATE OF BIRTH 09/03/2009
SEX SPAYED FEMALE	AGE 6 YRS
MICROCHIP	

VACCINATIONS			SPAY/NEUTER			
DATE	ORDERED BY	TREATMENT NO.	DATE	VISIT TYPE	COMPLETED BY	TREATMENT NO.
10/13/15	RABIES S516082C	T15-773310 <i>Dr. Jennifer Wilcox D.V.M.</i>				
10/13/15	DHPP 02121651B	T15-773570				

### TREATMENTS/VACCINATIONS (Recorded by the Pima Animal Care Center)

DATE	TYPE / REASON	VETERINARIAN	TREATED BY	TREATMENT NO.
09/03/2015	INTERNAL	OTHER		T15-750999
<p>wt= 6.4# BCS 2/9            BG=184. Altered mentation (owner reports "stroke" yesterday) but brighter once hair clipped from in front of visual eye OS.            Chronically proptosed globe OD with episcleral injection (blind OD). Mod tartar. Severely matted to the skin over trunk, limbs, ears with feces adhered to perineum. Palpable spay steel sutures.</p> <p>4Dx negative            CBC: Moderate neutrophilia= 21K, moderate monocytosis= 2500, elevated platelets= 591K            Chem: Elevated total protein= 9.9; hyperglobulinemia= 7.5</p> <p>P: Shaved down. Monitor for seizures. Submitted serum for VF. Will need enucleation OD. Asked enforcement to follow up with previous owner re: lack of vet care and basic husbandry for months.</p> <p>Treatment TEST 4DX NEGATIVE</p>				

**TREATMENTS/VACCINATIONS** (Recorded by the Pima Animal Care Center)

DATE	TYPE//REASON	VETERINARIAN	TREATED BY	TREATMENT NO.
09/13/2015	INTERNAL / OTHER	NORMAL		T15-756640
<b>WC 4</b>	<p>Brought in by foster for seizure activity. Reported to have several seizures yesterday. Eating well per foster. Owners who brought her in for OPTS reported that she had had a "stroke" the day previous.</p> <p>Brought in lateral having tremors in hindlimbs. Was given 0.5 mg/kg Diazepam rectally. Given 0.3 ml rectally. M/S: muscle wasting of the left forelimb. Foster reports that the dog does not use the forelimb to walk. H/L; WNL</p> <p>ate well while in hosp. Had no seizure activity. Repeat bloodwork: moderate non-regenerative anemia HCT (24.4 %) leukocytosis( 17.4 k), neutrophilia (12.35 k), monocytosis (1.73 k), decreased creatinine (0.3 k), hyperglobulinemia (4.9)</p> <p>A: persistent monocytosis and hyperglobulinemia.</p> <p>P: started on phenobarbital 16 mg PO q 24 ( gave first dose here). Sent a two week supply with adopter. Rx: diazepam (5 mg/ml): Two syringes with 0.3 ml. give rectally if having a seizure. bring dog back in if she continues to seizure. valley fever titer pending.</p> <p>SLR.</p>			
09/14/2015	INTERNAL	OTHER		T15-757373
	<p>VF titer = 1:8 at AzVDL. Given hx, P: start fluconazole 30mg BID x 30days then recheck weight and possibly bloodwork. JW</p>			
10/13/2015	INTERNAL	OTHER		T15-773310
	<p>wt=6.8# Cornea obscured by scar OD. Nonweight bearing left forelimb; limited weight bearing right hindlimb. On fluconazole and phenobarbital. Medication RABIES S516082C</p>			
10/13/2015	INTERNAL	OTHER		T15-773330
	<p>wt=6.8# BAR and lame on left forelimb and right hindlimb. Cornea OD heavily scarred. Sedated for rads with DexDom. Enthesophyte present at anterior aspect left elbow/radius. Proliferative, expansile bone lesion at distal radius. Left greater trochanter has punctate lesions. Unable to fully visualize right coxofemoral joint. Suspect luxation and chronic femoral head necrosis. Dog is painful/reactive with hip extension.</p> <p>A: Continue fluconazole and phenobarbital, adding rimadyl for orthopedic pain. P: Ultimately, will need enucleation OD, possible FHO recommended for Right hindlimb JW Medication 0.25 RIMADYL 25MG JW 2.00 TIMES/DAY FOR 30.00 DAYS</p>			
10/13/2015	INTERNAL / VACCINATION	NORMAL		T15-773570
	<p>booster Medication DHPP 02121651B</p>			

If you or your veterinarian have any questions about the medical treatment your pet has received, please contact our Clinic Staff at (520) 724-5939.

For any other questions, please contact the Pima Animal Care Center via:

WC 4

**MAIL:** 4000 N. Silverbell Rd  
Tucson, AZ 85745

**PHONE:** (520) 724-5900

**FAX:** (520) 724-5960

**Pima County Animal Care Advisory Committee Welfare Cases Comment Page**

Welfare Cases - November 2015

1. A15-170470

2. A15-182333

3. A15-183295

4. A15-178266

5.

6.

7.

8.

9.

10.

**Committee Member:** \_\_\_\_\_



**PIMA COUNTY HEALTH DEPARTMENT**  
**PIMA ANIMAL CARE CENTER**  
4000 N. SILVERBELL RD • TUCSON, AZ 85745  
(520) 724-5900 FAX (520) 724-5960  
[www.pimaanimalcare.org](http://www.pimaanimalcare.org)

## MEMORANDUM

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**TO:** Marcy Flanagan, Deputy Director Health Department  
**FROM:** Neil Konst, Animal Care Field Supervisor  
**DATE:** 09/02/15  
**RE:** Dangerous Dog Cases for Aug 2015

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**Pima:**

1. A14-162676 Young; dogs named Daisy and Peanut were declared dangerous by Investigator Eckelbarger who is monitoring compliance. A Dangerous Dog Assessment was requested by Pima County Justice Court.

**Marana:**

2. A15-177342 Miranda; dog named Tucker was declared dangerous by Investigator Eckelbarger who is monitoring compliance.

**Tucson:**

3. A15-176159 Stewart; dogs named Bubba and Odessa were declared dangerous by Investigator Eckelbarger who is monitoring compliance.
4. A15-173282 Rubio; dog named King was declared dangerous by Investigator Eckelbarger who is monitoring compliance.
5. A15-176814 Avita; a dog named Shadow was declared not dangerous by Investigator Eckelbarger.



INVESTIGATION REPORT		SUSPECT				ACO NAME / BADGE #		COMPLAINT NUMBER			
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		<b>Chantelle Young</b> SUSPECT'S ADDRESS				<b>1942 Eckelbarger</b>		<b>A14-162676</b>			
		ZIP _____ CITY _____ STATE _____ RESIDENCE PHONE NUMBER _____				BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		CODE IF OTHER : <b>Dog on Dog attack</b>			
		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 _____				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>12-27-14 / 0904</b>		DATE AND TIME OCCURRED <b>12-27-14 / 0700</b>			
<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 _____		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 _____		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: _____			
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input checked="" type="checkbox"/> VIOLATION		BITE SEVERITY: _____		TREATED BY _____ PHONE NUMBER _____		DATE QUARANTINED _____			
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"/>			
PHONE NUMBER _____		VET CLINIC <b>Marana Veterinary Clinic</b>		RELEASE DATE: _____		FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>		PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>			
LAWFUL REPRESENTATIVE ADDRESS _____		CLINIC'S ADDRESS <b>13800 N. Lockett Rd</b>				QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD# _____			
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE _____		3 <sup>RD</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO <b>1942 Eckelbarger</b>		PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER <b>A14-145819</b>			
CODE/ORD VIOLATED <b>6.04.120 (B)(2), 6.04.030</b>		CITATIONS/NUMBERS <b>74520 (A-D)</b>		OTHER ADDITIONAL REPORTS <b>A14-149030</b>		REVIEWED BY <b>2002 KONST 4-2</b>		BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME		COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Pit-bull	VICTIM <input type="checkbox"/>	Daisy	Tan/white	F	4yr			L14-219955		Ok	A474905
	OWNER <input checked="" type="checkbox"/>										
Pit-bull	VICTIM <input type="checkbox"/>	Peanut	Black/white	F	3yr			L14-219956		Ok	A474907
	OWNER <input checked="" type="checkbox"/>										
	VICTIM <input type="checkbox"/>										
	OWNER <input type="checkbox"/>										
Husky/shep mix	VICTIM <input checked="" type="checkbox"/>	Alaska	Black/tan	F	A			L14-234562		I	A495999
	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 #		BUSINESS PHONE #		
WITNESS 2	M <input checked="" 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 #		

# 1



## INVESTIGATION REPORT

Activity Number: A14-162676

ACO name & Badge: 1942 Eckelbarger

---

On 4-1-15 at 0830 hours I Investigator Eckelbarger (1942) responded to [redacted] where I met with complainant, [redacted], who stated on 12-27-14 at approximately 0700 hours she heard her dog "Alaska" screaming in the front yard. Her mother, [redacted], her mother's fiancé [redacted], and she ran outside to find Alaska being attacked by two pit-bulls through their fence. She stated that the neighbors tan and white pit-bull and black and white pit-bull from [redacted] were attacking Alaska. One dog had Alaska's snout and the other had hold of Alaska's paw. They then yelled at the dogs and threw bricks at the attacking dogs until they let go of Alaska and ran back home. Ms. [redacted] stated the attacking dogs have gotten loose repeatedly in the past. Ms. [redacted] requested citations and restitution for the incident.

She stated they took Alaska to the Marana Veterinary Clinic for treatment. Ms. [redacted] showed me photographs of Alaska's injuries. I could see a cut/gash on the nose of the dog and some redness/wounds on the paw. While we were standing on Ms. [redacted] front porch, Ms. [redacted] identified both attacking dogs "Peanut" and "Daisy" while they were in their own backyard.

I then responded to [redacted] where I met with the attacking dogs' owner, Chantelle Young (DOB [redacted]). I advised her of the report and she was aware that both her dogs "Peanut" (black and white pit-bull) and "Daisy" (tan and white pit-bull) used to have a problem getting out loose from her backyard by digging under the fence. She stated that lately they have been keeping the dogs indoors at night and that has eliminated the problem. She stated that they are in the process of purchasing hot wire to line the perimeter of the property. I took photographs of Peanut and Daisy. Both dogs current on license and rabies vaccinations. I then cited Ms. Young for biting animal-dog on dog and leash law on both Daisy and Peanut under County jurisdiction. Ms. Young signed and received her copies of the citations.

Officer's Signature:

 1942

Date: 4-2-15

#1



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

CASE NO: A15-177132  
OWNER: Chantelle Young  
ANIMAL NAME: Peanut

ADDRESS: \_\_\_\_\_  
SEX: F BREED: Pitbull  
COLOR: Black/white DATE: 8-20-15

**EVALUATION CRITERIA**

**REPORTED BITES:**

NON-VIOLATION BITE + 3 \_\_\_\_\_  
VIOLATION-BITE + 6 \_\_\_\_\_

**SEVERITY OF INJURY TO HUMANS:**

(Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**CONFINEMENT MEASURES: (Check one factor only)**

(Primary Method of Confinement at the time of the incident)

SECURE FENCE/WALL AND GATES - 5 \_\_\_\_\_  
INADEQUATE FENCING OR GATES + 5 +5

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

REPAIRED DEFICIENT CONFINEMENT - 3 -3  
ANIMAL IS NEUTERED / SPAYED - 1 -1  
OWNER AWARE OF ANY AGGRESSION + 1 \_\_\_\_\_  
OWNER FAILED TO REPAIR CONFINEMENT + 5 \_\_\_\_\_  
CURRENTLY LICENSED LIC # 15-2A956 - 1 -1  
NO CURRENT LICENSE + 1 \_\_\_\_\_  
NO CURRENT RABIES VACCINATION + 1 \_\_\_\_\_

**NEIGHBOR COMMENTS (Scored by Majority Opinion):**

(Two or More Neighbors Interviewed)

ANIMAL NEVER OBSERVED AT LARGE - 3 \_\_\_\_\_  
ANIMAL NOT OBSERVED AGGRESSIVE - 3 \_\_\_\_\_  
ANIMAL OBSERVED AT LARGE <5X/YR + 1 \_\_\_\_\_  
ANIMAL OBSERVED AT LARGE >5X/YR + 2 +2  
ANIMAL OBSERVED BEING AGGRESSIVE + 2 +2

**DOGS BEHAVIOR: (If Observed by Officer)**

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

**Confinement / Fencing:**

Owner has fencing appx 4.5-5.5 feet tall of varying heights. There is a hotwire perimeter around majority of fence line w/ one gate leading into yard.

**General Comments:**

The dog "Peanut" scored a +28 and is therefore declared dangerous at this time.

OFFICER # 1942 Edeebarger

TOTAL SCORE: +28

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

0 DANGEROUS  
\_\_\_\_ NOT DANGEROUS

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

# 1



PIMA COUNTY ANIMAL CARE

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

CASE NO: A15-179132
OWNER: Chantelle Young
ANIMAL NAME: Daisy

ADDRESS:
SEX: F BREED: Pit-bull
COLOR: tan/white DATE: 8-20-15

EVALUATION CRITERIA

REPORTED BITES:

NON-VIOLATION BITE +3
VIOLATION-BITE +6

SEVERITY OF INJURY TO HUMANS:

(Check One Factor Only Per Victim)

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

Animal Complaints or Violations:

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

SEVERITY OF INJURY TO ANIMALS:

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

CONFINEMENT MEASURES: (Check one factor only)

SECURE FENCE/WALL AND GATES -5
INADEQUATE FENCING OR GATES +5

OWNER ACCOUNTABILITY / RESPONSIBILITY:

REPAIRED DEFICIENT CONFINEMENT -3
ANIMAL IS NEUTERED / SPAYED -1
OWNER AWARE OF ANY AGGRESSION +1
OWNER FAILED TO REPAIR CONFINEMENT +5
CURRENTLY LICENSED LIC # 15-219955 -1
NO CURRENT LICENSE +1
NO CURRENT RABIES VACCINATION +1

NEIGHBOR COMMENTS (Scored by Majority Opinion):

ANIMAL NEVER OBSERVED AT LARGE -3
ANIMAL NOT OBSERVED AGGRESSIVE -3
ANIMAL OBSERVED AT LARGE <5X/YR +1
ANIMAL OBSERVED AT LARGE >5X/YR +2
ANIMAL OBSERVED BEING AGGRESSIVE +2

DOGS BEHAVIOR: (If Observed by Officer)

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

Confinement / Fencing:

Owner has fencing approx 4.5 to 5.5 feet tall of varying heights. There is a hot wire perimeter around majority of fence line where gate leading into yard.

General Comments:

The dog "Daisy" scored a +28 and is therefore declared dangerous at this time.

OFFICER # 1942 Edcelberger

TOTAL SCORE: +28

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

DANGEROUS
NOT DANGEROUS

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

STATE OF ARIZONA VS. YOUNG, CHANTELE JAELYN	<b>TRAFFIC &amp; CRIMINAL                  MINUTE ENTRY                  ORDER AND JUDGMENT</b> Animal Welfare Trial - 8/13/2015 - 3:00 PM <input type="checkbox"/> 9.1 Advised <input checked="" type="checkbox"/> Jury Trial Right	CASE NO. CR15-506263-MI <input checked="" type="checkbox"/> JUVENILE <input checked="" type="checkbox"/> ACCOUNT IN COLLECTION <input checked="" type="checkbox"/> SPECIALTY COURT
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**PRESENT:**  Defense Attorney       County Attorney ASHLEY SCHNEIDER  
 Interpreter    Defendant    Waived    Victim    Parent    Officer    Other

Statute Number	Description	Plea / Finding	Dismiss with/without prejudice	Fine/Civil Sanction	Amount with proof
6.04.120.B2	VICIOUS ANIMAL-BITING	Adjudicated Guilty	<input type="checkbox"/> <input type="checkbox"/>	\$250.00	\$150.00
6.04.120.B2	VICIOUS ANIMAL-BITING	Adjudicated Guilty	<input type="checkbox"/> <input type="checkbox"/>	\$250.00	\$150.00
6.04.030	DOG AT LARGE	Adjudicated Guilty	<input type="checkbox"/> <input type="checkbox"/>	\$250.00	\$150.00
6.04.030	DOG AT LARGE	Adjudicated Guilty	<input type="checkbox"/> <input type="checkbox"/>	\$250.00	\$150.00
			<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>		

<b>YOUR NEXT COURT DATE IS:</b>	<b>TOTAL</b>	\$ 1000.00	\$ 600.00
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ANIMAL WELFARE REVIEW HEARING on Thursday, November 05, 2015 at 1:30 PM lasting 1 minute.

**DIVERSION OPTION:**

**DEFENDANT IS ORDERED TO:**

UNSUPERVISED PROBATION for 12 month(s) beginning today and ending on Saturday, August 13, 2016.

**DEFENDANT IS ORDERED TO SHOW:**

Complete 4 ACE Program at Perception and suspend \$500.00 sessions and show proof by Friday, November 13, 2015.

**DEFENDANT IS ORDERED TO: Make monthly payments of \$ 50.00 beginning Tuesday, October 13, 2015.**

Fines: \$ 1000.00   JCEF Time Payment Fee: \$ 20.00   Restitution: \$ 313.90   Total Fines and Fees: \$ 1333.90

*(NOTE: Failure to pay may result in collection costs and suspension of your driver's license)*

**IT IS FURTHER ORDERED**

Def. currently owns five dogs, two cats and a snake. Def. to ensure that all means of escape of dogs are sealed. Def. ordered to call PACC to schedule a "Dangerous Dog Assessment."

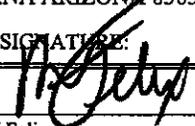
(CONTINUED ON NEXT PAGE)

**Release Agreement Statement:** I promise to comply with my release conditions, including the standard conditions listed on the back of this form. I understand I have the right to be present at my trial and other proceedings in my case, and that if I fail to appear, the trial or proceedings may be held without me, any bond posted may be forfeited and a warrant may be issued for my arrest. I promise to notify the court immediately, in writing, of any change in my current address.

**Statement of Understanding:** I hereby acknowledge receipt of a copy of the foregoing order. I understand that if I violate any of these orders, the Court may issue a warrant for my arrest and order me to jail pending further proceedings. If I have been placed on probation, the Court may revoke and terminate my probation and impose sentence in accordance with the law. I promise to notify the court immediately, in writing, of any change in my current address.

DEFENDANT'S ADDRESS: 17120 W PLACITA RODRIGQ MARANA ARIZONA 85653

TELEPHONE: 520-301-7742

DEFENDANT'S SIGNATURE: 

DATE: Thursday, August 13, 2015

JUDGE: \_\_\_\_\_  
 Hon. M Felix       Pro Tem       Hearing Officer

STATE OF ARIZONA

VS.

YOUNG, CHANTELE JAELYN

TRAFFIC & CRIMINAL

MINUTE ENTRY

ORDER AND JUDGMENT

Animal Welfare Trial - 8/13/2015 - 3:00 PM

ADDENDUM Page 2 of 2

CASE NO. CR15-506263-MI

JUVENILE

ACCOUNT IN COLLECTION

SPECIALTY COURT

IT IS FURTHER ORDERED: (CONTINUED FROM PREVIOUS PAGE)

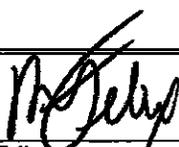
ANIMAL WELFARE COURT SENTENCE: It is ordered that PACC randomly check defendant's property for compliance and Def. is ordered not to acquire ownership of any new animals during probation period nor care for anyone else's animals. Fines to be paid to Pima County Consolidated Justice Court and then distributed to PACC pursuant to Pima County Code 6.04.050B.

PERCEPTION COUNSELING: Def. to enroll at Perception Counselling to complete the treatment as ordered. Perception Counselling is the sole provider in Pima County for animal welfare treatment. Counselling in Spanish available.

DATE: Thursday, August 13, 2015

JUDGE:

Hon. M Felix



Pro Tem

Hearing Officer

#2

**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 <b>Mario Jesus Miranda</b>		ACO NAME / BADGE # <b>T. Haynes #2032</b>	COMPLAINT NUMBER <b>A15-177342</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>None Given</b>		CI <input type="checkbox"/> CO <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Marana</b>	
ZIP	CITY	STATE	BUSINESS PHONE NUMBER
SEX	WEIGHT	HEIGHT	EYES
			HAIR COLOR
			ORIGIN
DRIVERS LICENSE		DOB	SSN

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

LOCATION OF INCIDENT	DATE AND TIME REPORTED <b>08/20/15 / 0422 hours</b>	DATE AND TIME OCCURRED <b>08/20/15 / 0400 hours</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 checked="" type="checkbox"/> <b>LL/Attempt to Bite</b>

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 <b>85743</b>	CITY <b>Tucson</b>	STATE <b>AZ</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 type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <b>1508-0690</b> <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input checked="" type="checkbox"/> OTHER: <b>Marana</b>	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	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"/>

LAWFUL REPRESENTATIVE ADDRESS

CLINIC'S ADDRESS	QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	<input type="checkbox"/> FRA HEAD#
3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO <b>Konst #2002</b>	PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		PREVIOUS CASE NUMBER <b>A15-174038</b> <b>A15-174806</b>
		OTHER ADDITIONAL REPORTS <b>A15-173768</b>

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

CODE/ORD VIOLATED <b>6-3-1, 6-5-2(A)</b>	REVIEWED BY <b>9-21-15 JC</b>
CITATIONS/NUMBERS <b>74271</b>	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#
Old English Bulldog VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Tucker	White/Brown	M	10 Mo		None		Agg	A525032
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

WITNESS 1	M <input 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 #

# 2



## INVESTIGATION REPORT

Activity Number: A15-177342

ACO name & Badge: T. Haynes #2032

On August 20, 2015 at approximately 0450 hours I arrived at the \_\_\_\_\_ er and found that the Marana Police Officers had relocated to \_\_\_\_\_ her. The officers had the dog, Tucker, a medium, male, white/brown, Old English Bulldog, corralled in front of this address. The dog was barking, charging, snarling and snapping at the officers. He continued with this aggressive behavior as I approached him with my catch pole.

After several minutes of chasing the dog around vehicles I was finally able to capture him with the catch pole. With the assistance of the officers I was able to impound the dog without incident.

After placing the dog on my truck, I met with Marana Police Officer Smith (1508-0690) and advised that the dog was going to be taken to Pima Animal Care Center and that the dog owner would have to come into the facility to redeem the dog. I advised the officer that we had had multiple complaints about the dog and over the past two months we have responded to the address on three separate occasions, and have cited the owner on two of those occasions for leash law violations and no license.

The officer told me that he had been advised by neighbors that the dog is out on a daily basis and that the neighborhood children do not feel safe walking down the street because of how aggressive the dog is.

I posted a Notice of Impound on the front gate advising the owner that the dog was at PACC and he could be redeemed there.

As I was preparing to leave, the original complainant, \_\_\_\_\_, approached me and said that at approximately 0400 hours this morning, he was walking his Chihuahua, on leash, down the street, when the white dog ran out after him. \_\_\_\_\_ said that the dog came within three feet of him barking, snapping, snarling and lunging toward him. Mr. \_\_\_\_\_ said that he swung his walking cane at the dog to keep it away. He stated that he was in fear for his life due to the actions of this dog. He would like citations issued for leash law and biting animal (attempt to bite) to the dog owner if the owner redeems the dog.

Previously, the dog was able to push the gate open, now he is tearing the wrought iron bars off of the gate to get out. Due to his increasing aggression and multiple complaints a DD Hold is being placed on the dog.

On August 20, 2015 dog owner Mario Miranda came to the Pima Animal Care Center to redeem Tucker. Mr. Miranda met with Supervisor Konst #2002 who issued citation #74271 into Marana City Court for third party leash law and biting animal (attempt to bite). Mr. Miranda stated his girlfriend had let the dog out into the front yard early that morning. Supervisor Konst explained that Tucker would be held while a Dangerous Dog assessment was done on Tucker. Mr. Miranda stated he understood the citation, court date and the dangerous dog investigation.

Officer's Signature: *T. Haynes #2032*

Date: 08.20.15

#2

A528058  
P374029



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

CASE NO: A15-177422  
OWNER: Mario Miranda / Jordan Miller  
ANIMAL NAME: Tucker

ADDRESS: \_\_\_\_\_  
SEX: male BREED: English Bulldog  
COLOR: white/brown DATE: 8-24-15

**EVALUATION CRITERIA**

**REPORTED BITES:**

NON-VIOLATION BITE + 3 \_\_\_\_\_  
VIOLATION-BITE + 6 \_\_\_\_\_

**SEVERITY OF INJURY TO HUMANS:**

(Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

LEASH LAW CITATIONS + 2 +2 +2  
LEASH LAW COMPLAINTS + 1 +1 +1  
ATTEMPTED BITE CITATIONS + 2 +2  
ANIMAL ATTACK CITATIONS + 3 \_\_\_\_\_  
OTHER CITATIONS / OR COMPLAINTS + 1 +1 +1 (N/C/NRV)

**SEVERITY OF INJURY TO ANIMALS:**

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

**CONFINEMENT MEASURES: (Check one factor only)**

(Primary Method of Confinement at the time of the incident)

SECURE FENCE/WALL AND GATES - 5 \_\_\_\_\_  
INADEQUATE FENCING OR GATES + 5 +5

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

REPAIRED DEFICIENT CONFINEMENT - 3 -3  
ANIMAL IS NEUTERED / SPAYED - 1 \_\_\_\_\_  
OWNER AWARE OF ANY AGGRESSION + 1 +1  
OWNER FAILED TO REPAIR CONFINEMENT + 5 \_\_\_\_\_  
CURRENTLY LICENSED LIC # 15825314 - 1 -1  
NO CURRENT LICENSE + 1 \_\_\_\_\_  
NO CURRENT RABIES VACCINATION + 1 \_\_\_\_\_

**NEIGHBOR COMMENTS (Scored by Majority Opinion):**

(Two or More Neighbors Interviewed)

ANIMAL NEVER OBSERVED AT LARGE - 3 \_\_\_\_\_  
ANIMAL NOT OBSERVED AGGRESSIVE - 3 \_\_\_\_\_  
ANIMAL OBSERVED AT LARGE <5X/YR + 1 +1  
ANIMAL OBSERVED AT LARGE >5X/YR + 2 \_\_\_\_\_  
ANIMAL OBSERVED BEING AGGRESSIVE + 2 +2

**DOGS BEHAVIOR: (If Observed by Officer)**

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

**Confinement / Fencing:**

6 foot black wall

**General Comments:**

The dog "Tucker" scored a +18 and is therefore declared dangerous at this time.

OFFICER # 1942 Eckelberger

TOTAL SCORE: +18

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

0 DANGEROUS  
NOT DANGEROUS

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

# #3

**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 <b>Shani Kamaria Stewart</b>				ACO NAME / BADGE # <b>Robert Tovar 2021</b>		COMPLAINT NUMBER <b>A15-176159</b>	
SUSPECT'S ADDRESS				BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS <b>Refused</b>				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT	DATE AND TIME REPORTED <b>07/29/15 / 2053</b>	DATE AND TIME OCCURRED <b>07/27/15 / 1915</b>
<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 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 type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/> NO <input type="checkbox"/>	RESTITUTION REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:	FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:
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<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input type="checkbox"/> VIOLATION	BITE SEVERITY:	TREATED BY	PHONE NUMBER	DATE QUARANTINED	PACC <input type="checkbox"/>
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN:			RELEASE DATE:	VET <input type="checkbox"/>
PHONE NUMBER	VET CLINIC <b>S AZ Veterinary Specialty Center</b>		PHONE NUMBER	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		HOME <input type="checkbox"/>
LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS <b>141 E Fort Lowell</b>		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	FTQ <input type="checkbox"/>

3 <sup>rd</sup> 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 type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
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VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	CODE/ORD VIOLATED <b>4-97; 4-7(2)(B); 4-81; 4-76</b>	REVIEWED BY <b>KONST 8/6</b>
	CITATIONS/NUMBERS <b>73645; 73646; 73647</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#
American Bulldog VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Odessa</b>	<b>Wh/Br</b>	<b>F</b>	<b>6Y</b>		<b>Cited</b>	<b>Cited</b>	<b>N</b>	<b>A289858</b>
American Bulldog VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Bubba</b>	<b>Wh/Br</b>	<b>M</b>	<b>3Y</b>		<b>Cited</b>	<b>Cited</b>	<b>N</b>	<b>A529419</b>
Pit Bull VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>	<b>Roxy</b>	<b>Br</b>	<b>S</b>	<b>8Y</b>				<b>I</b>	<b>A529735</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 checked="" type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 2	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 4	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #

#3



## INVESTIGATION REPORT

Activity Number: A15-1762159

ACO name & Badge: Robert Tovar #2021

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On July 29, 2015 the complainant, Mr. \_\_\_\_\_, called the Pima Animal Care Center who stated that on July 27, 2015 he was walking his dog past \_\_\_\_\_ when it was attacked by the two large Bull dog /Pit mixes that live there. He added that his dog was nearly killed. Mr. \_\_\_\_\_ also reported that he would like something to be done as this is not the first time that these dogs have attacked others.

On August 3, 2015 at 15:03 hours I, Officer Tovar #2021, arrived at \_\_\_\_\_ I met with the victim dog owner, Mr. \_\_\_\_\_, stated that on July 27, 2015 at approximately 1915 hours the following incident occurred and gave me a written statement of the incident which reads as follows:

1. On June 27, 2015 at approximately 1915 hours local time, my family and I were attacked by two large dogs from a residential home located at \_\_\_\_\_. The two dogs escaped through an unsecured door in the home and savagely attacked my family dog. My dog sustained serious, life-threatening injuries that required an estimated \$300.00 in emergency veterinarian services and \$600.00 in follow-up medical treatment. Even now, after receiving medical services, there is a chance that my dog will not survive her injuries. Given the ferocity of the attack, I feared for the life of my sons and myself.

2. My family and I were attacked by the above referenced animals while walking my family dog through our residential area in \_\_\_\_\_, Tucson. I was accompanied by my two young sons, ages 2 and 8. The attack occurred while I was walking down the sidewalk with my dog and two sons just as we passed by the residence located at \_\_\_\_\_. The attacking dogs charged me and my sons. As I attempted to shield my sons with my body, the dogs quickly turned and viciously attacked my dog. The attack was sudden, unanticipated, and unprovoked.

#3

The owner of the attacking dogs ushered my sons into her personal vehicle and closed the door to protect them from the attack. Meanwhile, I attempted to save my dog's life by physically grabbing the larger of the two attack dogs and wrestling to the ground. I attempted to restrain the two dogs but I was unsuccessful. The two attack dogs outweighed my dog by over 50 pounds. They viciously brutalized my dog by biting her multiple times and tearing her flesh with their teeth and claws. My dog suffered multiple puncture wounds and several lacerations. She was bleeding profusely. During the attack, my 8 year old son was hysterically crying, my 2 year old son was frozen in fear, and my dog cried out and bled as the owner stood by and watched helplessly.

3. The sheer size of the attacking dogs seemed to have exacerbated this incident because the attack dogs were so large, strong, and aggressive, that neither I nor another grown adult could physically restrain them or deter them from violence. Additionally, the attack dogs did not have a leash or collar on them. This aspect further prevented me from restraining the attack dogs. My dog was collared and on a leash from the onset of the attack.

4. At this time, I sincerely feel that the two attack dogs are a threat to the safety and well-being of the community. They have demonstrated that they are violent, aggressive, and unable to be controlled. If one of these dogs attacked a child in our neighborhood. I fear that we would have a death on our hands. I feel that the only responsible thing to do is to remove the attack dogs from the community and euthanize them in a controlled and humane manner.

---

I asked Mr. \_\_\_\_\_ what the dogs looked like. He told me that the owner described the dogs as "bulldogs". He said that both dogs were white with brown patches. He added that one of the dogs has more white than brown. I spoke with him about citations. He said that if the dog owner surrenders ownership of the dogs he did not want citations issued, however, should she choose to keep them to cite her.

I saw Mr. \_\_\_\_\_ pit bull, Roxy, who was still wearing a cone. I photographed her bite wounds. Mr. \_\_\_\_\_ also gave me of the wounds that he took.

I went to \_\_\_\_\_ . I met with the dog owner, Ms. Shani Stewart, and explained the reason for my visit. Her husband was also present. Ms. Stewart said that she was home during the incident. Her husband said that he was not present at the time. Ms. Stewart said that on the day of the incident she and her son were taking things to the recycle bin and were going in and out of the front door. She stated that she had put the dogs in the garage and that the door from the garage to the house was closed. Ms. Stewart explained that while she was outside she saw the dog owner, his two sons and dog walking past her house.

# 3

She said that the dog was on a leash. She asserted that she had been talking to them for about three to five minutes when she heard her wrought iron door slam against the wall. She stated that her two dogs, later identified as Odessa and Bubba, both American Bulldogs came out into the front yard and began sniffing the other dog. Ms. Stewart said that her dogs were not acting aggressively toward the man, his sons and dogs and that all of a sudden the pit bull and her two dogs took off running down the street. She added that at this time she put the man's two children in her personal vehicle. I told her that the victim dog owner was requesting citations, however, should she surrender ownership of the two dogs he did not want her cited. Ms. Stewart and her husband said that they did not want to surrender ownership of their dogs at this time. I asked if I could see the two dogs. I photographed the dogs who were in the backyard. I told them that I would go show the pictures of the dogs to the victim dog owner so he could identify them before I issue the citations.

I returned to speak with Mr. [redacted] told him that the dog owner did not want to surrender ownership of her dogs. He said that he wanted her cited. I asked him how close the dogs got to his two sons when they charged at them. He stated that the dogs got to within two feet of his sons when he shielded them from their attack. He also showed me the veterinarian bills which I photographed. He is also requesting restitution in the amount of \$558.24 for the vet bills. Mr. [redacted] also requested a Dangerous Dog Evaluation on the dogs.

I returned to meet with Ms. Stewart who said that she cannot surrender his dogs. I gave her a Notice and checked of the Dangerous Dog Evaluation section and explained it to her. I also gave her the Activity number as well as my name and ID number. I cited Ms. Stewart for Leash Law x 2, Biting Animal (Dog on Dog) x 2; Biting Animal (Attempt) x 2 and for No Rabies Vaccination and License on her dogs Bubba A529419 and Odessa A289858. She signed and received her copy of said citations. It should be noted that the backyard confinement consists of a block wall and gates that are in good repair. I advised Ms. Stewart that there was another call from May 24, 2015 involving their dogs attacking another dog on their street. Ms. Stewart said that she was aware of this incident and was home at the time.

Officer's Signature: *Robert Jones #201* Date: *8-6-15*



# 3

COMPLAINT # AIS-176692.  
OFFICER # 1942 Ecker/barger.  
DATE: 8-26-15

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

### DECLARATION OF DANGEROUS / VICIOUS ANIMAL

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

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

**OFFICER COMMENTS:**

The dog "Bubba" is automatically declared as a result <sup>dangerous</sup> of attacking and severely injuring another dog while in violation of the leash law.

OWNER: Shari Stewart  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ANIMAL NAME: Bubba  
ANIMAL ID#: A529419  
SEX: M COLOR: white BREED: Am. Bulldog

### NOTICE

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

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



# 3

COMPLAINT # A15-176692  
OFFICER # 1942 Eckelberger  
DATE: 8/26/15

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

### DECLARATION OF DANGEROUS / VICIOUS ANIMAL

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

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

**OFFICER COMMENTS:**

The dog "Odessa" is automatically declared dangerous as a result of attacking and severely injuring another dog while in violation of the leash law.

OWNER: Shari Stewart  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ANIMAL NAME: Odessa  
ANIMAL ID#: A289 ~~858~~ 855  
SEX: F COLOR: white BREED: Am. Bulldog

### NOTICE

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

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

# #4

<b>INVESTIGATION REPORT</b>		SUSPECT <b>Christina Rubio</b>				ACO NAME / BADGE # <b>1942 Eckelbarger</b>		COMPLAINT NUMBER <b>A15-173282</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 <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
		ZIP		CITY	STATE	RESIDENCE PHONE NUMBER			
		SUSPECT'S BUSINESS ADDRESS				CODE IF OTHER: <b>Dog on dog</b>			
		ZIP		CITY	STATE	BUSINESS PHONE NUMBER			
		SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	SSN	
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT				DATE AND TIME REPORTED... <b>6-10-15 / 1635</b>		DATE AND TIME OCCURRED <b>6-7-15 / 1800</b>	
		<input type="checkbox"/> FOOD	<input type="checkbox"/> WATER	<input type="checkbox"/> SHELTER	<input type="checkbox"/> INJURED/ILL	<input type="checkbox"/> VENTILATION	<input type="checkbox"/> ABANDONED	<input type="checkbox"/> TIEOUT	<input type="checkbox"/> BEATEN
		<input type="checkbox"/> WASTE	<input type="checkbox"/> OTHER (EXPLAIN)						
<input checked="" type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME				D.O.B		RESIDENCE PHONE NO.	
<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 <b>A15-173282</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:	
<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 <b>Pima Pet Clinic</b>			PHONE NUMBER <b>327-5624</b>	OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/>	
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS <b>4832 E. Speedway Blvd</b>			QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#		
		3 <sup>RD</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input 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>4-7 (2)(B), 4-97</b>				REVIEWED BY <b>2007</b> <b>KONST 8/6</b>			
		CITATIONS/NUMBERS <b>74621 (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	TAG COLOR	LICENSE #	VX CERTIFICATE #
Pit-bull		VICTIM <input type="checkbox"/>	OWNER <input checked="" type="checkbox"/>	<b>King</b>	<b>Brown/White</b>	<b>M</b>	<b>5yr</b>	<b>Impound</b>	<b>Impound</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 #	

#4



## INVESTIGATION REPORT

Activity Number: A15-173282

ACO name & Badge: 1942 Eckelbarger

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On 6-10-15 the Pima Animal Care Center received a complaint of a dog attack occurring on 6-7-15 from

On 7-18-15 Officer Martinez (2067) responded to [redacted] Apartment [redacted] where she met with complainant [redacted] and victim dog "Leia". Ms. [redacted] stated she was walking Leia on leash past [redacted] on 6-7-15 at approximately 1800 hours when a brown and white pit-bull (later identified as "King") got loose from the front door/gate area of unit 1 and charged at "Leia". Ms. [redacted] then kicked at King slowing him down a little before she was able to pick up Leia. As she was picking up Leia, King grabbed a hold of Leia's ear and chest/shoulder area causing wounds. A man who came out of unit 1 then ran up and grabbed King and lied on top of the dog. The man then yelled at Ms. [redacted] telling her to go away because he was unsure how much longer he would be able to hold on to King.

Ms. [redacted] left the area and took Leia to the Pima Pet Clinic for treatment on 6-8-15 where Leia had to undergo surgery and ultimately had over 1000 dollars in veterinary bills as a result of the attack.

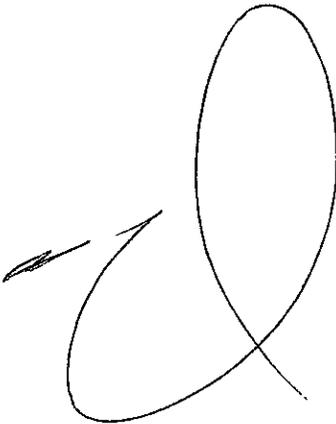
On 7-31-15 at 0914 hours Officer Tovar (2021) responded to [redacted] unit 1 where he met with attacking dog owner, Christina Rubio ([redacted]). Ms. Rubio was aware of the incident. Officer Tovar took photographs of King and later Ms. [redacted] positively identified King as the attacking dog. While Officer Tovar was meeting with Ms. Rubio, King got away from Ms. Rubio and ran at large. King then ran across the street where there were some people standing. One of the people had a dog on a leash. King then attacked the dog on the leash, but there were no injuries reported at the time. Officer Tovar also noted that while on scene he spoke to another neighbor who stated her Chihuahua was also attacked by King just a couple days prior. Ms. Rubio then relinquished ownership of King to the Pima Animal Care Center by signing a release of ownership form.

On 8-6-15 at 0930 hours I Investigator Eckelbarger (1942) met with Ms. Rubio at the Pima Animal Care Center. I then cited Ms. Rubio for biting animal-dog on dog and leash law on King for the 6-7-15 incident under City jurisdiction.

#4

Ms. Rubio signed and received her copies of the citations. Ms. Rubio also was granted a request to redeem her dog following a dangerous dog evaluation.

Officer's Signature:

A handwritten signature consisting of a large, stylized loop that crosses itself, with a horizontal line extending from the top of the loop to the left.

1942

Date: 8-6-15

# 4



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

CASE NO: A15-176433
OWNER: Christina Rubio
ANIMAL NAME: King

ADDRESS:
SEX: M BREED: Pitbull mix
COLOR: Brunkhite DATE: 8-9-15

EVALUATION CRITERIA

REPORTED BITES:

NON-VIOLATION BITE + 3
VIOLATION-BITE + 6

SEVERITY OF INJURY TO HUMANS:

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

Animal Complaints or Violations:

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

SEVERITY OF INJURY TO ANIMALS:

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

CONFINEMENT MEASURES: (Check one factor only)

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

OWNER ACCOUNTABILITY / RESPONSIBILITY:

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

NEIGHBOR COMMENTS (Scored by Majority Opinion):

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

DOGS BEHAVIOR: (If Observed by Officer)

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

Confinement / Fencing:

Backyard consists of wooden fence approximately 6 feet high
Cement footing east wall. No gates leading into yards

General Comments:

The dog King scored a +18 and is therefore declared dangerous at this time.

OFFICER # 1942 Edcelbarger

TOTAL SCORE: +18

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

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

DANGEROUS

NOT DANGEROUS

# 5

<b>INVESTIGATION REPORT</b>		<b>SUSPECT</b> <b>Melinda Ann Avitia</b>				<b>ACC NAME / BADGE #</b> <b>N.Konst 2002</b>		<b>ACTIVITY/BITE NUMBER</b> <b>A15-176814</b>	
<b>Pima County Health Department</b>		<b>SUSPECT'S ADDRESS</b> 2				<b>BITE</b> <input checked="" type="checkbox"/> <b>WELFARE</b> <input type="checkbox"/> <b>DANGEROUS</b> <input type="checkbox"/>		<b>OTHER</b> <input type="checkbox"/>	
<b>Pima Animal Care Center</b>		<b>CITY</b>		<b>STATE</b>		<b>RESIDENCE PHONE NUMBER</b>		<b>CI</b> <input checked="" type="checkbox"/> <b>CD</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>	
<b>4000 N. Silverbell Rd.</b>		<b>SUSPECT'S BUSINESS ADDRESS</b>				<b>DRIVERS LICENSE</b>			
<b>Tucson, Arizona 85745</b>		<b>CITY</b>		<b>STATE</b>		<b>ZIP</b>		<b>BUSINESS PHONE NUMBER</b>	
<b>Phone: (520) 243-5900</b>		<b>SEX</b>		<b>WEIGHT</b>		<b>HEIGHT</b>		<b>EYES</b>	
<b>Fax: (520) 243-5960</b>		<b>MARK</b>		<b>ORIGIN</b> 2		<b>DOB</b>		<b>SOCIAL SECURITY NUMBER</b>	
<b>www.pimaanimalcare.org</b>		<b>LOCATION OF INCIDENT</b>				<b>DATE AND TIME OF INCIDENT</b> 08-10-15 17:00		<b>DATE AND TIME REPORTED</b> 08-10-15 18:29	
<b>DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>FOOD</b> <input type="checkbox"/>		<b>WATER</b> <input type="checkbox"/>		<b>SHELTER</b> <input type="checkbox"/>		<b>VENTILATION</b> <input type="checkbox"/>	
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		<b>VICTIM/CONTACT NAME</b>		<b>DATE OF BIRTH</b>		<b>RESIDENCE PHONE</b>		<b>BUSINESS PHONE</b>	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		<b>VICTIM'S ADDRESS</b>				<b>CITY</b>		<b>STATE</b> <b>ZIP</b>	
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-8-286 (B)		<b>VICTIM'S BUSINESS ADDRESS</b>				<b>CITY</b>		<b>STATE</b> <b>ZIP</b>	
<b>NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)</b>		<b>DANGEROUS ASSESSMENT REQUESTED</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>RESTITUTION REQUESTED</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>DANGEROUS CASE NUMBER</b>		<b>OTHER AGENCY CASE # 1508100398</b> <input type="checkbox"/> SHERIFF DEPT <input checked="" type="checkbox"/> TUCSON POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER:	
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input checked="" type="checkbox"/> VIOLATION		<b>BITE SEVERITY:</b> 3		<b>TREATED BY</b>		<b>PHONE NUMBER</b>	
<b>RELATIONSHIP TO VICTIM</b>		<input type="checkbox"/> NON-VIOLATION		<b>PART OF BODY BITTEN:</b> hands		<b>DATE QUARANTINED</b>		<b>PACC</b> <input type="checkbox"/> <b>VET</b> <input type="checkbox"/> <b>HOME</b> <input type="checkbox"/>	
<b>PHONE NUMBER</b>		<b>VET CLINIC</b>				<b>PHONE NUMBER</b>		<b>OWNER KNOWS OF BITE</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>LAWFUL REPRESENTATIVE ADDRESS</b>		<b>CLINIC'S ADDRESS</b>				<b>QUARANTINE (DAYS)</b> 10 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	
<b>3<sup>RD</sup> PARTY CITATIONS</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>CITING ACC</b> S.Adkins 1961		<b>PREVIOUS VIOLATIONS</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>PREVIOUS CASE NUMBER</b>		<b>OTHER ADDITIONAL REPORTS</b>	
<b>VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE</b>		<b>CODE/DRO VIOLATED</b> 4-97,4-7(2)(B), leash law, biting animal						<b>REVIEWED BY 2002</b> KONST 8/12	
		<b>CITATIONS/NUMBERS</b> 73247 A-B						<b>BOND</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>BREED/DESCRIPTION</b>		<b>ANIMAL'S NAME</b>		<b>COLOR</b>		<b>SEX</b>		<b>AGE</b>	
<b>lab mix</b>		<b>Shadow</b>		<b>Black/White</b>		<b>m/n</b>		<b>2yr</b>	
<b>VICTIM OWNER</b> <input checked="" type="checkbox"/>		<b>LICENSE #</b>		<b>CONDITION</b>		<b>ANIMAL ID#</b>			
<b>VICTIM OWNER</b> <input type="checkbox"/>		<b>L15-215576</b>		<b>Normal</b>		<b>A462141</b>			
<b>VICTIM OWNER</b> <input type="checkbox"/>									
<b>VICTIM OWNER</b> <input type="checkbox"/>									
<b>VICTIM OWNER</b> <input type="checkbox"/>									
<b>VICTIM OWNER</b> <input type="checkbox"/>									
<b>VICTIM OWNER</b> <input type="checkbox"/>									
<b>VICTIM OWNER</b> <input type="checkbox"/>									
<b>WITNESS 1</b>		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>		<b>DOB</b>		<b>ADDRESS</b>		<b>RESIDENCE PHONE #</b>	
<b>WITNESS 2</b>		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>		<b>DOB</b>		<b>ADDRESS</b>		<b>RESIDENCE PHONE #</b>	
<b>WITNESS 3</b>		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>		<b>DOB</b>		<b>ADDRESS</b>		<b>RESIDENCE PHONE #</b>	
<b>WITNESS 4</b>		<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>		<b>DOB</b>		<b>ADDRESS</b>		<b>RESIDENCE PHONE #</b>	

#5



# INVESTIGATION REPORT

Activity Number: A15-176814

ACO Name & Badge: S.Adkins 1961

On 08/10/15 at 6:30 PM Pima Animal Care Dispatch received a call concerning a neighbor dispute that occurred after a dog on dog attack and a bite to a juvenile male. (TPD case # 1508100398) Tucson Police Officer Mah was unable to obtain information on the incident or the victim. He did give the dog owners address as : . e. A call was set up but it was left as a leash law aggressive because of the limited information. On 08/11/15 a school nurse called in a bite report concerning . The call was updated to a bite.

On 08/11/15 Supervisor Konst #2002 met with and his son at Pima Animal Care Center. He was told by that at approximately 5PM on 8/10/15 was walking their dog Swerve on le. He passed by a teenager and a leashed dog. was well past when the dog came from behind him and attacked Swerve. tried to pull the dogs apart but was bit in the attempt. A friend of the teenage girl then came up and pulled the back legs of the black attacking dog. That person then walked home with and reported the incident to the parents. Mr. is requesting third party citations be issued and restitution for any medical expenses. Supervisor Konst photographed the wounds to both of hands. Mr. stated he was on his way to the hospital because one of the punctures had become infected.

On 08/11/15 Officer Adkins 1961 arrived at : a to meet with dog owner in reference to bite case B15-024134. I met with Melinda Avitia the dog owner and explained I was here to issue citations on behalf of the bite victim. Melinda stated that she was not present when the bite happened. Melinda's minor daughter was there and stated she was there when the bite occurred. Melinda's daughter stated that her 15 year old sister was holding Shadow's leash when Shadow saw the bite victim walking his dog. Shadow slipped out of the leash and ran down the road. Melinda's daughter than stated the dogs were fighting across from : and did not know which dog bit the victim. Shadow is current on rabies and licensing. I issued third party citations on citation 732467 for leash law and biting animal. Melinda signed and received a copy of the citation with the court date, time and location. I also did a quarantine transport agreement giving Melinda until 8-12-15 at 19:00 to bring Shadow to Pima Animal Care Center or a vet of her choice

Officer's Signature:

Date: 8/12/15

#5



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

CASE NO: AIS-177196  
OWNER: Melinda Auitra  
ANIMAL NAME: Shadow

ADDRESS: \_\_\_\_\_  
SEX: m BREED: Lab mix  
COLOR: Black/white DATE: \_\_\_\_\_

**EVALUATION CRITERIA**

**REPORTED BITES:**

NON-VIOLATION BITE +3 \_\_\_\_\_  
VIOLATION-BITE +6 +6

**SEVERITY OF INJURY TO HUMANS:**

(Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**Confinement / Fencing:**

Owner has black wall approx 5:5 feet tall on south end, 6 feet tall on east/west ends w/ one gate leading in yard.

**General Comments:**

The dog Shadow scored a +8 and is therefore not declared dangerous at this time.

**CONFINEMENT MEASURES: (Check one factor only)**

(Primary Method of Confinement at the time of the incident)

SECURE FENCE/WALL AND GATES -5 \_\_\_\_\_  
INADEQUATE FENCING OR GATES Slipped 100% tests +5 +5

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

REPAIRED DEFICIENT CONFINEMENT -3 -3  
ANIMAL IS NEUTERED / SPAYED -1 -1  
OWNER AWARE OF ANY AGGRESSION +1 \_\_\_\_\_  
OWNER FAILED TO REPAIR CONFINEMENT +5 \_\_\_\_\_  
CURRENTLY LICENSED LIC # 15-215576 -1 -1  
NO CURRENT LICENSE +1 \_\_\_\_\_  
NO CURRENT RABIES VACCINATION +1 \_\_\_\_\_

**NEIGHBOR COMMENTS (Scored by Majority Opinion):**

(Two or More Neighbors Interviewed)

ANIMAL NEVER OBSERVED AT LARGE -3 -3  
ANIMAL NOT OBSERVED AGGRESSIVE -3 -3  
ANIMAL OBSERVED AT LARGE <5X/YR +1 \_\_\_\_\_  
ANIMAL OBSERVED AT LARGE >5X/YR +2 \_\_\_\_\_  
ANIMAL OBSERVED BEING AGGRESSIVE +2 \_\_\_\_\_

**DOGS BEHAVIOR: (If Observed by Officer)**

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

TOTAL SCORE: +8

OFFICER # 1942 Edelberger

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

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

DANGEROUS

NOT DANGEROUS

**Pima County Animal Care Advisory Committee Dangerous Dog Cases Comment Page**

**Dangerous Dog Cases - August 2015**

1. A14-162676

2. A15-177342

3. A15-176159

4. A15-173282

5. A15-176814

6.

7.

8.

9.

10.

**Committee Member:** \_\_\_\_\_



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

## MEMORANDUM

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

---

### **Pima:**

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

### **Tucson:**

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



# COPY

# # 1

<b>INVESTIGATION REPORT</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 <b>Misa Tania McBride Gonzales</b>			ACO NAME / BADGE # <b>X. Delgadillo #2047</b>		COMPLAINT NUMBER <b>A15-166785</b>			
		SUSPECT'S ADDRESS			BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>					
		ZIP	CITY	RESIDENTIAL PHONE NUMBER		CODE IF OTHER :				
		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		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>02/27/15 / 12:05</b>		DATE AND TIME OCCURRED <b>02/27/15 / 12:00</b>			
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>			VICTIM OR FORMAL ADJUTANT NAME		D.O.B	RESIDENCE PHONE NO	BUSINESS PHONE NO.	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS			ZIP	CITY	STATE			
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS			ZIP	CITY	STATE			
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>	RESTITUTION REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:			
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input checked="" type="checkbox"/> VIOLATION		BITE SEVERITY: <b>2</b>	TREATED BY	PHONE NUMBER	DATE QUARANTINED <b>02/07/15</b>	PACC <input checked="" type="checkbox"/>		
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: <b>Left Forearm</b>			RELEASE DATE:	VET <input type="checkbox"/>		
PHONE NUMBER		VET CLINIC		PHONE NUMBER	OWNER KNOWS OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		HOME <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#		FTQ <input type="checkbox"/>			
		3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO <b>X. Delgadillo #2047</b>	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER	UTQ <input type="checkbox"/>		
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED <b>6.04.30, 6.04.120(B) (2)</b>					REVIEWED BY <b>DT (911)</b> <b>3-24-15</b>			
		CITATIONS/NUMBERS <b>74068</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 Shepherd VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		<b>Zero</b>	<b>Brown/Black</b>	<b>F</b>	<b>A</b>		<b>L15-244803</b>	<b>1215380A</b>		<b>512976</b>
German Shepherd VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		<b>Sonny</b>	<b>Brown/Black</b>	<b>M</b>	<b>A</b>		<b>L15-244804</b>	<b>1215393A</b>		<b>512977</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"/>										
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS			RESIDENCE PHONE #	BUSINESS PHONE #		
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS			RESIDENCE PHONE #	BUSINESS PHONE #		



## INVESTIGATION REPORT

Activity Number: A15-166785

ACO name & Badge: X. Delgadillo #2047

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

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

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

#1

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

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

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

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

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

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

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

Officer's Signature:



Date:

3/24/15

#1



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

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

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

**EVALUATION CRITERIA**

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

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

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

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

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

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

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

**Confinement / Fencing:**

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

**General Comments:**

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

ELC

OFFICER # 1926

TOTAL SCORE: + 16

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

\* DANGEROUS  
\_\_\_\_ NOT DANGEROUS

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

# COPY

# #2

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

#2



## INVESTIGATION REPORT

Activity Number: A14-162579

ACO Name & Badge: Windauer #1984

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

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

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

Officer's Signature:

Handwritten signature of Officer Windauer in black ink.

Date:

12/26/14

#2



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

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

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

**EVALUATION CRITERIA**

**REPORTED BITES:**

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

**SEVERITY OF INJURY TO HUMANS:**

(Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**Confinement / Fencing:**

6-8 ft Block wall / One locked gate

**General Comments:**

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

**CONFINEMENT MEASURES: (Check one factor only)**

(Primary Method of Confinement at the time of the incident)		
SECURE FENCE/WALL AND GATES	- 5	_____
INADEQUATE FENCING OR GATES	+ 5	<u>15</u>

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

REPAIRED DEFICIENT CONFINEMENT	- 3	<u>-3</u>
ANIMAL IS NEUTERED / SPAYED	- 1	<u>-1</u>
OWNER AWARE OF ANY AGGRESSION	+ 1	_____
OWNER FAILED TO REPAIR CONFINEMENT	+ 5	_____
CURRENTLY LICENSED LIC # <u>14-240603</u>	- 1	<u>-1</u>
NO CURRENT LICENSE	+ 1	_____
NO CURRENT RABIES VACCINATION	+ 1	_____

**NEIGHBOR COMMENTS (Scored by Majority Opinion):**

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

**DOGS BEHAVIOR: (If Observed by Officer)**

ANIMAL BEHAVES AGGRESSIVELY	+ 2	_____
ANIMAL NOT AGGRESSIVE	- 2	_____
ANIMAL SHOWS UNSAFE BEHAVIOR	+ 1	<u>+1</u>

TOTAL SCORE: +1

\_\_\_\_ DANGEROUS  
o NOT DANGEROUS

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

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

OFFICER # 1942 Edelberger

# COPY

# # 3

## INVESTIGATION REPORT

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



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

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

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

<b>NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)</b>		<b>DANGEROUS ASSESSMENT REQUESTED</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>RESTITUTION REQUESTED</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>DANGEROUS CASE NUMBER</b>		<b>OTHER AGENCY CASE #</b> <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		<b>FOLLOW UP REQUEST</b> <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		<b>BITE SEVERITY: 3</b>		<b>TREATED BY</b>		<b>PHONE NUMBER</b>		<b>DATE QUARANTINED</b>		<b>PACC</b> <input type="checkbox"/> <b>VET</b> <input type="checkbox"/> <b>HOME</b> <input type="checkbox"/>	
<b>RELATIONSHIP TO VICTIM</b>		<input type="checkbox"/> NON-VIOLATION		<b>PART OF BODY BITTEN: Arm &amp; Leg</b>		<b>PHONE NUMBER</b>		<b>OWNER KNOWS OF BITE</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>RELEASE DATE:</b>		<b>FTQ</b> <input type="checkbox"/> <b>UTQ</b> <input checked="" type="checkbox"/>	
<b>PHONE NUMBER</b>		<b>VET CLINIC</b>						<b>PHONE NUMBER</b>		<b>OWNER KNOWS OF BITE</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>FTQ</b> <input type="checkbox"/> <b>UTQ</b> <input checked="" type="checkbox"/>	

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

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

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

#3



## INVESTIGATION REPORT

Activity Number: A14-144950

ACO name & Badge: Robert Tovar #2021

---

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

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

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

#3

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

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

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

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

**#3**

State of Arizona  
 Plaintiff  
 vs  
**JATAI RASHAAD GONDER**  
 Defendant

Docket #  
**CR 14138385**

Agency #

SENTENCING MINUTE ENTRY

PLEA  TRIAL

INTERPRETER

VICTIM  NOTIFIED  PRESENT

PA 1 OF 1

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

PROBATION 18 TOTAL MONTHS 18 MONTHS OF UNSUPERVISED AND \_\_\_\_\_ MONTHS OF MONITORED PROBATION

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

VIOLATE NO LAWS  HAVE NO CONTACT WITH \_\_\_\_\_

STAY AWAY FROM \_\_\_\_\_  OBTAIN PROOF OF \_\_\_\_\_

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

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

OTHER \_\_\_\_\_ BY \_\_\_\_\_ OR \_\_\_\_\_

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

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

ADMINISTRATIVE FEES  WAIVED  FOR COST OF APPOINTED COUNSEL

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

RESTITUTION IN AMOUNT OF \_\_\_\_\_ TO \_\_\_\_\_

INSTALLMENTS

JAIL  TIME SERVED  \_\_\_\_\_ DAYS WITH CREDIT FOR \_\_\_\_\_ DAY ALREADY SERVED

(REFERENCED COMMITMENT ORDER ATTACHED)  SUSPEND \_\_\_\_\_ DAYS

BOND  CONVERT TO FINE  REFUND  EXONERATE TO SURETY

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

Defendant \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

QUASH WARRANT  
 SET ASIDE CIVIL DEFAULT

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

Nikki A. Chayet  
 JUDGE

09/14/2015  
 DATE

FILE  DEFENDANT  PROSECUTOR  PROBATION  OTHER PACC

(RevSL6/01)

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715-179409

PIR 5417

A347010 / A14-144950

# COPY

# #4

<b>INVESTIGATION REPORT</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 <b>Tanya Collins/ Ronnie Collins</b>				ACO NAME / BADGE # <b>1942 Eckelbarger</b>		COMPLAINT NUMBER <b>A15-177657</b>	
		SUSPECT'S ADDRESS ZIP: _____ CITY: _____ STATE: _____ RESIDENCE PHONE NUMBER: _____ APARTMENT / BUSINESS ADDRESS: _____				BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> CODE IF OTHER: _____		CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>	
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>8-5-15 / 1301</b>		DATE AND TIME OCCURRED <b>8-2-15 / 2045</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 <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)		VICTIM/COMPLAINANT NAME <b>1942 Eckelbarger</b>		D.O.B _____		RESIDENCE PHONE NO. _____		BUSINESS PHONE NO. _____	
VICTIM'S ADDRESS _____		VICTIM'S BUSINESS ADDRESS <b>4000 N. Silverbell Rd</b>		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 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: _____	
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION <input type="checkbox"/> NON-VIOLATION		BITE SEVERITY: _____		TREATED BY _____		PHONE NUMBER _____	
RELATIONSHIP TO VICTIM _____		PART OF BODY BITTEN: _____		DATE QUARANTINED _____		PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER: _____	
PHONE NUMBER _____		VET CLINIC <b>Southern Arizona Vet Clinic</b>		PHONE NUMBER _____		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input checked="" 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#		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE _____		CODE/ORD VIOLATED _____		CITING ACO YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER _____		OTHER ADDITIONAL REPORTS _____	
CITATIONS/NUMBERS _____		REVIEWED BY <b>2012 Konst 9/30</b>		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>G. Shep</b> VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		<b>Rufus</b>		<b>Black</b>		<b>M</b>		<b>4yr</b>	
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
<b>Bishon/Poodle Mix</b> VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>		<b>Brandi</b>		<b>Cream</b>		<b>F</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 #	
WITNESS 2		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #	
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #	
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #	

#4



## INVESTIGATION REPORT

**Activity Number: A15-177657**

**ACO name & Badge: 1942 Eckelbarger**

---

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

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

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

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

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

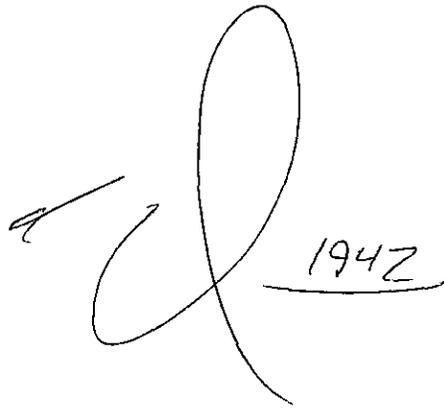
#4

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

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

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

Officer's Signature:

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

Date: 9-20-15



#4

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

COMPLAINT # A15-177657  
OFFICER # P42 Edelberger  
DATE: \_\_\_\_\_

### DECLARATION OF DANGEROUS / VICIOUS ANIMAL

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

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

**OFFICER COMMENTS:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

P245255  
OWNER: Tanya Collins  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

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

### NOTICE

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

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

COPY

#5

**INVESTIGATION REPORT**

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

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

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

LOCATION OF INCIDENT			DATE AND TIME REPORTED <b>8-31-15 / 1005</b>		DATE AND TIME OCCURRED <b>8-31-15 / 0630</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 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	

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:
---	--	-----------------------	---	--

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>Bernarda Vet Hospital</b>	PHONE NUMBER <b>325-2997</b>	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 <b>2555 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#	
3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO <b>1942 Eckelbarger</b>	PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER <b>A15-177991</b>	OTHER ADDITIONAL REPORTS <b>A15-178240</b>	

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

CODE/TRD VIOLATED <b>4-7 (2)(B), 4-97</b>	CITATIONS/NUMBERS <b>74624 (A-C)</b>	REVIEWED BY <b>Konst 9/3</b>	BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	---------------------------------	---

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

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 #

45



## INVESTIGATION REPORT

**Activity Number: A15-178009**

**ACO name & Badge:1942 Eckelbarger**

---

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

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

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

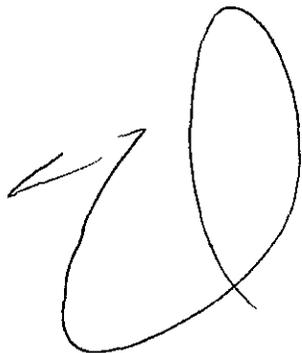
**Mr. Armendariz had three dogs in his backyard; a brown and white male pitbull "Cheech", a blue/gray and white pitbull "Benzimo" male, and a white pitbull "Bubba" male. I took photographs of the three dogs and advised him**

#5

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

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

Officer's Signature:



1942

Date: 9-3-15

#5



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

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

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

**EVALUATION CRITERIA**

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

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

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

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

**Confinement / Fencing:**  
5 foot black wall damaged Gate

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

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

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

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

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

**TOTAL SCORE: +30**

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

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

**DANGEROUS**  
 **NOT DANGEROUS**

OFFICER # 1942 Eckelbarger

30

# COPY

#6

<b>INVESTIGATION REPORT</b> Pima County Health Department Pima Animal Care Center 4000 N. Silverbell Rd. Tucson, Arizona 85745 Phone: (520) 724-5900 Fax: (520) 724-5960 www.pimaanimalcare.org		SUSPECT <b>Antonio Marsden</b>				ACO NAME / BADGE # <b>Attebery, 1929</b>		COMPLAINT NUMBER <b>A15-179180</b>					
		SUSPECT'S ADDRESS				BITE XX WELFARE DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>							
		ZIP		CITY		STATE		RESIDENCE PHONE NUMBER		CODE IF OTHER :			
		SUSPECT'S Mailing Address				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>		Driver's License/ IDENTIFICATION					
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES XX NO <input type="checkbox"/>		LOCATION OF INCIDENT		DATE AND TIME REPORTED 9/17/2015 1030 pm		DATE AND TIME OCCURRED 9/17/2015 0900 pm							
I CHOOSE "upon request" rights in this case		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/>		ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN)									
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM/COMPLAINANT NAME				RESIDENCE PHONE NO.		BUSINESS PHONE NO.					
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S ADDRESS				ZIP		CITY STATE					
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		RESTITUTION REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		DANGEROUS CASE NUMBER		OTHER AGENCY CASE <input type="checkbox"/> SO <input checked="" type="checkbox"/> TPD 15-09170543 <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:			
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input checked="" type="checkbox"/> VIOLATION		BITE SEVERITY: 3		TREATED BY		PHONE NUMBER		DATE QUARANTINED 9/17/2015		PACC <input checked="" type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: Leg		PHONE NUMBER		OWNER KNOWS OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		RELEASE DATE: 9/26/2015		FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>	
PHONE NUMBER		VET CLINIC				PHONE NUMBER		OWNER KNOWS OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>			
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS				QUARANTINE 10 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#					
		3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO Attebery, 1929		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS			
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/DRO VIOLATED 4-B1 4-76 4-87 4-7(2) B								REVIEWED BY 9-18-15 DTH 1911			
		CITATIONS/NUMBERS 71599 70638								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#	
Queensland heeler VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Alex		Red/white		M	14		Impounded		N	A089806	
Queensland heeler mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Little Buddy		White/red		M	4		Impounded		N	A534734	
VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>													
WITNESS 1		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS			RESIDENCE PHONE #		BUSINESS PHONE #				
WITNESS		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS			RESIDENCE PHONE #		BUSINESS PHONE #				
WITNESS		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS			RESIDENCE PHONE #		BUSINESS PHONE #				
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS			RESIDENCE PHONE #		BUSINESS PHONE #				

#6



## INVESTIGATION REPORT

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

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

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

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

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

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

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

#6

quarantine.

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

Officer's Signature: 

Date: 9/19/2015

**\*16**



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

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

ADDRESS: \_\_\_\_\_  
SEX: M BREED: Q Heeler  
COLOR: Red White DATE: 9-24-15

**EVALUATION CRITERIA**

**REPORTED BITES:**

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

**SEVERITY OF INJURY TO HUMANS:**

(Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**Confinement / Fencing:**

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

**General Comments:**

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

OFFICER # 1942 Eckelbarger

TOTAL SCORE: +23

DANGEROUS  
 NOT DANGEROUS

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

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

#6



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

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

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

**EVALUATION CRITERIA**

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

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

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

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

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

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

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

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

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

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

OFFICER # 1942 Eckelbarger

TOTAL SCORE: +14

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

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

DANGEROUS  
 NOT DANGEROUS

# COPY

# # 7

<b>INVESTIGATION REPORT</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 <b>Christopher Phillips/Margaret Phillips</b>				ACO NAME / BADGE # <b>Klein 1926</b>		COMPLAINT NUMBER <b>A15-178040</b>	
		SUSPECT'S ADDRESS _____				BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
		ZIP _____ CITY _____ STATE _____ RESIDENCE PHONE NUMBER _____		SUSPECT'S BUSINESS ADDRESS _____		CODE IF OTHER : CI <input type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
		ZIP _____ CITY _____ STATE _____ BUSINESS PHONE NUMBER _____		SEX _____ WEIGHT _____ HEIGHT _____ EYES _____ HAIR COLOR _____ ORIGIN _____ DOB _____ SSN _____		DRIVERS LICENSE _____			
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT _____				DATE AND TIME REPORTED _____		DATE AND TIME OCCURRED _____	
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME _____				D.O.B _____		RESIDENCE PHONE NO. _____	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS _____				ZIP _____		CITY _____	
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS _____				ZIP _____		CITY _____	
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE) _____		DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		DANGEROUS CASE NUMBER _____		OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY: _____		TREATED BY _____		PHONE NUMBER _____	
RELATIONSHIP TO VICTIM _____		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: _____		DATE QUARANTINED _____		PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>	
PHONE NUMBER _____		VET CLINIC _____				PHONE NUMBER _____		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAWFUL REPRESENTATIVE ADDRESS _____		CLINIC'S ADDRESS _____				QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE _____		3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		CITING ACO _____		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER _____	
CODE/ORD VIOLATED _____		OTHER ADDITIONAL REPORTS _____				REVIEWED BY _____		BOND YES <input type="checkbox"/> NO <input type="checkbox"/>	
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME		COLOR		SEX		AGE	
Pit Bull		Nellie		Tan/Wht		F		4y	
Pit Bull		Ruger		Blk/Wht		M		2y	
VICTIM OWNER		_____		_____		_____		_____	
VICTIM OWNER		_____		_____		_____		_____	
VICTIM OWNER		_____		_____		_____		_____	
VICTIM OWNER		_____		_____		_____		_____	
VICTIM OWNER		_____		_____		_____		_____	
VICTIM OWNER		_____		_____		_____		_____	
WITNESS 1		M <input type="checkbox"/> F <input type="checkbox"/>		DOB _____		ADDRESS _____		RESIDENCE PHONE # _____	
WITNESS 2		M <input type="checkbox"/> F <input type="checkbox"/>		DOB _____		ADDRESS _____		RESIDENCE PHONE # _____	
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>		DOB _____		ADDRESS _____		RESIDENCE PHONE # _____	
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>		DOB _____		ADDRESS _____		RESIDENCE PHONE # _____	

# 7



## INVESTIGATION REPORT

**Activity Number: A15-178040**

**ACO name & Badge: Klein 1926**

---

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

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

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

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

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

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

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

*E. Klein #1926*

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

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

### DECLARATION OF DANGEROUS / VICIOUS ANIMAL

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

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

**OFFICER COMMENTS:**

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

OWNER: MARGARET PHILLIPS  
ADDRESS \_\_\_\_\_  
PHONE: 5 \_\_\_\_\_

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

### NOTICE

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

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

# 7



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

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

### DECLARATION OF DANGEROUS / VICIOUS ANIMAL

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

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

**OFFICER COMMENTS:**

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

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

### NOTICE

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

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

# COPY

# #8

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

#8



## INVESTIGATION REPORT

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

---

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

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

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

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

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

Officer  1929

Date: 9/19/2015

#8



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

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

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

**EVALUATION CRITERIA**

**REPORTED BITES:**

NON-VIOLATION BITE + 3 \_\_\_\_\_  
VIOLATION-BITE + 6 +6

**SEVERITY OF INJURY TO HUMANS:**

(Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**Confinement / Fencing:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICER # \_\_\_\_\_

TOTAL SCORE: +24

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

\* DANGEROUS  
\_\_\_\_ NOT DANGEROUS

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

COPY

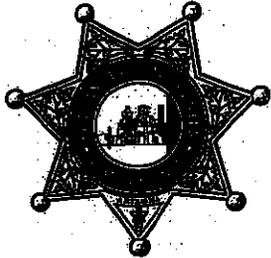
#9

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



SUSPECT <b>Annette Lizardi Marble</b>		ACO NAME / BADGE # <b>Robert Tovar 2021</b>		COMPLAINT NUMBER <b>A14-150324</b>	
SUSPECT'S ADDRESS		BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	RESIDENCE PHONE NUMBER		
SUSPECT'S BUSINESS ADDRESS <b>NA</b>		CODE IF OTHER :			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		
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>06/27/14 / 1709</b>	
				DATE AND TIME OCCURRED <b>06/27/14 / 1630</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 <b>Russell Loomis</b>		D.O.B	
<input type="checkbox"/> I WAIVE "upon request" rights in this case		VICTIM'S ADDRESS <b>St</b>		RESIDENCE PHONE NO.	
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S BUSINESS ADDRESS		BUSINESS PHONE NO.	
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		DANGEROUS CASE NUMBER		OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:	
				FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:	
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input checked="" type="checkbox"/> VIOLATION		BITE SEVERITY: <b>3</b>	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: <b>Hand &amp; Leg</b>	
PHONE NUMBER		VET CLINIC		TREATED BY	
				PHONE NUMBER	
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS		DATE QUARANTINED <b>06/29/14</b>	
				RELEASE DATE: <b>07/06/14</b>	
				OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>	
				FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>	
				QUARANTINE 10 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	
				FRA HEAD#	
		3 <sup>RD</sup> 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>6.04.030; 6.04.120 (B)(2)</b>		REVIEWED BY <b>7/7/14</b> <b>S. D. N. 1994</b>	
		CITATIONS/NUMBERS <b>72312</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>Lhaso Apso X</b>		<b>Sadi</b>		<b>Gray</b>	
VICTIM OWNER <input type="checkbox"/>					
OWNER <input checked="" type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
OWNER <input type="checkbox"/>					
VICTIM OWNER <input type="checkbox"/>					
OWNER <input type="checkbox"/>					
WITNESS 1		M <input type="checkbox"/> F <input type="checkbox"/>		DOB	
		ADDRESS		RESIDENCE PHONE #	
				BUSINESS PHONE #	
WITNESS 2		M <input type="checkbox"/> F <input type="checkbox"/>		DOB	
		ADDRESS		RESIDENCE PHONE #	
				BUSINESS PHONE #	
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>		DOB	
		ADDRESS		RESIDENCE PHONE #	
				BUSINESS PHONE #	
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>		DOB	
		ADDRESS		RESIDENCE PHONE #	
				BUSINESS PHONE #	

#9



## INVESTIGATION REPORT

**Activity Number: A14-150324**

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

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

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

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

#9

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

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

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

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

PIMA COUNTY CONSOLIDATED

JUDICIAL OFFICE COURT 240 N. STONE AVENUE

TUCSON, ARIZONA 85701-1111

STATE OF ARIZONA

TRAFFIC & CRIMINAL

CASE NO. CR14-413385-MI #9

VS.

MINUTE ENTRY

MARBLE, ANNETTE LIZARDI

ORDER AND JUDGMENT

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

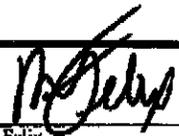
- JUVENILE
- ACCOUNT IN COLLECTION
- SPECIALTY COURT

ADDENDUM Page 2 of 2

IT IS FURTHER ORDERED: (CONTINUED FROM PREVIOUS PAGE)

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

DATE: Monday, June 22, 2015

JUDGE: 

Hon. M Felix

Pro Tem

Hearing Officer



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

CASE NO: A15-176953  
 OWNER: ANNETTE MARBLE  
 ANIMAL NAME: JJ A486222

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

**EVALUATION CRITERIA**

**REPORTED BITES:**

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

**SEVERITY OF INJURY TO HUMANS:**

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**CONFINEMENT MEASURES: (Check one factor only)**

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

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

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

**NEIGHBOR COMMENTS (Scored by Majority Opinion):**

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

**DOGS BEHAVIOR: (If Observed by Officer)**

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

**Confinement / Fencing:**

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

**General/Comments:**

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

TOTAL SCORE: -11

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

       DANGEROUS  
 NOT DANGEROUS

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



**#9**

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

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

ADDRESS: \_\_\_\_\_  
 SEX: F BREED: LHASA  
 COLOR: GRAY DATE: 9.2.15

**EVALUATION CRITERIA**

**REPORTED BITES:**

NON-VIOLATION BITE +3 \_\_\_\_\_  
 VIOLATION-BITE +6 +6

**SEVERITY OF INJURY TO HUMANS:**

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**CONFINEMENT MEASURES: (Check one factor only)**

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

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

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

**NEIGHBOR COMMENTS (Scored by Majority Opinion):**

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

**DOGS BEHAVIOR: (If Observed by Officer)**

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

**Confinement / Fencing:**

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

**General Comments:**

IN JUNE 2014 IT WAS REPORTED THAT SADIE RAN OUT OF THE OPEN FRONT DOOR, WHILE PIZZA WAS BEING DELIVERED. THE VICTIM STATED SADIE BIT HIM ON THE LEG AND HAND. I FOUND NO OTHER COMPLAINTS OR CONCERNS REGARDING SADIE. SADIE IS NOT DEEMED DANGEROUS AT THIS TIME.  
ELL OFFICER # 19210

TOTAL SCORE: +1

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

\_\_\_\_ DANGEROUS  
 \* NOT DANGEROUS

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

**Pima County Animal Care Advisory Committee Dangerous Dog Cases Comment Page**

**Dangerous Dog Cases - September 2015**

1. A15-166785

2. A14-162579

3. A14-144950

4. A15-177657

5. A15-178009

6. A15-179180

7. A15-178040

8. A15-179240

9. A14-150324

10.

**Committee Member:** \_\_\_\_\_



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

## MEMORANDUM

**TO:** Marcy Flanagan, Deputy Director  
**FROM:** Debra Tenkate, Animal Care Field Supervisor *DT*  
**DATE:** 10/31/15  
**SUBJECT:** Dangerous Dog Cases for October 2015

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### Tucson:

1. A15-181392 Cervantes; A dog named Princess was declared dangerous by Investigator Klein. The dog was impounded and the owner relinquished the dog to PACC and she was euthanized.
2. A15-173285 Martinez; A dog named Lucas was declared vicious by Judge Berning. The case was assigned to Investigator Klein. The dog owner gave the dog away to a family member who resides in Mexico.

### Pima County:

3. A15-180393 Clark; A dangerous dog evaluation was ordered by Judge Watters on a dog named Sam. Investigator Klein evaluated the dog and Sam was declared not dangerous.



DD#1

<b>INVESTIGATION REPORT</b>		<b>SUSPECT</b> Keene Gary Cervantes				ACO NAME / BADGE # Robert Tovar 2021		COMPLAINT NUMBER A15-181392				
Pima County Health Department Pima Animal Care Center 4000 N. Silverbell Rd Tucson, Arizona 85745 Phone: (520) 243-5900 Fax: (520) 243-5980 www.pimaanimalcare.org		SUSPECT'S ADDRESS				BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>						
		710	CITY	STATE AZ	RESIDENCE PHONE NUMBER	CODE IF OTHER: Dog on Dog						
		SUSPECT'S BUSINESS ADDRESS				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>						
		ZIP	CITY	STATE	BUSINESS PHONE NUMBER	RESIDENCE PHONE NUMBER						
		SEX	WEIGHT	HAIR COLOR	EYES	HAIR COLOR	ORIGIN	DOB	SSN			
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT			DATE AND TIME REPORTED 10/24/15 / 1033		DATE AND TIME OCCURRED 10/24/15 / 1000					
		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>			VICTIM/CONTACT NAME					DOB	RESIDENCE PHONE NO.	BUSINESS PHONE NO.
<input checked="" type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM'S BUSINESS ADDRESS			ZIP		CITY		STATE AZ			
<input type="checkbox"/> I WAIVE "upon request" rights in this case		VICTIM'S BUSINESS ADDRESS			ZIP		CITY		STATE			
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 12-4405 (B) and § 8-298 (B)		DANGEROUS ASSESSMENT REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		RESTITUTION REQUESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DANGEROUS CASE NUMBER		OTHER AGENCY CASE # <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:		
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:		TREATED BY		PHONE NUMBER		DATE QUARANTINED		PACC <input type="checkbox"/>
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:						RELEASE DATE:		VET <input type="checkbox"/>
PHONE NUMBER		VET CLINIC		PHONE NUMBER		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>						HOME <input type="checkbox"/>
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS		QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#						FTQ <input type="checkbox"/>
		3 <sup>RD</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO N Konst #2002		PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER A15-177473		OTHER ADDITIONAL REPORTS		UTQ <input type="checkbox"/>
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED 4-97; 4-7 (2)(B)		CITATIONS/NUMBERS 73754		REVIEWED BY Konst 10/28		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		Princess		Blu/Wh		F	A				A	A538945
Yorkie		Chucky		Gray		M	9Y				D	A539196
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 checked="" 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: A15-181392

ACO name & Badge: Robert Tovar 2021

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On October 24, 2015 at 1033 hours I [redacted] called the Pima Animal Care Center to report that she witnessed a gray and white Pit Bull walk up to the property at [redacted] Street and pull the little dog that was inside the fence through the fence and take it across the street where it killed it. [redacted] also stated that the victim dog owner had taken their dog's body to their house. She stated that the Pit Bull is currently in the yard where it lives, however, the gate was wide open.

On October 24, 2015 at 1114 hours I, Officer Tovar #2021, arrived at [redacted] Street. I was met by [redacted] who told me that the pit bull that attacked and killed her neighbor's dog was in the yard where the gate was open. Ms. Varela pointed out the house to me and the address is [redacted] Street. I walked to this address and closed the gate so the dog could not get out again. I did see a blue and white pit bull in the far corner of the backyard. I returned to speak with [redacted] who said that this morning at approximately 1000 hours she was in her front yard when she saw the pit bull outside of her fence. She added that she squirted the dog with water so it would leave and not bother her dogs that were in the fenced yard. [redacted] stated that she saw the pit bull walk across the street to [redacted] Street where it pulled the small dog there underneath the wrought iron gate and dragged it across the street. She said that she yelled out to her neighbor to let her know what was happening to her dog. [redacted] stated that she is willing to testify in court if needed.

I walked to [redacted] Street where I spoke with the victim dog owner, [redacted], who told me that she ran outside when she heard her neighbor yelling. She stated that she saw the Pit Bull from across the street with her dog, Chucky, in her mouth. She said that she ran across the street yelling at the Pit Bull and when she called the dog by her name of Princess she let her dog go. [redacted] said that Princess dropped her dog, however, it was too late as Chucky had died of his injuries. I photographed Chucky and the injuries he sustained. [redacted] said that she wants citations issued to the dog owner. I advised her that a Dangerous Dog Evaluation would be conducted since her dog was killed by the Pit Bull.

DD#1

I walked to \_\_\_\_\_ Street where I photographed a blue and white female Pit Bull that was in the front yard. I showed the pictures of the dog to \_\_\_\_\_ and \_\_\_\_\_ who both identified the dog as the dog that attacked and killed Chucky. Officer Young #1908 arrived to assist me in impounding the Pit Bull from the yard. I did not enter the yard alone as the dog was very aggressive. Officer Young and I entered the yard and I knocked loudly on the door announcing our presence. There was no answer at the door. We impounded the dog and I left a Notice on the front door advising the dog owner that their dog had been impounded and that a Dangerous Dog Evaluation would be conducted. It should be noted that neighbors advised Officer Young and myself that the Pit Bull that we impounded had been getting out of the yard almost daily and is aggressive towards people and dogs.

On October 26, 2015 Supervisor Konst met with Mr. Keene Cervantes at the Pima Animal Care Center when he came to see about redeeming his dog Princess. Mr. Cervantes told Supervisor Konst that he resides at the \_\_\_\_\_ street address where the dog lives and that he was aware that Princess had killed a neighbor's dog and had talked to them. Supervisor Konst issued third party citations to Mr. Cervantes for Leash Law and Biting Animal. Supervisor Konst also explained to Mr. Cervantes that since Princess had killed another dog, she would be held at the Pima Animal Care Center until he was in compliance with the Dangerous Dog requirements.

Officer's Signature: *Robert Brown #2021* Date: *10-27-15*



DD#1

PIMA COUNTY HEALTH DEPARTMENT  
PIMA ANIMAL CARE CENTER  
4000 N. SILVERBELL RD. TUCSON, AZ 85745  
(520) 724-5900, option 3 FAX (520) 724-5960  
www.pima.gov/animalcare

COMPLAINT # A15-181652  
OFFICER # 1926 VLEIN  
DATE: 10-28-15

### DECLARATION OF DANGEROUS / VICIOUS ANIMAL

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

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

**OFFICER COMMENTS:**

ON OCT 24, 2015 THE PITBULL KNOWN AS PRINCESS, OWNED BY TIFFANIE LIANEZ AND KEENE CERVAANTES ATTACKED AND KILLED ANOTHER DOG. PRINCESS WAS IN VIOLATION OF THE LEASH LAW. THE VICTIM DOG WAS NOT. PRINCESS IS DEEMED DANGEROUS.

EXC

OWNER: TIFFANIE LIANEZ AND KEENE CERVAANTES  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ANIMAL NAME: PRINCESS  
ANIMAL ID#: A538945  
SEX: F COLOR: BLUE BREED: PIT  
+ WHF

### NOTICE

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

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

DD#2

<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 85745</b> <b>Phone: (520) 243-5900</b> <b>Fax: (520) 243-5960</b> <b>www.pimaanimalcare.org</b>	<b>SUSPECT</b> <b>Walberto Antonio Martinez</b>				<b>AGD NAME / BADGE #</b> <b>M Hendrickson #2066</b>		<b>ACTIVITY / BITE NUMBER</b> <b>A15-173285</b>		
	<b>SUSPECT'S ADDRESS</b> CITY STATE ZIP RESIDENCE PHONE NUMBER				BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/>		OTHER <input type="checkbox"/>		
	<b>SUSPECT'S BUSINESS ADDRESS</b> CITY STATE ZIP BUSINESS PHONE NUMBER				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>		<b>DRIVERS LICENSE</b>		
	SEX	WEIGHT	HEIGHT	EYES	HAIR	DRIVIN	DOB	SOCIAL SECURITY NUMBER	
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>LOCATION OF INCIDENT</b>				<b>DATE AND TIME OF INCIDENT</b> <b>06/10/15 16:30</b>		<b>DATE AND TIME REPORTED</b> <b>06/10/15 18:01</b>		
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input 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 type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>				<b>VICTIM/PATRIENT NAME</b>				<b>DATE OF BIRTH</b>	
<input type="checkbox"/> I CHOOSE "upon request" rights in this case <input type="checkbox"/> I WAIVE "upon request" rights in this case.	<b>VICTIM'S BUSINESS ADDRESS</b>				<b>CITY</b>		<b>STATE</b> <b>AZ</b>		
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)	<b>DANGEROUS ASSESSMENT REQUESTED</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				<b>RESTITUTION REQUESTED</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>DANGEROUS CASE NUMBER</b>		
<b>NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)</b>	<b>OTHER AGENCY CASE #</b> <input type="checkbox"/> SHERIFF DEPT <input type="checkbox"/> TUCSON POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER:				<b>FOLLOW UP REQUEST</b> <input type="checkbox"/> SD <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:				
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input checked="" type="checkbox"/> VIOLATION		<b>BITE SEVERITY:</b> <b>1</b>		<b>TREATED BY</b>		<b>PHONE NUMBER</b>		
<b>RELATIONSHIP TO VICTIM</b>	<input type="checkbox"/> NON-VIOLATION		<b>PART OF BODY BITTEN:</b> <b>Left arm</b>		<b>DATE QUARANTINED</b> <b>06/13/15</b>		<b>PACC</b> <input checked="" type="checkbox"/> YET <input type="checkbox"/> HOME <input type="checkbox"/>		
<b>PHONE NUMBER</b>	<b>VET CLINIC</b>				<b>PHONE NUMBER</b>		<b>OWNER KNOWS OF BITE</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>LAWFUL REPRESENTATIVE ADDRESS</b>	<b>CLINIC'S ADDRESS</b>				<b>QUARANTINE (DAYS)</b> 10 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#		
<b>3<sup>rd</sup> PARTY CITATIONS</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>CITING AGD</b> <b>N Konst #2002</b>		<b>PREVIOUS VIOLATIONS</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>PREVIOUS CASE NUMBER</b>		<b>OTHER ADDITIONAL REPORTS</b>	
<b>VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE</b>		<b>CODE/ORD VIOLATED</b> <b>4-97, 4-7(2)(B)</b>				REVIEWED BY <i>2002</i> <i>KONST 6/23</i>			
<b>CITATIONS/NUMBERS</b> <b>#71150 A,B</b>		<b>BOND</b> YES <input type="checkbox"/> NO <input type="checkbox"/>							
<b>BREED/DESCRIPTION</b>		<b>ANIMAL'S NAME</b>		<b>COLOR</b>	<b>SEX</b>	<b>AGE</b>	<b>LICENSE #</b>	<b>CONDITION</b>	<b>ANIMAL ID#</b>
<b>English Bulldog</b>		<b>Lucas</b>		<b>White/ Brindle</b>	<b>M</b>	<b>A</b>	<b>L15-251664</b>	<b>Normal</b>	<b>A523547</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"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>	
VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>	
VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>	
VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>	
VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>		VICTIM OWNER <input type="checkbox"/>	
<b>WITNESS 1</b>		M <input type="checkbox"/> F <input checked="" type="checkbox"/>	<b>DOB</b>	<b>ADDRESS</b>			<b>RESIDENCE PHONE #</b>	<b>BUSINESS PHONE #</b>	
<b>WITNESS 2</b>		M <input checked="" type="checkbox"/> F <input type="checkbox"/>	<b>DOB</b>	<b>ADDRESS</b>			<b>RESIDENCE PHONE #</b>	<b>BUSINESS PHONE #</b>	
<b>WITNESS 3</b>		M <input type="checkbox"/> F <input type="checkbox"/>	<b>DOB</b>	<b>ADDRESS</b>			<b>RESIDENCE PHONE #</b>	<b>BUSINESS PHONE #</b>	
<b>WITNESS 4</b>		M <input type="checkbox"/> F <input type="checkbox"/>	<b>DOB</b>	<b>ADDRESS</b>			<b>RESIDENCE PHONE #</b>	<b>BUSINESS PHONE #</b>	



DD#2

# INVESTIGATION REPORT

Activity Number: A15-173285

ACD Name & Badge: M. Hendrickson #2066

On June 11th, 2015 18:44 I Officer Hendrickson Badge #2066 arrived at the victim's address of [redacted] in response to a dog bite. I met with [redacted] who stated she does about the same routine every day she picks her mother up from her sister's home on [redacted] and walks her dog Queenie around the neighborhood to go potty. [redacted] stated she has seen a white Pit Bull with brown and gray spots living at [redacted] for over 13 months. She says she has been concerned about the dog's aggressiveness for some time.

[redacted] stated on June 10th, 2015 around 17:50 she was walking her dog Queenie down the alley between [redacted] when the confined white Pit Bull with brown and gray spots charged the fence between them. [redacted] stated she then turned right and walked around the home to [redacted] e. The previously confined White Pit Bull bolted out of the front door of [redacted] / and went straight for [redacted] Queenie. [redacted] stated she went to break the dogs apart and fell to the ground and was scratched by the Pit Bull's tooth on her left arm breaking the skin. She stated two Hispanic women came out of the home and grabbed the Pit Bull and stated it was their brother's dog then went in the home and didn't come out.

[redacted] was helped by a witness named [redacted] who provided her with her phone number and the phone number of [redacted] another reported witness. [redacted] stated that her dog Queenie only sustained superficial wounds and Queenie's collar saved her from further damage. [redacted] stated she would like citations issued to the dog owner for biting animal and leash law.

On June 13th, 2015, at 08:10 Animal Care Officer Foster Badge #2042 arrived and knocked on the front door and was met by the dog owner's mother. She stated the reason for her visit and was told she would contact the dog owner. She contacted the dog owner and handed Officer Foster the phone. Officer Foster explained the situation and that it was very important for the victim's health and safety to quarantine the dog known as Lucas as soon as possible. Mr. Martinez informed her that he does not have proof of current rabies vaccinations and that he has purchased them in Mexico and administered them himself. He also freely admitted to the incident that resulted in the victim being bitten. Mr. Martinez stated that he did not believe that Lucas bit her and that he just scratched her with a paw. He also told me that the lady was partially to blame because she (in his opinion) greatly overreacted when Lucas approached her. Officer Foster explained that since the dog was in violation of the leash law and that because he is lacking a current vaccination that she needed to impound him for the remainder of the 10-day quarantine. Officer Foster assured the dog owner that his pet would be treated humanely and that he can redeem the dog on or after the 19th. Mr. Martinez stated that he understood and agreed to allow Officer Foster to impound his dog and authorized his mother to sign the Quarantine at Pima Animal Care Center. She impounded the alleged biter known as Lucas without issues. She then completed the quarantine forms and Ms. Martinez signed the document after her teenage daughter translated for her.

June 19th, 2015 Supervisor Konst Badge #2002 met with the owner of Lucas, Walberto Martinez at Pima Animal Care Center when he came to redeem Lucas after the quarantine, Supervisor Konst issued third party citations for biting animal and leash law as requested by the victim.

Officer's Signature: *M Hendrickson #2066*

Date: 6/23/15



DD#3

**INVESTIGATION REPORT**

Pima County Health Department  
Pima Animal Care Center  
4000 N. Silverbell Rd.  
Tucson, Arizona 85745  
Phone: (520) 243-5900  
Fax: (520) 243-5990  
www.pimaanimalcare.org

SUSPECT <b>Nancy Clark</b>				ACO NAME / BADGE # <b>Klein 1926</b>		COMPLAINT NUMBER <b>A15-180393</b>	
SUSPECT'S ADDRESS							
ZIP		CITY		STATE <b>Az</b>		RESIDENCE PHONE NUMBER	
SUSPECT'S BUSINESS ADDRESS							
ZIP		CITY		STATE		BUSINESS PHONE NUMBER	
SEX		WEIGHT		HEIGHT		EYES	
HAIR COLOR		ORIGIN		DOB		SSN	

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	LOCATION OF INCIDENT			DATE AND TIME REPORTED			DATE AND TIME OCCURRED		
	FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/>			ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>					
<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. § 13-1405 (B) and § 8-286 (B)	VICTIM'S BUSINESS ADDRESS			ZIP		CITY		STATE	

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

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

LAWFUL REPRESENTATIVE ADDRESS	CLINIC'S ADDRESS				QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>				<input type="checkbox"/> FRA HEAD#			
	3 <sup>rd</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		CITING ACO		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS			
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	CODE/ORD VIOLATED				REVIEWED BY				BOND YES <input type="checkbox"/> NO <input type="checkbox"/>			
	CITATIONS/NUMBERS											

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Ret VICTIM OWNER <input checked="" type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Sam	red	m	11Y		096602	current	ok	A044878
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 #



## INVESTIGATION REPORT

**Activity Number: A15-180393**

**ACO name & Badge: Klein badge 1926**

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**On October 8, 2015 I, PACC Investigator Klein badge 1926 received a dangerous dog assessment on a Golden Retriever known as Sam. The assessment was ordered by Pima County Consolidated Justice Court Judge Watters who is the presiding judge in a matter involving Sam being attacked by two dogs. It was reported at the time of the incident that Sam was being walked on leash while the attacking dogs were at large without an owner.**

**I conducted a history search and found no complaints or concerns regarding Sam, Sam's owners or the residence. I found that Sam has been kept current on his license and rabies vaccinations every year.**

**I completed neighbor interviews and was informed that Sam has never been witnessed at large or behaving aggressively.**

**When I met with Sam he was very friendly and showed no signs of aggressive behavior. I observed him interacting with a neighbor's dog. Sam was gentle and playful with the other dog.**

**The information gathered resulted in a total of -15 points on Sam's evaluation criteria score sheet. An animal that receives a score of +10 points or higher shall be deemed a dangerous animal. Sam is not deemed dangerous at this time.**

**Officer's Signature:**

A handwritten signature in black ink, appearing to read "E. Klein".

**E. KLEIN #1926**

**Date:**

**OCT. 15, 2015**

DD#3



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

CASE NO: A15-180393  
OWNER: ROBERT + NANCY CLARK  
ANIMAL NAME: SAM A044878

ADDRESS: 1100 N. JEWELL LANE  
SEX: M BREED: G. SHEP.  
COLOR: RED DATE: 10-15-15

**EVALUATION CRITERIA**

**REPORTED BITES:**

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

**SEVERITY OF INJURY TO HUMANS:**

(Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**CONFINEMENT MEASURES: (Check one factor only)**

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

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

REPAIRED DEFICIENT CONFINEMENT -3 /  
ANIMAL IS NEUTERED / SPAYED -1 -1  
OWNER AWARE OF ANY AGGRESSION +1 /  
OWNER FAILED TO REPAIR CONFINEMENT +5 /  
CURRENTLY LICENSED LIC # 0966602 -1 -1  
NO CURRENT LICENSE +1 /  
NO CURRENT RABIES VACCINATION +1 /

**NEIGHBOR COMMENTS (Scored by Majority Opinion):**

(Two or More Neighbors Interviewed)  
ANIMAL NEVER OBSERVED AT LARGE -3 -3  
ANIMAL NOT OBSERVED AGGRESSIVE -3 -3  
ANIMAL OBSERVED AT LARGE <6X/YR +1 /  
ANIMAL OBSERVED AT LARGE >6X/YR +2 /  
ANIMAL OBSERVED BEING AGGRESSIVE +2 /

**DOGS BEHAVIOR: (If Observed by Officer)**

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

**Confinement / Fencing:**

THE PROPERTY IS CONFINED BY GALVANIZED STEEL MESH FENCING THAT IS SET IN CEMENT FOOTINGS WITH INTENTIONS OF MAKING THE PROPERTY SNAKE AND RODENT PROOF

**General Comments:**

WHILE CONDUCTING THIS INVESTIGATION I FOUND THAT SAM HAS NEVER BEEN AT LARGE OR BEHAVED AGGRESSIVELY.

SAM IS NOT DEEMED DANGEROUS.

EXJ

OFFICER # 1926

TOTAL SCORE: -15

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

   DANGEROUS  
\*   NOT DANGEROUS

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

**Pima County Animal Care Advisory Committee Dangerous Dog Cases Comment Page**

**Dangerous Dog Cases - October 2015**

1. A15-181392

2. A15-173285

3. A15-180393

4.

5.

6.

7.

8.

9.

10.

**Committee Member:** \_\_\_\_\_



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

**MEMORANDUM**

**TO:** Marcy Flanagan, Deputy Director  
**FROM:** Debra Tenkate, Animal Care Field Supervisor *DT*  
**DATE:** 11/27/15  
**SUBJECT:** Dangerous Dog Cases for November 2015

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**Tucson:**

1. A15-178859 Verzola; A dog named Garibaldi was declared not dangerous by Investigator Eckelbarger.
2. A15-171392 Cantua; A dog named Romeo was declared vicious by Judge Chayet. The case was assigned to Investigator Eckelbarger. The dog owner Robert Perkins moved out of state before the dog was declared.
3. A15-182092 Rios; 2 dogs named Champagne and Lottie were declared dangerous by Investigator Eckelbarger. The 3rd dog involved Beauty was declared dangerous and Investigator Eckelbarger is trying to locate the owner and dog. Both Champagne and Lottie were impounded and signed over for euthanasia by their owner.

**Pima County:**

4. A15-180702 Hammond; A dog named Hudson was declared not dangerous by Investigator Eckelbarger.
5. A15-180835 Grajeda; A dog named Rocko was declared dangerous by Investigator Eckelbarger. The dog was impounded and the owner signed the dog over to PACC for euthanasia.
6. A15-180397 Murieta; A dog named Sparticus was declared not dangerous by Investigator Eckelbarger.
7. A14-154468 Cruz III; A dog named Roxie was declared not dangerous by Investigator Eckelbarger.



DD#1

<b>INVESTIGATION REPORT</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 <b>Kristin Elizabeth Verzola</b> SUSPECT'S ADDRESS			ACC NAME / BADGE # <b>C. Meek 2015</b>		ACTIVITY/BITE NUMBER <b>A15-178859</b>	
CITY		STATE <b>AZ</b>	ZIP	DECORATIVE NUMBER		BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>		
SUSPECT'S BUSINESS ADDRESS				CITY		STATE		ZIP
CITY				STATE		ZIP		BUSINESS PHONE NUMBER
SEX		WEIGHT	HEIGHT	EYES	HAIR	ORIGIN	DOB	SOCIAL SECURITY NUMBER
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 OF INCIDENT <b>09/12/15 1745</b>		DATE AND TIME REPORTED <b>09/11/2015 1900</b>
<input type="checkbox"/> I CHOOSE "upon request" rights in this case.				FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input 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 type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>				
<input type="checkbox"/> I WAIVE "upon request" rights in this case.				VICTIM/ATTORNEY NAME		DATE OF BIRTH		DECORATIVE NUMBER
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § (3-4405 (B) and § 8-2915 (B))				VICTIM'S BUSINESS ADDRESS		CITY		STATE <b>AZ</b>
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)				DANGEROUS ASSESSMENT REQUESTED <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>		RESTITUTION REQUESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		DANGEROUS CASE NUMBER
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM				OTHER AGENCY CASE # <input type="checkbox"/> SHERIFF DEPT <input type="checkbox"/> TUCSON POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER:		FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPO <input type="checkbox"/> OTHER:		
RELATIONSHIP TO VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY: <b>3</b>		TREATED BY		PHONE NUMBER
PHONE NUMBER		<input checked="" type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: <b>Neck</b>		DATE QUARANTINED		PAGE: <input type="checkbox"/> YET <input type="checkbox"/> HOME <input type="checkbox"/>
LAWFUL REPRESENTATIVE ADDRESS		VET CLINIC		PHONE NUMBER		OWNER KNOWS OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		FTL <input type="checkbox"/> UTL <input checked="" 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"/>		<input type="checkbox"/> FRA HEAD#		
LAWFUL REPRESENTATIVE ADDRESS		3 <sup>RD</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACD <b>C. Meek 2015</b>		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER
LAWFUL REPRESENTATIVE ADDRESS		CITATIONS/NUMBERS <b>4-7(2)(B) 74773</b>		OTHER ADDITIONAL REPORTS		REVIEWED BY <b>W-615 DTR 1911</b>		
LAWFUL REPRESENTATIVE ADDRESS		CITATIONS/NUMBERS <b>74773</b>		BOND YES <input type="checkbox"/> NO <input type="checkbox"/>				
BREED/DESCRIPTION		ANIMAL'S NAME		COLOR	SEX	AGE	LICENSE #	CONDITION
Terrier-X		Garibaldi		Tan/Wht	M/N	2Y	255437	ok
VICTIM OWNER <input checked="" type="checkbox"/>								
VICTIM OWNER <input type="checkbox"/>								
VICTIM OWNER <input type="checkbox"/>								
VICTIM OWNER <input type="checkbox"/>								
VICTIM OWNER <input type="checkbox"/>								
VICTIM OWNER <input type="checkbox"/>								
VICTIM OWNER <input type="checkbox"/>								
VICTIM OWNER <input type="checkbox"/>								
WITNESS 1		M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB	ADDRESS		RESIDENCE PHONE #		BUSINESS PHONE #
WITNESS 2		M <input type="checkbox"/> F <input checked="" 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: A15-178859

ACQ Name & Badge: C. Meek 2015, X. Delgado 2047

On 09/12/15 at 17:45 hours Pima Animal Care Center received a call from a [redacted] reports her child went with her grandmother (witness) to see the bats flying out from the bridge located south of River on Campbell. [redacted] stated they came upon the dog owner, identified as a Ms. Kristin Verzola who was there with two dogs on leash. [redacted] stated the victim asked if she could pet the dog but it was skittish and Ms. Verzola told the victim not to pet the skittish dog but to pet the other dog. [redacted] reported when the victim went to pet the other dog the skittish dog lunged at her and bit her. [redacted] was advised to let her daughter know an Animal Care Officer would be meeting with both of them to obtain the child's statement and to see if she can positively identify the biter and advised them of their rights. Additionally, she was advised to contact her mother and advise her of the same. [redacted] was informed an Animal Care Officer would be in contact in the near future with all parties and stated she understood.

On 10/13/15 at 15:06 hours Officer Delgadillo badge number 2047 and Officer Glanz badge number 2051 stated they arrived at [redacted] to meet with bite victim's mother. Officer Delgadillo and Officer Glanz stated they were able to meet with [redacted] who stated she didn't witness the bite, but reported her daughter was in the Rillito Wash when someone was walking two dogs. [redacted] stated her daughter asked if she could pet them and was told yes. The little girl was going to pet the Bulldog, but the dog's owner told her to go to the other side and when she went to pet the Bulldog the other dog described as a brown mix breed bit her on the right shoulder area. [redacted] wanted to make sure the biting dog is current on a rabies vaccine and does want citations issued. A photograph was taken of victim's wound from mother's phone as victim wasn't home.

On 10/18/15 at 17:20 hours I Officer Meek badge number 2015 responded to [redacted] to follow up on a bite complaint and to meet with the biting dog owner and photograph the dog for identification.

I arrived at the address and was able to meet with Ms. Kristin Verzola and her dog, a medium sized terrier mix named Garibaldi. I was able to photograph Garibaldi for the complaint and advised Ms. Verzola that the photo would be presented to the bite victim and there was a possible citation to be issued. Ms. Verzola stated she understood but did add that she told the bite victim (minor child) not to pet the dog and has a witness to corroborate her statement. Ms. Verzola stated she would provide that information if necessary. Ms. Verzola also added that if there were any out of pocket expenses as a result of the bite for the victim's family she stated she would pay them.

Ms. Verzola stated she has taken several new precautions as a result of the bite such as walking the biter dog with a muzzle and only walking him if need be. Ms. Verzola stated she has purchased a treadmill to exercise the dogs. I advised Ms. Verzola an Officer would attempt to meet with the victim's family tomorrow to get a positive identification and still see if citations were wanted. Ms. Verzola stated she understood and I concluded my meeting with her.

On 10/20/15 at 18:51 hours Officer Delgadillo badge number 2047 stated she arrived at the bite victim's residence and met with [redacted] and her daughter. Officer Delgado stated she showed the bite victim the photograph of the alleged biting dog. Officer Delgadillo reported the victim stated that was not the dog and the dog that bit was all brown and smaller. Officer Delgadillo stated she advised [redacted] that she could contact her mother to identify the dog as well since she was the one present when the bite occurred. [redacted] stated that she would contact her mother and have her go to Pima Animal Care Center to identify the photograph of the dog.

On 10/23/15 at 0918 hours I Officer Meek badge number 2015 responded to [redacted] to follow up on a bite complaint and to meet with the grandmother of the bite victim to get a positive identification of the biter dog.

I arrived at the address and was able to meet with [redacted] was frustrated with the response time from Pima Animal Care Center and that the bite even occurred. I advised [redacted] I understood her frustrations and that with regards to the response time Officers are working as quickly as possible.

I asked [redacted] if she could view the photograph of the dog described as the biter. [redacted] was able to look at the

Officer's Signature:

Date:



DD# 1

## INVESTIGATION REPORT

Activity Number: A15-178859

AGD Name & Badge: C. Meek 2015, X. Delgadillo 2047

photographed and positively identified the dog displayed as the dog that bit her granddaughter. I then asked if she still wanted citations issued to the dog owner to which she advised me she did. I asked me several questions regarding the court process. I advised the initial appearance date that would be given and advised me that she would like to be notified as to what is happening with the complaint. I advised I would make sure that the report reflected that she wanted to be notified of case movement. I also provided me with a detailed statement she wrote after the bite occurred. I took the typed document from and recounted the events and advised me that her granddaughter is still traumatized and the family is diligently working to help her with her fears. I advised that I was sorry her granddaughter was having trouble and concluded my meeting with her.

On 10/25/15 at 1749 hours I Officer Meek badge number 2015 responded to to follow up on a bite complaint and to meet with the biting dog owner and issue a citation requested by the victim's parent.

I arrived at the dog owner's address and was able to meet with Ms. Kristin Verzola. Ms. Verzola was aware that a citation was going to be issued and provided me with her Arizona driver's license. I issued Ms. Verzola the appropriate citation and advised her that with the citation she would need to appear in court and I provided her with the date. Ms. Verzola stated she understood her need to appear and signed her copy of the citation.

Officer's Signature:

Date:

11/06/15



DD#1 PIMA COUNTY HEALTH DEPARTMENT  
 PIMA ANIMAL CARE CENTER  
 4000 N. SILVERBELL RD. TUCSON, AZ 85745  
 (520) 724-5900 FAX (520) 724-5960  
 www.pima.gov/animalcare

CASE NO: A15-182279  
 OWNER: Kristin Verzola  
 ANIMAL NAME: Garibaldi

ADDRESS: \_\_\_\_\_  
 SEX: male BREED: Terrier mix  
 COLOR: tan DATE: 11-11-15

**EVALUATION CRITERIA**

**REPORTED BITES:**

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

**SEVERITY OF INJURY TO HUMANS:**  
 (Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**Confinement / Fencing:**  
5-6 foot black wall

**General Comments:**  
The dog "Garibaldi" scored a +4 and is therefore not declared dangerous at this time.

**CONFINEMENT MEASURES: (Check one factor only)**  
 (Primary Method of Confinement at the time of the incident)

SECURE FENCE/WALL AND GATES	- 5	_____
INADEQUATE FENCING OR GATES	+ 5	<u>+5</u>

*Not under control*

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

REPAIRED DEFICIENT CONFINEMENT	- 3	<u>-3</u>
ANIMAL IS NEUTERED / SPAYED	- 1	<u>-1</u>
OWNER AWARE OF ANY AGGRESSION	+ 1	_____
OWNER FAILED TO REPAIR CONFINEMENT	+ 5	_____
CURRENTLY LICENSED LIC # <u>15255437</u>	- 1	<u>-1</u>
NO CURRENT LICENSE	+ 1	_____
NO CURRENT RABIES VACCINATION	+ 1	_____

**NEIGHBOR COMMENTS (Scored by Majority Opinion):**  
 (Two or More Neighbors Interviewed)

ANIMAL NEVER OBSERVED AT LARGE	- 3	<u>-3</u>
ANIMAL NOT OBSERVED AGGRESSIVE	- 3	<u>-3</u>
ANIMAL OBSERVED AT LARGE <5X/YR	+ 1	_____
ANIMAL OBSERVED AT LARGE >5X/YR	+ 2	_____
ANIMAL OBSERVED BEING AGGRESSIVE	+ 2	_____

**DOGS BEHAVIOR: (If Observed by Officer)**

ANIMAL BEHAVES AGGRESSIVELY	+ 2	_____
ANIMAL NOT AGGRESSIVE	- 2	_____
ANIMAL SHOWS UNSAFE BEHAVIOR	+ 1	<u>+1</u>

TOTAL SCORE: +4

OFFICER # 1942 Edelberger

DANGEROUS  
 NOT DANGEROUS

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

DD#2

<b>INVESTIGATION REPORT</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 <b>Manuelita Monique Cantua</b>				ACO NAME / BADGE # <b>X. Delgadillo #2047</b>		COMPLAINT NUMBER <b>A15-171392</b>			
	SUSPECT'S ADDRESS ZIP CITY STATE RESIDENCE PHONE NUMBER STATE <b>AZ</b>				BITE <input checked="" type="checkbox"/> WELFARE <input 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	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN		
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT			DATE AND TIME REPORTED <b>05/09/2015 / 19:03</b>		DATE AND TIME OCCURRED <b>05/09/2015 / 19:00</b>			
FOOD WATER SHELTER INJURED/ILL VENTILATION ABANDONED TIEOUT BEATEN WASTE OTHER (EXPLAIN) <input type="checkbox"/> <input checked="" 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 STATE <b>AZ</b>				VICTIM'S BUSINESS ADDRESS ZIP CITY STATE				
<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 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 checked="" type="checkbox"/> VIOLATION	BITE SEVERITY: <b>2</b>		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		VET CLINIC PACC	PHONE NUMBER	NUMBER NUMBER OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>		
PHONE NUMBER		CLINIC'S ADDRESS <b>4000 N. Silverbell</b>			QUARANTINE 10 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD#			
LAWFUL REPRESENTATIVE ADDRESS		3 <sup>RD</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO <b>X. Delgadillo #2047</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)</b>			REVIEWED BY <b>KONST 2002 5/27</b>		BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CITATIONS/NUMBERS <b>74088</b>										
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Pit Bull		VICTIM OWNER <input checked="" type="checkbox"/>	<b>Romeo</b>	<b>Br Brindle</b>	<b>M</b>	<b>A</b>				<b>519464</b>
		VICTIM OWNER <input type="checkbox"/>								
		VICTIM OWNER <input type="checkbox"/>								
		VICTIM OWNER <input type="checkbox"/>								
		VICTIM OWNER <input type="checkbox"/>								
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS			RESIDENCE PHONE #	BUSINESS PHONE #		
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS			RESIDENCE PHONE #	BUSINESS PHONE #		

DD# 2



## INVESTIGATION REPORT

Activity Number: A15-171392

ACO name & Badge: X. Delgadillo #2047

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On May 20, 2015 at approximately 17:45 I, Officer Delgadillo #2047, arrived to bite victims residence and met with [redacted] [redacted] explained that the dog owner agreed to make restitution for the incident which occurred on May 9, 2015; restitution has not been paid. [redacted] is requesting citations for Leash Law and Biting Animal which occurred on May 09, 2015 at approximately 1900. I photographed the vet bills. The [redacted] [redacted] are requesting restitution in the amount of \$575.00. After reviewing the bills one is for rabies vaccination which would bring the total down to \$535.68. I explained the third party citations.

I then went to [redacted] [redacted] and met with Monique Cantua. I advised her that bite victims are requesting citations for the leash law attack. She called co-dog owner Ruben Rosas and he requested to speak with me. He explained that he just received the notice of the bill on 5/19/15. I advised him that the citations would be issued to Ms. Cantua and if restitution is made or payment agreement is accepted by both parties I would void the citations if the victims agree. He stated that he requested that [redacted] meet him to sign and notarize a letter that after restitution is paid in full they would not pursue any further charges and [redacted] declined to meet. I explained to Mr. Rosas and Ms. Cantua third party citations.

Ms. Cantua was cited into Tucson City Court for Leash Law and Biting Animal for Romeo a Brown Brindle Pit Bull. Ms. Cantua signed her citations and received a copy. Ms. Cantua was advised of her court date and time. Ms. Cantua has already relinquished ownership of the biting dog on May 10, 2015 to Pima Animal Care.

I then returned and relayed to [redacted] the agreement that Mr. Rosas stated and advised them that the citations were issued and if no agreement was made by both parties that the citations would be submitted as is. Mr. Rorex agreed.

~~On May 26, 2015 I spoke with Mr. Ruben Rosas who stated that no agreement had been made.~~

Officer's Signature:

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

Date:

5/27/15



DD#2

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

COMPLAINT # A15-182338  
OFFICER # 1942 Eckelberg  
DATE: 11-8-15

### DECLARATION OF DANGEROUS / VICIOUS ANIMAL

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

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

**OFFICER COMMENTS:**

The dog "Romeo" was declared vicious by Tucson City Court Judge Chayet on 10/23/15.

OWNER: Robert Perkins  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ANIMAL NAME: Romeo  
ANIMAL ID#: A519464  
SEX: M COLOR: Brown BREED: Pitbull  
with

### NOTICE

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

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

DD#3

<b>INVESTIGATION REPORT</b> Pima County Health Department Pima Animal Care Center 4006 N. Silverbell Rd. Tucson, Arizona 85745 Phone: (520) 724-5900 Fax: (520) 724-5960 www.pimaanimalcare.org	SUSPECT <b>EVANGELINA SAGASTA RIOS</b>				ACO BADGE NUMBER <b>C. YOUNG 1908</b>		COMPLAINT NUMBER <b>A15-182092</b>												
	SUSPECT'S ADDRESS ZIP CITY STATE RESIDENCE PHONE NUMBER AZ				BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>														
	SUSPECT'S BUSINESS ADDRESS <b>NONE</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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT		REPORTED <b>11/04/15 0923</b>		OCCURRED <b>11/02/15 1730</b>													
FOOD WATER SHELTER VENTILATION ABANDONED TIEOUT BEATEN WASTE OTHER (EXPLAIN)																			
<input checked="" type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME		DOB		PHONE NO.		BUSINESS PHONE NO.											
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS		ZIP		CITY		STATE <b>AZ</b>											
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 8-4405 (B) and § 8-293 (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 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		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>							
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN		VET CLINIC		PHONE NUMBER		QUARANTINE TYPE RELEASE DATE		FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>							
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#		3 <sup>RD</sup> PARTY CITATIONS <b>YES</b>		CITING ACO <b>C YOUNG 1908</b>		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS			
LAWFUL REPRESENTATIVE ADDRESS		VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED <b>4-72(B), 4-57, 4-58, 4-78</b>		REVIEWED BY <b>11-14-15</b> <b>OTK 1911</b>		CITATIONS/NUMBERS <b>73823 A-E, 73824 A-E</b>		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	
LAB MIX VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>		DIESEL		UNKNOWN		?		2Y								DOA			
PIT MIX VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		LOTTIE		BLK/WHT		F										OK		A540928	
PIT MIX VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		CHAMPAGNE		TAN		F										OK		A540929	
PIT MIX VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		BEAUTY		WHT/BDL		F										OK		A540930	
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		DOB		ADDRESS				RESIDENCE PHONE #		BUSINESS PHONE #									
WITNESS 2		DOB		ADDRESS				RESIDENCE PHONE #		BUSINESS PHONE #									
WITNESS 3		DOB		ADDRESS				RESIDENCE PHONE #		BUSINESS PHONE #									
WITNESS 4		DOB		ADDRESS				RESIDENCE PHONE #		BUSINESS PHONE #									

DD#3



# INVESTIGATION REPORT

Activity Number: A15-182092  
ACO Name & Badge #: C. YOUNG 1908

On November 04, 2015 at approximately 10:57 hours I met with the complainant, [redacted] in reference to three neighbor dogs that broke through her wooden fencing and attacked and killed her two year old Collie/Labrador mix named "Diesel." [redacted] said she was not home at the time of the attack but her neighbor, [redacted] witnessed the attack. [redacted] had already had her dog cremated before my visit. I took photos of the broken fencing in [redacted] back yard and then [redacted] and I walked next door and met with [redacted]

After introducing myself and explaining the reason for my visit [redacted] gave the following statement:

On November 2nd at approximately 17:30 hours I had just got home from work and put my dogs outside in the back yard. I noticed the broken fencing between my yard and my neighbors yard of [redacted] and I could see the fencing was also broken between my yard and my neighbor's yard at [redacted]. She continued saying that she looked over the fence into [redacted] and saw the three dogs from [redacted] inside the yard, dragging the neighbors dog around. The owner of the three dogs came over and took the dogs home. The attacking dogs were described as one black in color with a short coat, semi erect ears and a long thin tail. One tan colored dog named "Champagne" and one possibly brindle colored dog. [redacted] was not sure of the breeds but guessed at possible Pit Bull mixes. I took photos of the broken fencing from inside [redacted] back yard.

[redacted] is requesting to prosecute the owner for the incident but is not concerned about restitution. She also requested that a dangerous dog evaluation be conducted on all three dogs. I went to the dog owner address at [redacted] but received no answer at the door. I posted a notice asking for a call with a time frame when they are usually at home.

On November 13, 2015 at approximately 14:29 hours I met with the dog owner, Evangelina Rios, at [redacted] and explained the reason for my visit. Ms. Rios was aware of the incident.

DD#3

**Mrs Rios was very cooperative and offered her Arizona Drivers License for identification. She explained that two of the dogs belong to her but the third dog involved, a white and brindle colored Pit Bull mix named "Beauty" was not hers.**

**She said she was watching the dog for a friend and that friend had sent an unknown female to her home to redeem the dog and she does not know where the dog is now.**

**I issued citations for biting animal and leash law violations for the three dogs involved as well as no license and no rabies vaccination on the two dogs belonging to Mrs Rios. Mrs Rios signed the citations and accepted her copies. I then advised her of her court date and time.**

**Officer's Signature:**



**Date: 11/13/15**



**PIMA COUNTY**  
ANIMAL CARE

DD#3

PIMA COUNTY HEALTH DEPARTMENT  
PIMA ANIMAL CARE CENTER  
4000 N. SILVERBELL RD. TUCSON, AZ 85745  
(520) 724-5900, option 3 FAX (520) 724-5960  
[www.pima.gov/animalcare](http://www.pima.gov/animalcare)

COMPLAINT # A15-182777  
OFFICER # 1942 Eckelbarger  
DATE: 11-16-15

### DECLARATION OF DANGEROUS / VICIOUS ANIMAL

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**OFFICER COMMENTS:**

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

OWNER: Evangelina Ries  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ANIMAL NAME: Lottie  
ANIMAL ID#: A540928  
SEX: F COLOR: Blk/white BREED: Pitbull mix

### NOTICE

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**PIMA COUNTY**  
ANIMAL CARE

DD#3

PIMA COUNTY HEALTH DEPARTMENT  
PIMA ANIMAL CARE CENTER  
4000 N. SILVERBELL RD. TUCSON, AZ 85745  
(520) 724-5900, option 3 FAX (520) 724-5960  
[www.pima.gov/animalcare](http://www.pima.gov/animalcare)

COMPLAINT # A15-182777  
OFFICER # A42 Edcelbarger  
DATE: 11-16-15

### DECLARATION OF DANGEROUS / VICIOUS ANIMAL

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

An animal can be declared a dangerous animal if it, without provocation, bites or otherwise causes injury to a person which results in significant medical intervention/treatment.

An animal can be deemed dangerous if it, without provocation, kills or severely injures a domestic animal.

An animal declared vicious by a magistrate shall be automatically deemed dangerous.

**OFFICER COMMENTS:**

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

OWNER: Evangelina Rios  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ANIMAL NAME: Champagne  
ANIMAL ID#: A540929  
SEX: F COLOR: tan BREED: Pitbull mix

### NOTICE

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

DD # 4

<b>INVESTIGATION REPORT</b>		<b>SUSPECT</b> Walter Eugene Hammond				ACD NAME / BADGE # C. Meek 015		ACTIVITY/BITE NUMBER A15-180702	
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		CITY		STATE AZ	ZIP	DERIVATIVE NUMBER			
		SUSPECT'S BUSINESS ADDRESS				OTHER <input checked="" type="checkbox"/> <b>Leash Law</b>			
		CITY		STATE	ZIP	DRIVERS LICENSE			
		SEX	WEIGHT	HEIGHT	EYES	HAIR	ORIGIN	DOB	SOCIAL SECURITY NUMBER
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 OF INCIDENT		DATE AND TIME REPORTED	
		FOOD	WATER	SHELTER	VENTILATION	ABANDONED	TIED/OUT	BEATEN	WASTE
		VICTIM/OWNER/ADJUTANT NAME				DATE OF BIRTH		BUSINESS PHONE	
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM'S BUSINESS ADDRESS				CITY		STATE AZ	ZIP
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S BUSINESS ADDRESS				CITY		STATE	ZIP
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		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"/> SHERIFF DEPT <input type="checkbox"/> TUCSON POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER:	
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		<input type="checkbox"/> VIOLATION		BITE SEVERITY:		TREATED BY		PHONE NUMBER	
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:		DATE GUARANTINED		PACC <input type="checkbox"/> 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"/>	
PHONE NUMBER								FTQ <input type="checkbox"/> UTQ <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"/>		<input type="checkbox"/> FRA HEAD#	
		3 <sup>rd</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACD C. Meek 2015		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED 6.04.030, 6.04.120(B)(2)				OTHER ADDITIONAL REPORTS		REVIEWED BY DTK 1911	
		CITATIONS/NUMBERS 75202						BOND YES <input type="checkbox"/> NO <input type="checkbox"/>	
BREED/DESCRIPTION		ANIMAL'S NAME		COLOR	SEX	AGE	LICENSE #	CONDITION	ANIMAL ID#
Labrador	VICTIM OWNER <input checked="" type="checkbox"/>	Hudson		yellow	M	1Y	087342	ok	A528272
Boxer	VICTIM OWNER <input checked="" type="checkbox"/>	Buster		Tan/Wht	M		254800	ok	A259102
	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#4

# INVESTIGATION REPORT

Activity Number: A15-180702

ACI Name & Badge: C. Meek 2015, N. Konst 2002, D. Hinte 2068

On 10/13/15 18:18 hours Pima Animal Care Center received a complaint stating a dog jumped its fence, ran into the complainant's driveway and stood there growling at her. The complainant stated she was not bitten.

On 10/15/15 Supervisor Konst stated he talked with a [redacted], [redacted] stated a yellow dog came over the wood fence and came at her. [redacted] stated she no longer takes her dog to the mailbox because she fears the attacking dogs coming out. [redacted] asked Supervisor Konst what could be done, Supervisor Konst explained she needed to provide photos and witnesses. [redacted] also wondered if she had the right to protect herself. Supervisor Konst explained she had the right to protect her and her family. [redacted] stated if she had to she may shoot the dog as she is afraid of the dogs.

10/20/15 [redacted] called Pima Animal Care Center and the Sheriffs' department again today because the yellow dog came out of confinement. [redacted] stated the dog came so quick she dropped the phone (no picture) and was unable to hit the dog with pepper spray. [redacted] stated the dog is currently confined and sheriffs dept was on scene when her call was returned.

10/20/15 18:12 hours Officer Hinte badge number 2068 stated she arrived at [redacted] to follow up on a leash law complaint. Officer Hinte stated she met with the complainant [redacted] stated that the yellow lab from [redacted] escaped its confinement twice in the past week. [redacted] stated one incident occurred at approximately 6:00 PM on 10/14/15 and the second incident occurred at approximately 12:15 PM on 10/20/15. [redacted] stated both times the yellow dog charged at her, stopping approximately two feet away. The dog then barked and growled at her. She stated that she has tried to photograph the dog but has been unsuccessful due to the threat of being bitten. Most recently, she dropped her phone and pepper spray in an attempt to reach safety.

[redacted] provided several pages of hand-written notes detailing the ongoing leash law violations. She had made previous complaints on these incidents but would like for it to be noted in this activity. The previous incidents occurred on 7/20/15 and 8/11/15. She showed a video taken on 8/11/15 showing the yellow lab in her yard. It then shows the lab crawl under the fence back into its own yard.

[redacted] took Officer Hinte to the area where the video was taken. Officer Hinte stated she photographed the hole in the fence when the dog had crawled under as well as the area she advises the dog can jump over. [redacted] stated that she is so terrified she no longer takes her dog out with her for fear of unintentionally provoking the yellow lab. [redacted] stated she also showed me the two cans of pepper spray that she carries as well as a firearm and will use it if she feels her life is in danger.

[redacted] stated that the dog owner, Walter Hammond Jr. aka "Sonny", is aware of the problem and does nothing aside from call the dog back into the yard.

Officer Hinte stated she walked along the fence line, making a "normal" amount of noise but did not see or hear any dogs. [redacted] doing this during the day as the dogs are usually put away at night. [redacted] stated that almost every time she walks along the fence line during the day, the dog escapes. Officer Hinte stated she made her way to the dog owner's address [redacted] but received no response at the gate and posted notice.

On 11/05/15 at 13:58 hours Pima Animal Care Center received a call from [redacted] stating another attack occurred and that she has photographs. [redacted] gave her availability to meet with an officer.

11/07/15 Supervisor Konst stated he spoke with victim dog owner [redacted] stated she wanted someone to get on this call and get something done. [redacted] stated she has about \$800 in veterinary bills. [redacted] stated she was walking Buster (her dog) when the tan dog jumped the fence and attacked him. [redacted] stated she sprayed the dog with pepper spray but it did not work and she ended up spraying herself and her dog. [redacted] did state that her neighbor "Sonny" ran out and pulled his dog off Buster and then returned his dog to his residence and [redacted] took her Buster to the veterinarian.

Officer's Signature:

Date:



DD#4

# INVESTIGATION REPORT

Activity Number: A15-180702

AGO Name & Badge: N. Knost 2002, D. Hinte 2068, C. Meek 2015

On 11/09/15 at 1537 hours I Officer Meek badge number 2015 responded to [redacted] to follow up on a leash law dog on dog attack complaint and to meet with the victim dog owner.

I arrived at the address and was able to meet with the victim dog owner a [redacted] I asked [redacted] what happened that led up to her making a complaint to Pima Animal Care Center. [redacted] then relayed to me the most recent incident that occurred between her dog and her neighbor's dog. [redacted] advised me that on 11/05/15 at approximately 1330 hours she and her Boxer, named Buster were out walking to her mailbox when they were attacked by her neighbor's dog residing at [redacted]. [redacted] described the dog as a yellow Labrador. [redacted] stated that there have been multiple problems with her neighbor's dogs for some time and that the dogs are always at the fence behaving aggressively. [redacted] advised me that she has spoken with several neighbors regarding the dogs' behavior and they avoid the address and there is a real concern for the safety of the neighborhood. [redacted] and I met with a neighbor named [redacted] advised me that he did not witness the attack on the 05th but did hear the commotion it caused. [redacted] advised me that the dogs barking are common place in the neighborhood and he hears them frequently.

I then asked [redacted] if I could see her dog Buster. [redacted] presented me with Buster and I observed him to be in a come and did have several injuries to the face consistent with a dog fight. [redacted] provided me with an invoice from Pusch Ridge Pet Clinic totaling \$487.04. I interacted with Buster and photographed him. I asked [redacted] how her neighbor's dogs were escaping the yard. [redacted] and then walked her driveway where the attack occurred. [redacted] showed me several places in the fence where she contends there are several weaknesses. [redacted] neighbor's fence consists of wood privacy fencing and it appears that there are some places where some repairs have been made using corrugated metal. [redacted] advised me that the wooden portion of the fence is weak and that the dog jumps the fence and is able to get over by doing a "pull up". I asked [redacted] if she would like citation issued to the dog owner for the attack that occurred. [redacted] stated she would like citations issued as well as a dangerous dog evaluation. I advised [redacted] that after my meeting with her I would attempt to meet with the dog owner. [redacted] thanked me for my time and I concluded my meeting with her.

I then made my way to [redacted] and was able to meet with the attacking dog owner Mr. Walter Hammond and the dog described in the complaint, Hudson a yellow Labrador. Mr. Hammond was familiar with the complaint levied by [redacted]. Mr. Hammond advised me that there has been an ongoing issue with his neighbor for several years. Ms. Hammond also suggested that [redacted] walks her dog Buster to his fence line and kicks rocks and generally agitates his dogs causing them to bark and behave aggressively. Mr. Hammond did admit that there was an altercation on the 5th between Buster and Hudson. Mr. Hammond stated that he thought Buster had dug under the fence and was fighting with the Hudson and when he pulled his head out of the hole Hudson went through it and the fight ensued. I advised Mr. Hammond that I understood there was some animosity between he and [redacted] but that I was not in a position to solve that issue. I did advise Ms. Hammond that [redacted] requested that I issue him citations for the attack on the 5th. Mr. Hammond stated he understood and provided me with his AZDL. I issued Mr. Hammond the appropriate citations and advised him that with the citations he would need to appear in court, I provided him with the date. Mr. Hammond stated he understood his need to appear and signed his copy of the citation.

Officer's Signature:

Date:

11/14/15

DD#4



PIMA COUNTY HEALTH DEPARTMENT  
PIMA ANIMAL CARE CENTER  
4000 N. SILVERBELL RD. TUCSON, AZ 85745  
(520) 743-7550 FAX (520) 743-9581  
www.pimaanimalcare.org

CASE NO: A15-182787  
OWNER: Walter Hammond  
ANIMAL NAME: Hudson

ADDRESS: \_\_\_\_\_  
SEX: M. BREED: Labrador  
COLOR: Yellow DATE: 11-19-15

**EVALUATION CRITERIA**

**REPORTED BITES:**

NON-VIOLATION BITE + 3 \_\_\_\_\_  
VIOLATION-BITE + 6 \_\_\_\_\_

**SEVERITY OF INJURY TO HUMANS:**

(Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**Confinement / Fencing:**

Wooden fence approx 6 feet tall w/ three gates at the west end of yard. Owner purchased shock collar.

**General Comments:**

The dog "Hudson" scored a +4 and is therefore not declared dangerous at this time.

**CONFINEMENT MEASURES: (Check one factor only)**

(Primary Method of Confinement at the time of the incident)

SECURE FENCE/WALL AND GATES - 5 \_\_\_\_\_  
INADEQUATE FENCING OR GATES + 5 +5

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

REPAIRED DEFICIENT CONFINEMENT - 3 -3  
ANIMAL IS NEUTERED / SPAYED - 1 -1  
OWNER AWARE OF ANY AGGRESSION + 1 \_\_\_\_\_  
OWNER FAILED TO REPAIR CONFINEMENT + 5 \_\_\_\_\_  
CURRENTLY LICENSED LIC # 15-252526 - 1 -1  
NO CURRENT LICENSE + 1 \_\_\_\_\_  
NO CURRENT RABIES VACCINATION + 1 \_\_\_\_\_

**NEIGHBOR COMMENTS (Scored by Majority Opinion):**

(Two or More Neighbors Interviewed)

ANIMAL NEVER OBSERVED AT LARGE - 3 -3  
ANIMAL NOT OBSERVED AGGRESSIVE - 3 -3  
ANIMAL OBSERVED AT LARGE <5YR + 1 \_\_\_\_\_  
ANIMAL OBSERVED AT LARGE >5YR + 2 \_\_\_\_\_  
ANIMAL OBSERVED BEING AGGRESSIVE + 2 \_\_\_\_\_

**DOGS BEHAVIOR: (If Observed by Officer)**

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

OFFICER # 1942 Eckelberger

TOTAL SCORE: +4

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

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

\_\_\_\_\_ DANGEROUS

8 NOT DANGEROUS

DD#5

<b>INVESTIGATION REPORT</b>		SUSPECT <b>Dulce Grisel Grajeda</b>				ACO NAME / BADGE # <b>T Foster 2042</b>		COMPLAINT NUMBER <b>A15-180835</b>				
Pima County Health Department Pima Animal Care Center 4000 N. Silverbell Rd Tucson, Arizona 85745 Phone: (520) 724-5900 Fax: (520) 724-5960 www.pimaanimalcare.org		SUSPECT'S ADDRESS				BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>						
ZIP	CITY	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER		CODE IF OTHER :							
SUSPECT'S BUSINESS ADDRESS		CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>				DRIVERS LICENSE						
ZIP	CITY	STATE <b>AZ</b>	BUSINESS PHONE NUMBER		DOB		SSN <b>NA</b>					
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB		SSN				
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		LOCATION OF INCIDENT			DATE AND TIME REPORTED <b>10.15.15 / 1533</b>		DATE AND TIME OCCURRED <b>10.15.15 / 1500-1520</b>					
<input checked="" type="checkbox"/> I CHOOSE "upon request" rights in this case		FOOD <input type="checkbox"/> WATER <input type="checkbox"/> COLLATER <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 WAIVE "upon request" rights in this case.		VICTIM/COMPULSANT NAME			D.O.B	RESIDENCE PHONE NO.		BUSINESS PHONE NO.				
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)		VICTIM'S ADDRESS			ZIP	CITY	STATE					
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		VICTIM'S BUSINESS ADDRESS <b>NA</b>			ZIP	CITY	STATE					
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 # <b>151015190</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:				
<input checked="" type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input checked="" type="checkbox"/> VIOLATION		BITE SEVERITY: <b>3</b>		TREATED BY <b>hospital</b>		PHONE NUMBER				
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: <b>arm/leg</b>		DATE QUARANTINED <b>10.15.15</b>		PACC <input checked="" type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>				
PHONE NUMBER		VET CLINIC		PHONE NUMBER		OWNER KNOWS OF BITE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		FTQ <input type="checkbox"/> UTQ <input type="checkbox"/>				
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS		QUARANTINE <b>10</b> <input checked="" type="checkbox"/> <b>15</b> <input type="checkbox"/> <b>45</b> <input type="checkbox"/> <b>180</b> <input type="checkbox"/>		FRA HEAD#						
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		3 <sup>RD</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO <b>D Teakate #1911</b>		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER				
CODE/BRD VIOLATED <b>6.04.120(B)(2), 6.04.030</b>		CITATIONS/NUMBERS <b>71804</b>		OTHER ADDITIONAL REPORTS		REVIEWED BY <b>11-13-15</b> <b>DTK/SH</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>Rottweiler mix</b>		<b>Rocko</b>		<b>Black/blue merle</b>		<b>M</b>	<b>22m</b>		<b>current</b>	<b>current</b>	<b>N</b>	<b>A529009</b>
VICTIM <input type="checkbox"/> OWNER <input checked="" 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 <b>Vilma Restrepo</b>		M <input type="checkbox"/> F <input checked="" type="checkbox"/>		DOB		ADDRESS <b>1022 Plaza Topaz</b>		RESIDENCE PHONE # <b>265-6302</b>		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#5



## INVESTIGATION REPORT

Activity Number: A15-180835

ACO name & Badge: D Tenkate #1911

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On 10/15/15 at 1555 Hours Officer Foster #2042 Arrived at [redacted] in reference to a violation dog bite. She met with PCSO Deputy Bingham #7311 (case #151015190) who informed her that a person was bitten by a dog from this address at approximately 1500-1520 hours. He stated that the victim was next door at [redacted] purchasing salvaged car parts. When the victim returned to his car a person exited the gate at [redacted] and a large blue merle colored Rottweiler mix exited the yard and bit the victim several times. Deputy Bingham said the victim sustained very serious looking injuries that left a large amount of blood on the ground where the attack occurred. Officer Foster took photographs of the bloodied area. The bite victim had already been transported to the hospital.

Officer Foster was introduced to [redacted] by Deputy Bingham. [redacted] works at 5561 S Arcadia Ave and said his cousin opened the gate when the dog escaped. He was unwilling to disclose any information on his cousin or the actual dog owner. He said the property owner has numerous parcels along Arcadia Ave. [redacted] was advised that the Rottweiler mix needed to be impounded for quarantine. Officer Foster took a photograph of the dog and loaded him onto the truck with a snare pole. She left a notice of impound with [redacted] for the dog owner.

At 1620 hours Officer Foster arrived at Banner University Medical Center-south 2800 E Ajo Way and met with the bite victim [redacted] resides at [redacted] in [redacted] with his wife [redacted]. He stated that he and his wife had gone to [redacted] to buy salvage auto parts. They were returning to their parked car when a man opened the gate to [redacted] and a dog exited and attacked and bit him on his right arm (in several places), right thigh and his stomach. Officer Foster was able to photograph the wounds before pressure bandages were applied to stop the bleeding. She showed the [redacted] a photograph of the dog that she impounded. They identified the Rottweiler mix A529009 as the dog that bit. [redacted] requested citations to be issued to the dog owner.

On 10/17/15 at 1445 hours I, Supervisor Tenkate #1911 was reviewing the bite case and found that the impounded dog A529009 was named Rocko and was licensed to Dulce Grajeda. The dog owner Dulce Grajeda, who resides at \_\_\_\_\_, had recently redeemed Rocky from the Pima Animal Care Center (PACC) on 8/3/15. I then contacted Dulce Grajeda by phone and she admitted that she owned Rocko and she keeps him at her home and her business address at \_\_\_\_\_. She said she was given the impound notice today by \_\_\_\_\_ who she states lives at her business property. She said she was going to call PACC today about Rocko. I explained that Rocko had gotten out and bitten and severely injured a man. I then told her that \_\_\_\_\_ said his cousin opened the gate when Rocky escaped. Ms Grajeda said that \_\_\_\_\_ cousin is \_\_\_\_\_ but she has no phone number or address for him. She said she will get his information and contact PACC. Ms Grajeda was advised that citations were going to be issued and that a dangerous dog evaluation was going to be done.

PACC officers made at least 5 attempts (10/27/15, 10/28/15, 10/31/15, 11/1/15 and 11/7/15) to meet with Dulce Grajeda at her home without success. Ms Grajeda contacted PACC and stated she would come in and meet with an officer.

On 11/10/15 1326 hours I, Supervisor Tenkate #1911 met with the dog owner Dulce Grajeda, who resides at \_\_\_\_\_, when she came to the Pima Animal Care Center (PACC) about her impounded dog A529009 named Rocko. Ms Grajeda was aware that Rocko had bitten someone and that citations were pending and a dangerous dog evaluation had been requested. She was shown the photographs of the bite wounds the victim sustained. She provided me with an Arizona driver's license for identification. Ms Grajeda signed and received a copy of citation #71804 for biting animal, leash law and a dangerous dog informational pamphlet. She is aware of her court date, time and location.

Officer's Signature: *D Tenkate*

Date: *11/12/15*

COMPLAINT # A15-182737  
OFFICER # 1942 Eckelbarger  
DATE: 11-18-15

PIMA COUNTY HEALTH DEPARTMENT  
PIMA ANIMAL CARE CENTER  
4000 N. SILVERBELL RD. TUCSON, AZ 85745  
(520) 724-5900, option 3 FAX (520) 724-5960  
[www.pima.gov/animalcare](http://www.pima.gov/animalcare)

### DECLARATION OF DANGEROUS / VICIOUS ANIMAL

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

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

**OFFICER COMMENTS:**

The dog "Rocco" is declared dangerous as a result of biting and severely injuring another person while in violation of the leash laws.

OWNER: Dulce Grajeda  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

ANIMAL NAME: Rocco  
ANIMAL ID#: A529009  
SEX: M COLOR: Blk BREED: Rottweiler / Blue-nose

#### NOTICE

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

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

DD#6

<b>INVESTIGATION REPORT</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	<b>SUSPECT</b> <b>Guillermo Emiliano Murrieta</b> <small>SUSPECT'S ADDRESS</small>				<b>ACO NAME / BADGE #</b> <b>X. Delgadillo #2047</b>		<b>COMPLAINT NUMBER</b> <b>A15-180397</b>												
	<small>7IP</small> <small>PIV</small> <small>STATE</small> <b>AZ</b> <small>RESIDENT PHONE NUMBER</small>				<b>BITE</b> <input checked="" type="checkbox"/> <b>WELFARE</b> <input type="checkbox"/> <b>DANGEROUS</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> <small>CODE IF OTHER :</small>														
	<small>SUSPECT'S BUSINESS ADDRESS</small>				<b>CL</b> <input type="checkbox"/> <b>CO</b> <input checked="" type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>														
	<small>ZIP</small> <small>CITY</small> <small>STATE</small> <small>BUSINESS PHONE NUMBER</small>				<small>DRIVER LICENSE</small> <small>[</small>														
<small>SEX</small> <small>WEIGHT</small> <small>HEIGHT</small> <small>EYES</small> <small>HAIR COLOR</small> <small>ORIGIN</small> <small>DOB</small> <small>SSN</small>				<small>LOCATION OF INCIDENT</small> <small>DATE AND TIME REPORTED</small> <b>10/08/15 / 18:35</b> <small>DATE AND TIME OCCURRED</small> <b>10/06/2015 / 17:00</b>															
<small>FOOD</small> <input type="checkbox"/> <small>WATER</small> <input type="checkbox"/> <small>SHELTER</small> <input type="checkbox"/> <small>INJURED/ILL</small> <input type="checkbox"/> <small>VENTILATION</small> <input type="checkbox"/> <small>ABANDONED</small> <input type="checkbox"/> <small>TIEOUT</small> <input type="checkbox"/> <small>BEATEN</small> <input type="checkbox"/> <small>WASTE</small> <input type="checkbox"/> <small>OTHER (EXPLAIN)</small> <input type="checkbox"/>				<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 § 9-286 (B)															
<small>VICTIM/OWNER/ADJUTANT NAME</small> <small>D.O.B</small> <small>RESIDENCE PHONE</small> <small>BUSINESS PHONE NO.</small>				<small>VICTIM'S ADDRESS</small> <small>ZIP</small> <small>CITY</small> <small>STATE</small> <b>AZ</b>															
<small>VICTIM'S BUSINESS ADDRESS</small> <small>ZIP</small> <small>CITY</small> <small>STATE</small>				<small>NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)</small> <small>DANGEROUS ASSESSMENT REQUESTED</small> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <small>RESTITUTION REQUESTED</small> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <small>DANGEROUS CASE NUMBER</small> <small>OTHER AGENCY CASE #</small> <input type="checkbox"/> <b>SO</b> <input type="checkbox"/> <b>TPD</b> <input type="checkbox"/> <b>TFD</b> <input type="checkbox"/> <b>OTHER:</b> <small>FOLLOW UP REQUEST</small> <input type="checkbox"/> <b>SO</b> <input type="checkbox"/> <b>TPD</b> <input type="checkbox"/> <b>OTHER:</b>															
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM				<input checked="" type="checkbox"/> <b>VIOLATION</b> <small>BITE SEVERITY: 3</small> <input type="checkbox"/> <b>NON-VIOLATION</b> <small>PART OF BODY BITTEN: buttocks</small>		<small>TREATED BY</small> <small>PHONE NUMBER</small> <small>DATE QUARANTINED</small> <small>PACC</small> <input type="checkbox"/> <small>VET CLINIC</small> <b>PACC</b> <small>PHONE NUMBER</small> <small>OWNER KNOWS OF BITE</small> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <small>FTQ</small> <input type="checkbox"/> <small>RELEASE DATE:</small> <small>UTQ</small> <input type="checkbox"/>													
<small>RELATIONSHIP TO VICTIM</small> <small>PHONE NUMBER</small>				<small>LAWFUL REPRESENTATIVE ADDRESS</small> <small>CLINIC'S ADDRESS</small> <small>QUARANTINE</small> <b>10</b> <input checked="" type="checkbox"/> <b>15</b> <input type="checkbox"/> <b>45</b> <input type="checkbox"/> <b>180</b> <input type="checkbox"/> <input type="checkbox"/> <b>FRA HEAD#</b>															
<small>VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE</small>				<small>3RD PARTY CITATIONS</small> <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <small>CITING ACO</small> <b>X. Delgadillo #2047</b>		<small>PREVIOUS VIOLATIONS</small> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <small>PREVIOUS CASE NUMBER</small> <small>OTHER ADDITIONAL REPORTS</small>													
<small>CODE/ORD VIOLATED</small> <b>6.4.120 (b) (2) and 6.4.30,</b> <small>CITATIONS/NUMBERS</small> <b>74745</b>				<small>REVIEWED BY</small> <b>2002 KOOST 10/21</b> <small>BOND</small> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>															
<small>BREED/DESCRIPTION VICTIM OR OWNER ANIMAL</small>		<small>ANIMAL'S NAME</small>		<small>COLOR</small>		<small>SEX</small>		<small>AGE</small>		<small>TAG COLOR</small>		<small>LICENSE #</small>		<small>VX CERTIFICATE #</small>		<small>COND</small>		<small>ANIMAL ID#</small>	
<b>Pit Bull Mix</b>		<b>Sparticus</b>		<b>Brown/White</b>		<b>M</b>		<b>A</b>										<b>538538</b>	
<small>VICTIM OWNER</small> <input type="checkbox"/>																			
<small>VICTIM OWNER</small> <input type="checkbox"/>																			
<small>VICTIM OWNER</small> <input type="checkbox"/>																			
<small>VICTIM OWNER</small> <input type="checkbox"/>																			
<small>VICTIM OWNER</small> <input type="checkbox"/>																			
<small>WITNESS 3</small> <small>M</small> <input type="checkbox"/> <small>F</small> <input type="checkbox"/> <small>DOB</small> <small>ADDRESS</small> <small>RESIDENCE PHONE #</small> <small>BUSINESS PHONE #</small>				<small>WITNESS 4</small> <small>M</small> <input type="checkbox"/> <small>F</small> <input type="checkbox"/> <small>DOB</small> <small>ADDRESS</small> <small>RESIDENCE PHONE #</small> <small>BUSINESS PHONE #</small>															

DD#6



# INVESTIGATION REPORT

Activity Number: A15-165375

ACO name & Badge: X. Delgadillo #2047

On October 17, 2015 at approximately 17:42 I, Officer Delgadillo#2047, arrived to \_\_\_\_\_ in reference to a dog bite complaint.

I met with the bite victim \_\_\_\_\_ explained that on the 6<sup>th</sup> of October at approximately 17:00 he arrived to father's residence to care for him. He went back outside to his vehicle when he noticed a young boy walking a brown and white pit-bull. He stated that he observed the young boy bend down and the pit bull was taken off the leash; the dog charged at him and bit him on his right buttock while being bitten he was thrown against his car. \_\_\_\_\_ yelled at the young at the boy to get his dog off of him, the boy just stood there. Two young girls came up and got in-between him and the dog and they took the dog back to the boy. \_\_\_\_\_ stated that he was reluctant to call and report the bite, but stated that he got pressure from the neighbors who stated the dog is dangerous.

at \_\_\_\_\_ in Tucson; stated that he was present and witnessed the attack. I explained third party citations and \_\_\_\_\_ requested citations be issued and also requested a dangerous dog assessment.

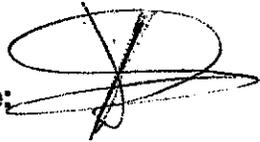
I then arrived to \_\_\_\_\_ and met with the dog owner Guillermo Murrieta. Mr. Murrieta stated that his son told him about the incident but was not aware of the bite. He stated that his son was walking the dog when the spindle on the clasp of the leash broke and the dog got loose. Mr. Murrieta stated that he was not aware of the bite and his son explained that the dog charged and pushed \_\_\_\_\_ into the car, but he was not aware of the bite. Mr. Murrieta provided the leash that was used the day of the walk, the end of the leash was broken; photograph attached. I explained the third party citations and that the bite victim has requested those citations be issued.

DD#6

Mr. Murrieta was cited into Pima County Justice court for Leash Law and Biting Animal. Mr. Murrieta signed his citations and received a copy. The new court address was provided as well.

---

Officer's Signature:

A handwritten signature consisting of a large, stylized loop with a vertical line through it and a horizontal line at the bottom.

Date:

10/21/15



DD#6

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

CASE NO: A15-181291  
 OWNER: Guillermo Murnieta  
 ANIMAL NAME: Sparticus

ADDRESS: \_\_\_\_\_  
 SEX: M BREED: Pitbull MIX  
 COLOR: Brown/white DATE: 11-2-15

**EVALUATION CRITERIA**

**REPORTED BITES:**

NON-VIOLATION BITE +3 \_\_\_\_\_  
 VIOLATION-BITE +6 +5

**SEVERITY OF INJURY TO HUMANS:**

(Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**Confinement / Fencing:**

Kennel run covered, inside 5 foot fenced yard

**General Comments:**

The dog "Sparticus" scored a +5 and is therefore not declared dangerous at this time.

**CONFINEMENT MEASURES: (Check one factor only)**

(Primary Method of Confinement at the time of the incident)

SECURE FENCE/WALL AND GATES -5 \_\_\_\_\_  
 INADEQUATE FENCING OR GATES +5 +5  
Off leash

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

REPAIRED DEFICIENT CONFINEMENT -3 -3  
 ANIMAL IS NEUTERED / SPAYED -1 -1  
 OWNER AWARE OF ANY AGGRESSION +1 \_\_\_\_\_  
 OWNER FAILED TO REPAIR CONFINEMENT +5 \_\_\_\_\_  
 CURRENTLY LICENSED LIC # 15-258467 -1 -1  
 NO CURRENT LICENSE +1 \_\_\_\_\_  
 NO CURRENT RABIES VACCINATION +1 \_\_\_\_\_

**NEIGHBOR COMMENTS (Scored by Majority Opinion):**

(Two or More Neighbors Interviewed)

ANIMAL NEVER OBSERVED AT LARGE -3 -3  
 ANIMAL NOT OBSERVED AGGRESSIVE -3 -3  
 ANIMAL OBSERVED AT LARGE <5X/YR +1 \_\_\_\_\_  
 ANIMAL OBSERVED AT LARGE >5X/YR +2 \_\_\_\_\_  
 ANIMAL OBSERVED BEING AGGRESSIVE +2 \_\_\_\_\_

**DOGS BEHAVIOR: (If Observed by Officer)**

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

TOTAL SCORE: +5

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

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

\_\_\_\_ DANGEROUS

NOT DANGEROUS

OFFICER # 1942 Eckelbarger

DD#7

<b>INVESTIGATION REPORT</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 <b>Ralph Cruz 3rd</b>			ACO NAME / BADGE # <b>C. Meek 2015</b>		COMPLAINT NUMBER <b>A14-154468</b>		
	SUSPECT'S ADDRESS _____						BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>	
	ZIP _____	CITY _____	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER _____			CODE IF OTHER : _____	
	SUSPECT'S BUSINESS ADDRESS _____						CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
ZIP _____	CITY _____	STATE <b>AZ</b>	BUSINESS PHONE NUMBER _____			DRIVER'S LICENSE _____		
SEX _____	WEIGHT _____	HEIGHT _____	EYES _____	HAIR COLOR _____	ORIGIN _____	DOB _____	SSN _____	

DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	LOCATION OF INCIDENT _____			DATE AND TIME REPORTED <b>08/25/14 / 0845</b>		DATE AND TIME OCCURRED <b>08/25/15 / 0600</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 type="checkbox"/> I CHOOSE "upon request" rights in this case	VICTIM/COMPLAINANT NAME _____			RESIDENCE PHONE NO. _____		BUSINESS PHONE NO. _____	
<input type="checkbox"/> I WAIVE "upon request" rights in this case.	VICTIM'S ADDRESS _____			ZIP _____	CITY _____	STATE <b>AZ</b>	
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)	VICTIM'S BUSINESS ADDRESS _____			ZIP _____	CITY _____	STATE _____	

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

<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM	<input checked="" type="checkbox"/> VIOLATION <input type="checkbox"/> NON-VIOLATION	BITE SEVERITY: <b>3</b> PART OF BODY BITTEN: <b>ankle</b>	TREATED BY _____	PHONE NUMBER _____	DATE QUARANTINED _____	PACC <input type="checkbox"/> 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 checked="" type="checkbox"/>

LAWFUL REPRESENTATIVE ADDRESS _____	CLINIC'S ADDRESS _____		QUARANTINE <input checked="" type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>		<input type="checkbox"/> FRA HEAD# _____	
3 <sup>rd</sup> PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO <b>C. Meek 2015</b>		PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER <b>A14-145080</b>	OTHER ADDITIONAL REPORTS _____

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE _____	CODE/BOOK VIOLATED <b>6.04.030/6.04.120(B)(2)</b>			REVIEWED BY <b>2002 Konst 4/2</b>	
CITATIONS/NUMBERS <b>74328</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#
Q. Heeler-X VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Bandit	Tri		3Y		226417		ok	A387613
A. Shep-X VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Angel	Wht		14Y		226419		ok	A477411
A. Shep-X VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Roxie	Red		14Y		226418		ok	A477413
Lab-X VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>	Nutmeg	Choc.		6Y				ok	
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 #



# INVESTIGATION REPORT

Activity Number: A14-154468

ACO name & Badge: C. Meek 2015, D. Windower 1984, N. Konst 2002

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On 08/25/14 at 08:48 hours Pima Animal Care Center received a complaint, the caller who stated she was walking down the street when 3 dogs packed up and one of them bit her on her leg. She believes the dogs live at 3900 E. Pinto. There is another call under A14-152742 for an animal attack with the same dog description matching the biters.

On 10/22/14 at approximately 1340 hours Officer Windower badge number 1984 met with victim, [redacted] and her service dog-Nutmeg, a 6 year old chocolate lab at the Pima Animal Care Center. [redacted] advised Officer Windower of the ongoing problem of the dogs running loose, usually through an open gate. [redacted] stated they could get out under fence also. Officer Windower was told on August 25, 2014 at approximately 0600 hours she was taking a walk with Nutmeg on a leash past the dog owners address. She saw the gate was open at that time. [redacted] stated she believes there are 4-5 dogs that live on the property and that the types of dogs seem to vary. She said at this time two dogs ran out at her, barking and circling. She said the long haired red /white heeler mix attacked Nutmeg, biting at her torso and the larger dark brown rottwieler mix bit her on the inside of her right ankle. She said the attack didn't last long she yelled at the dogs and they left. She said Nutmeg suffered some minor wounds but did not require vet care. Officer Windower was not able to photograph any of the wounds or scars. Officer Windower was shown [redacted] ankle which had a minor puncture wound that was not photographed. [redacted] stated it was not the first time the dogs have come out at them and her dog is scared of walking in the area. [redacted] described the other dogs on property as two possibly tan Labrador mixes, one has blue eyes and an older large shaggy dog that she only sees from a distance. She would still like citations written.

On 10/25/14 at 1023 I Officer Meek badge number 2015 responded to 3900 E. Pinto to follow up on a bite complaint and to meet with the dog owner. Additionally there is a leash law attack complaint at the property.

DD#7

I arrived at the address and found the front gate to be shut. I made contact with the dispatch department and asked that they attempt contact with Mr. Ralph Cruz, the dog owner. I was advised Mr. Cruz was not at home but at work and I was provided the address of

I advised the dispatch department I would meet with Mr. Cruz at his place of business.

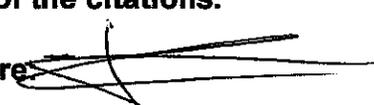
I arrived at the address and made contact with Mr. Cruz. I advised Mr. Cruz about the bite complaint filed in August and that the complainant/victim requested that citations be issued on their behalf. Mr. Cruz stated he is very familiar with the complainant and that there has been an ongoing issue between the two of them with regards to their dogs. Mr. Cruz did advise me that he already had been issued citations and just went to court recently within the last two weeks he said. I described the dogs involved in the bite complaint and Mr. Cruz stated that one dog is definitely his and he described Roxie (red and white). Mr. Cruz stated that the other dog described in the complaint does not belong to him but does belong to his daughter who is no longer living at the property and has not been for some time.

I asked Mr. Cruz if he had his copy of the citation available. Mr. Cruz advised me that the citations were at his residence. I asked Mr. Cruz if he was cited before for a separate issue involving the dogs. Mr. Cruz advised me that the current complaint is the only problem he has had. Mr. Cruz did advise me that his dogs have been loose before and he is repairing the fencing as he finds defects. I provided Mr. Cruz with the complaint number as well as the Pima Animal Care Center fax number. Mr. Cruz stated he would fax the information today but did have to locate it first. I advised Mr. Cruz that if the citations are for a previous incident or another on-going incident I would be issuing citations on behalf of the complainant. Mr. Cruz stated he understood.

On 03/31/15 at 1139 hours I Officer Meek badge number 2015 responded to to follow up on a bite complaint and to meet with the biting dog owner and issue citations requested by the victim.

I arrived at the address and was able to meet with the biting dog owner Mr. Ralph Cruz the 3rd. I advised Mr. Cruz for the reason of my visit and that I needed to issue citations. Mr. Cruz advised me that he understood and provided me with his Arizona Driver's License. I issued Mr. Cruz a total of five citations. I advised Mr. Cruz that with the citations he would need to appear in court and I provided him with the date. Mr. Cruz stated he understood his need to appear and signed his copy of the citations.

Officer's Signature



Date: 04/02/15



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/animalcare

DD#7

CASE NO: A15-180383  
OWNER: Ralph Cruz  
ANIMAL NAME: Roxie

ADDRESS: \_\_\_\_\_  
SEX: F BREED: Aust. Shep.  
COLOR: Red/white DATE: 11-4-15

**EVALUATION CRITERIA**

**REPORTED BITES:**

NON-VIOLATION BITE + 3 \_\_\_\_\_  
VIOLATION-BITE + 6 \_\_\_\_\_

**SEVERITY OF INJURY TO HUMANS:**

(Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**Confinement / Fencing:**

**CONFINEMENT MEASURES: (Check one factor only)**

(Primary Method of Confinement at the time of the incident)

SECURE FENCE/WALL AND GATES - 5 \_\_\_\_\_  
INADEQUATE FENCING OR GATES + 5 +5

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

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

**NEIGHBOR COMMENTS (Scored by Majority Opinion):**

(Two or More Neighbors Interviewed)

ANIMAL NEVER OBSERVED AT LARGE - 3 -3  
ANIMAL NOT OBSERVED AGGRESSIVE - 3 -3  
ANIMAL OBSERVED AT LARGE <5YR + 1 \_\_\_\_\_  
ANIMAL OBSERVED AT LARGE >5YR + 2 \_\_\_\_\_  
ANIMAL OBSERVED BEING AGGRESSIVE + 2 \_\_\_\_\_

**DOGS BEHAVIOR: (if Observed by Officer)**

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

A13-136817 / A14-145080

**General Comments:**

The dog "Roxie" scored a +3 and is therefore declared not dangerous

OFFICER # 1942 Eckelbarger

TOTAL SCORE: +3

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

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

\_\_\_\_\_ DANGEROUS

NOT DANGEROUS

**Pima County Animal Care Advisory Committee Dangerous Dog Cases Comment Page**

**Dangerous Dog Cases - November 2015**

1. A15-178859

2. A15-171392

3. A15-182092

4. A15-180702

5. A15-180835

6. A15-180397

7. A15-154468

8.

9.

10.

**Committee Member:** \_\_\_\_\_

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

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

kennel\_no

**HOLD TYPE ENFORCEMEN**

Number on Hold **15**

**A15-181952**

<b>K15-204240</b>	A515988	DOG	RIZZY	PIT BULL/	
11/3/15	QUARANTINE	FIELD OWN	AGGRESSIVE	Activity:A15-181952	<b>D100</b>
Kennel Comment: D.D. hold after quarantine					<input type="text" value="R"/>
dog did bite lisc. 258756					

**A15-183295**

<b>K15-205817</b>	A358506	DOG	COOLER	AUST SHEPHERD/MIX	
11/24/15	CONFISCATE	FIELD OWN	ILL SEVERE	Activity:A15-183295	<b>D122</b>
Kennel Comment: no bite/chip 0a11044f75/tag 160227 3c3c3c3c					<input type="text" value="R"/>

<b>K15-205819</b>	A358505	DOG	DAISY	LABRADOR RETR/MIX	
11/24/15	CONFISCATE	FIELD OWN	ILL SEVERE	Activity:A15-183295	<b>D122</b>
Kennel Comment: no bite/tag 160226 3c3c3c3c					<input type="text" value="R"/>

**A15-183587**

<b>K15-206298</b>	A542565	DOG	FAITH	PIT BULL/MIX	
12/1/15	CONFISCATE	FIELD OWN	NORMAL	Activity:A15-183587	<b>D204</b>
Kennel Comment: NO CHIP. 2021RT 3C 3C 3C 3C 3C 3C					<input type="text" value="R"/>

**A15-183722**

<b>K15-206279</b>	A542549	DOG	TIGGER	POODLE MIN/	
12/1/15	STRAY	FIELD	NORMAL	Activity:A15-183722	<b>D240</b>
Kennel Comment: no chip / no bite Apache Junction rabies tag #3368					<input type="text" value="R"/>

12/01/2015 DHINTE 12/1/15 16:46  
 Impounded on school grounds. Staff reports it as the second time the dogs have been on school grounds in the last several weeks.

If owner comes to redeem, issue premise inspection for confinement. See medical notes to determine if vet care should also be included on premise inspection for the Bulldog's injured eye.  
 2068

**A15-183761**

<b>K15-206614</b>	A542944	DOG		MALTESE/MIX	
12/7/15	CONFISCATE	FIELD OWN	AGGRESSIVE	Activity:A15-183761	<b>D203</b>
Kennel Comment: unable to scan bottom cage ubay					<input type="text" value="R"/>

12/07/2015 ENFORCEM

KWALTON 12/7/15 10:02

Upon arrival I observed the dog was still in the yard severely matted and acting aggressive. I had Dispatch call owner and a message was left. I observed the table that was mentioned leaning against the wall and 2 metal pans were on each side upside down in the dirt. I observed another pan upside down over by the shed. I entered the back yard, and observed food bowl with food, and a 1 gallon self water dish with approx 1 inch of water and in the sun. I observed a loose slat of wood on shed that gave dog access to shelter. The dog was impounded due to vet care (grooming). I was notified from Dispatch owner called and she was advised what she needed to do. I left a notice of impound. If we dont shave dog down she will need to take dog to groomers. She stated the dog was not vaccinated so she couldnt take it. 1925

**A15-183831**

**K15-206402** A542716 DOG PIT BULL/MIX  
12/3/15 CONFISCATE FIELD OWN NORMAL Activity:A15-183831 **D202**  
Kennel Comment: No Chip  
3c3c3c3c3c3c3c  R

12/03/2015 ENFORCEM akirby 12/3/15 13:37  
12/03/15 1335 hrs Enforcement hold pending ID as possible biters reference A 15-183831 Release date is 12/12/15.

2057

12/03/2015 ENFORCEM akirby 12/3/15 14:23  
If Owner Redeems, cite for Tucson City Code 4-97 - Leash Law on 12/03/15 1118 hrs in the 400 block of W. 39th St.

2057

**K15-206405** A542717 DOG PIT BULL/MIX  
12/3/15 CONFISCATE FIELD OWN NORMAL Activity:A15-183831 **D211**  
Kennel Comment: No Chip  
3c3c3c3c3c3c3c3c  R

12/03/2015 ENFORCEM akirby 12/3/15 13:39  
12/03/15 1335 hrs Enforcment hold pending Victim ID as possible Biter Reference A 15-183831. Release Date 12/12/15.

2057

12/03/2015 ENFORCEM akirby 12/3/15 14:24  
If Owner Redeems, cite for Tucson City Code 4-97 - Leash Law on 12/03/15 1118 hrs in the 400 block of W. 39th St.

2057

**A15-183930**

**K15-206492** A542812 DOG POODLE MIN/MIX  
12/5/15 STRAY FIELD OWN NORMAL Activity:A15-183930 **D179**  
Kennel Comment: NO CHIP. 2021RT  
3C 3C 3C 3C 3C 3C  R

**A15-184000**

**K15-206607** A542935 DOG OSCAR AMER BULLDOG/  
12/6/15 CONFISCATE FIELD OWN UNDRAGE/WT Activity:A15-184000 **D200**  
Kennel Comment: no chip. 2021rt  
3C 3C 3C 3C 3C 3C (SEE MEMO)  
No other dogs. 2021rt  R

**K15-206608** A542936 DOG PIT BULL/MIX

12/6/15 CONFISCATE FIELD OWN UNDRAGE/WT Activity:A15-184000

kennel no

D209

Kennel Comment: no chip. 2021rt  
3C 3C 3C 3C 3C 3C (SEE MEMO)

R

**A15-184005**

**K15-206609** A542938 DOG LABRADOR RETR/MIX

12/6/15 CONFISCATE POLICE NORMAL Activity:A15-184005

D208

Kennel Comment: No Chip Detected - On To Do List  
3C 3C 3C 3C

R

12/07/2015 THAYNES 12/7/15 1:49  
12/06/15 If owner comes to redeem, need to meet with enforcement for circumstances surrounding  
location of dog. 2032

**A15-184059**

**K15-206674** A534468 DOG HARMONY DACHSHUND/CHIHUAHUA SH

12/7/15 CONFISCATE POLICE INJ SEVERE Activity:A15-184059

JWFLOOR

Kennel Comment: no bite dog needs to be bonded...2oo2

R

12/07/2015 CMARTIN1 12/7/15 19:30  
12/07/15 19:29

Was stabbed by owner. If owner comes forward BOND the dog and issue citations. Refer to activity notes.  
2067

**A15-184098**

**K15-206747** A543124 DOG DACHSHUND/MIX

12/8/15 CONFISCATE CRUELTY NORMAL Activity:A15-184098

D203

Kennel Comment: left notice- 3c 3c 3c

R

12/08/2015 DWINDAUE 12/8/15 17:25  
To cite owner for Neglect-No Water if redeemed. also A543125

**K15-206748** A543125 DOG CHIHUAHUA SH/MIX

12/8/15 CONFISCATE CRUELTY NORMAL Activity:A15-184098

D203

Kennel Comment: left notice-3c 3c 3c

R

PIMA ANIMAL CARE CENTER  
ADVISORY COMMITTEE  
NOVEMBER 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	659	498	1,157	3,493	2,841	6,334	3,473	3,134	6,607		
CATS	294	170	464	1,767	1,195	2,962	1,658	1,237	2,895		
OTHERS	17	26	43	102	179	281	151	281	432		
<b>TOTAL ANIMALS HANDLED</b>	<b>970</b>	<b>694</b>	<b>1,664</b>	<b>5,362</b>	<b>4,215</b>	<b>9,577</b>	<b>5,282</b>	<b>4,652</b>	<b>9,934</b>	<b>-357</b>	<b>-4%</b>
Live Animals Handled	837	618	1,455	4,734	3,741	8,475	4,372	3,964	8,336	139	2%
<b>IMPOUNDED ANIMALS</b>											
<b>ADOPTED</b>											
DOGS	316	229	545	1,518	1,277	2,795	1,293	1,257	2,550		
CATS	217	142	359	1,212	751	1,963	767	676	1,443		
OTHER	0	1	1	4	3	7	2	11	13		
<b>TOTAL ADOPTED</b>	<b>533</b>	<b>372</b>	<b>905</b>	<b>2,734</b>	<b>2,031</b>	<b>4,765</b>	<b>2,062</b>	<b>1,944</b>	<b>4,006</b>	<b>759</b>	<b>19%</b>
<b>RETURNED TO OWNER</b>											
DOGS	76	64	140	485	385	870	423	309	732		
CATS	5	5	10	35	28	63	19	29	48		
OTHER	0	0	0	2	6	8	0	7	7		
<b>TOTAL RETURNED</b>	<b>81</b>	<b>69</b>	<b>150</b>	<b>522</b>	<b>419</b>	<b>941</b>	<b>442</b>	<b>345</b>	<b>787</b>	<b>154</b>	<b>20%</b>
<b>RESCUED</b>											
DOGS	122	76	198	487	435	922	467	487	954		
CATS	90	28	118	333	247	580	309	244	553		
OTHER	0	0	0	11	3	14	9	31	40		
<b>TOTAL RESCUED</b>	<b>212</b>	<b>104</b>	<b>316</b>	<b>831</b>	<b>685</b>	<b>1,516</b>	<b>785</b>	<b>762</b>	<b>1,547</b>	<b>-31</b>	<b>-2%</b>
<b>*TOTAL LIVE RELEASES</b>	<b>826</b>	<b>545</b>	<b>1,371</b>	<b>4,087</b>	<b>3,135</b>	<b>7,222</b>	<b>3,289</b>	<b>3,051</b>	<b>6,340</b>	<b>882</b>	<b>14%</b>
<b>**TOTAL LIVE RELEASE RATE</b>	<b>89%</b>	<b>88%</b>	<b>89%</b>	<b>89%</b>	<b>89%</b>	<b>89%</b>	<b>82%</b>	<b>83%</b>	<b>82%</b>		
<b>EUTHANIZED</b>											
DOGS	111	88	199	592	496	1,088	789	699	1,488		
CATS	26	20	46	150	94	244	194	133	327		
OTHER	4	1	5	21	24	45	41	53	94		
<b>TOTAL EUTHANIZED</b>	<b>141</b>	<b>109</b>	<b>250</b>	<b>763</b>	<b>614</b>	<b>1,377</b>	<b>1024</b>	<b>885</b>	<b>1909</b>	<b>-532</b>	<b>-28%</b>
(-)Owner Requested Euthanasia	44	32	76	256	210	466	288	266	554		
Adjusted Total Euthanasia	97	77	174	507	404	911	736	619	1,355		
<b>***EUTHANASIA RATE</b>	<b>11%</b>	<b>12%</b>	<b>11%</b>	<b>11%</b>	<b>11%</b>	<b>11%</b>	<b>18%</b>	<b>17%</b>	<b>18%</b>		
<b>OTHER</b>	<b>154</b>	<b>86</b>	<b>240</b>	<b>776</b>	<b>547</b>	<b>1,323</b>	<b>1,195</b>	<b>893</b>	<b>2,088</b>	<b>-765</b>	<b>-37%</b>
<b>ENFORCEMENT CALLS FOR SERVICE</b>											
Requested	1,417	1,001	2,418	7,766	4,956	12,722	8332	5257	13589	-867	-6%
Total Responses	1,178	1,385	2,563	6,478	4,183	10,661	7,077	4,396	11,473	-812	-7%
Welfare Responses	198	91	289	999	586	1585	973	471	1444	141	1%
<b>LICENSING OPERATIONS</b>											
ALTERED	2,607	3,600	6,207	16,078	20,344	36,422	16,435	19,544	35,979		
UNALTERED	127	308	435	915	1,203	2,118	963	1,160	2,123		
OTHER	51	64	115	356	410	766	318	443	761		
<b>TOTAL SOLD</b>	<b>2,785</b>	<b>3,972</b>	<b>6,757</b>	<b>17,349</b>	<b>21,957</b>	<b>39,306</b>	<b>17716</b>	<b>21147</b>	<b>38863</b>	<b>443</b>	<b>1%</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)

**AN ORDINANCE OF THE BOARD OF SUPERVISORS OF PIMA COUNTY, ARIZONA, RELATING TO ANIMALS; AMENDING PIMA COUNTY CODE CHAPTER 6.04 TO ALLOW ENFORCEMENT OF THE COUNTY RABIES VACCINATION REQUIREMENT; AMEND SERVICE DOG AND LAW ENFORCEMENT WORKING DOG EXEMPTIONS AND ELIMINATING CERTAIN UNALTERED DOG LICENSE PROVISIONS**

**THE BOARD OF SUPERVISORS OF PIMA COUNTY, ARIZONA, FINDS THAT:**

1. The Board of Supervisors has authority under A.R.S. §§ 11-251(17), 11-251.05 and 11-1008 to set dog licensing fees.
2. Currently, there is no provision that allows Animal Care or law enforcement officers to enforce the mandated rabies vaccination provision of the Pima County Code. Therefore, it is in the best interest of the County to provide the authority to enforce the rabies vaccination provision and update enforcement sections.
3. It is in the best interests of the County to update the service dog language and add a dog licensing exemption for law enforcement working dogs.
4. It is in the best interest of the County to support spay and neuter of cats and dogs. Eliminating discounted licensing fees for unaltered dogs best supports that interest.

**THEREFORE BE IT ORDAINED BY THE BOARD OF SUPERVISORS OF PIMA COUNTY, ARIZONA:**

**SECTION 1:** Section 1 of Ordinance No. 2015-22 and subsections 6.04.070(B) and (J) of the Pima County Code are amended to read as follows:

**CHAPTER 6.04**

**ANIMAL CONTROL REGULATIONS**

. . .

**6.04.050 Enforcement Authority – Disposition of fines**

A. The animal care enforcement officers ~~may issue citations for the violation of Sections 6.04.030, 6.04.110 and 6.04.120 of this chapter.~~ are authorized to enforce the provisions of this chapter and to issue citations for violations of this chapter.

. . .

**6.04.070 - Dog vaccinating, licensing and permitting procedure and fees within county limits.**

. . .

B. The licensing fees for dogs three months of age or over which are kept within the boundaries of the county for at least thirty consecutive days are as follows:

1. Regular, unaltered dog — sixty dollars.

- 2. Regular, altered dog—fifteen dollars.
- 3. Dogs declared dangerous or vicious—one hundred dollars.
- ~~4. Senior/disabled citizen owner, unaltered dog (limit four discounted dog licenses per household)—seventeen dollars.~~
- ~~45. Senior/disabled citizen owner, altered dog (limit four discounted dog licenses per household) — ten dollars.~~
- ~~56. Upon showing a veterinarian's certificate stating that a dog cannot be altered for health reasons - the regular, altered dog fee will apply. Dogs ten years of age or older fifteen dollars.~~
- 6. A dog owner with a household income below the federal poverty level is eligible for an eight dollar dog licensing fee per altered dog (limit four discounted dog licenses per household).
- ~~8. A guide dog belonging to a blind person who is a resident within Pima County, or a dog certified, in writing, as being trained to the standards of a service animal by a national recognized service dog training agency belonging to a resident within Pima County shall be licensed pursuant to this article without payment of a fee.~~
- 7. A service animal, or a dog training to be a service animal, as defined by Arizona Revised Statute section 11-1024 may be licensed under this section without payment of a fee. An applicant for a license fee waiver for a service animal must sign a written certification that the dog is a service animal, or is in training to be a service animal, as defined in A.R.S. section 11-1024. The written certification must be in substantially the same language as in A.R.S. section 11-1008(F)(2). A person who makes a false certification under this section is guilty of a petty offense and subject to a fine that does not exceed fifty dollars.
- 8. An active working dog belonging to a law enforcement agency, or an altered retired law enforcement working dog, may be licensed under this section without payment of a fee.
- 9. Processing/Postage fee per license, one dollar.

...

J. Penalty. The owner of any dog who fails to vaccinate and license or permit such dog pursuant to this section is guilty of a Class 2 misdemeanor, which is punishable by a fine of not less than one hundred fifty dollars nor more than seven hundred fifty dollars, four months in jail, two years' probation, or any combination thereof. No judge may grant probation in lieu of, or otherwise suspend, the imposition of the minimum fine prescribed herein; provided however that where a violation of this section is charged, the fine shall be reduced to seventy-five dollars upon a showing to the court of proof of vaccination and licensing or permitting, as is required for such dog, within fifteen days of issuance of the complaint.

...

**SECTION 2.** This Ordinance is effective 30 days after the date of adoption.

**PASSED AND ADOPTED** by the Board of Supervisors, Pima County, Arizona, this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Chair, Board of Supervisors

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Clerk of the Board

APPROVED AS TO FORM:

\_\_\_\_\_  
Deputy County Attorney

**AN ORDINANCE OF THE BOARD OF SUPERVISORS OF PIMA COUNTY, ARIZONA, RELATING TO ANIMALS; AMENDING PIMA COUNTY CODE CHAPTER 6.04.100 TO MODIFY THE MEMBERSHIP OF THE ADVISORY COMMITTEE AND ITS PURPOSE**

**SECTION 1:** Section 6.04.100 of the Pima County Code is amended to read as follows:

CHAPTER 6.04

ANIMAL CONTROL REGULATIONS

. . .

**6.04.100 - Advisory committee—Established—Powers and duties.**

- ~~A. An advisory committee known as the Pima County animal care advisory committee shall be established by the board of supervisors. The purpose of this committee shall be to:~~
- ~~1. Serve in an advisory capacity to the board of supervisors and to the manager of the Pima Animal Care Center; and~~
  - ~~2. Review and evaluate the operations of the center in order 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 resolving them to the proper authority.~~
- ~~B. The membership of this committee shall consist of a representative from the Southern Arizona Veterinary Medical Association, the Society for the Prevention of Cruelty to Animals of Arizona, Inc., the Humane Society of Southern Arizona, the Tucson Kennel Club, the Animal Welfare Coalition, a public educator, a member of the Pima County board of health, Pima Paws for Life, the People for Animals in the Prevention of Cruelty and Neglect, Inc., a resident of Pima County who needs and uses the assistance of a certified service dog as representative of the disabled community, the city of Tucson, and a registered volunteer with the Pima Animal Care Center. The manager of the center shall serve as an ex officio member.~~
- ~~C. Appointment of members shall be the responsibility of each of the organizations and governments represented on this committee. The registered volunteer shall be selected by the members of the Pima Animal Care Center advisory committee from a list of no fewer than three volunteers recommended by the manager of the center. Terms shall be four years for all members.~~
- ~~D. Responsibilities of each member shall be to:~~

- ~~1. Attend all meetings; and~~
- ~~2. Inform the individual organizations and governments of formal actions taken by the committee; and~~
- ~~3. Represent the individual organizations, governments and the interest of the general public in advising the board of supervisors on policy decisions regarding the Pima Animal Care Center; and~~
- ~~4. Reports emanating from the committee shall be adopted by majority vote of the committee and submitted to the county board of supervisors; and~~
- ~~5. A copy of the minutes of each meeting shall be submitted to the governing body of each political jurisdiction that the center serves after adoption by the committee; and~~
- ~~6. Establish by-laws that govern procedures for meetings and official correspondence; and~~
- ~~7. Select members of the committee to serve as chairperson and vice chairperson for a term of two years. A member holding any office may not succeed himself or herself in office. Selection of chairperson and vice chairperson shall be held thirty days from the effective date of the ordinance.~~

A. An Advisory Committee known as the Pima County Animal Care Advisory Committee is established by the Board of Supervisors. The purpose of this committee is to:

1. Serve in an advisory capacity to the Board of Supervisors and to the manager of the Pima Animal Care Center;
2. Review and evaluate the general operations of the Center in order to make recommendations to the Board of Supervisors for the purpose of assuring that:
  - a. The Center's operations promote the public health and safety; and
  - b. The Center safeguards the health and well-being of dogs and cats and is consistent with best practices and procedures of animal control and welfare; and
  - c. Establish by-laws that govern procedures for meetings and official correspondence.

Membership of this committee consists of the following:

B. Community Organizations and Partners

1. Each of the following organizations or associations appoints one committee member: the Southern Arizona Veterinary Medical Association; Pima Animal Care Center Partners, which is comprised of one representative of each of the jurisdictions that have an intergovernmental agreement with Pima County; Friends of Pima Animal Care Center, the nonprofit fundraising arm of PACC; and the registered volunteers with Pima Animal Care Center.

2. The term of appointment for committee members appointed pursuant to B.1. begins July 1, 2016.
3. At the first Advisory Committee meeting following July 1, 2016, the committee members appointed by organizational partners as delineated in B.1. shall, through random selection, identify two members to serve four year terms through June 30, 2020 and two members to serve two year terms through June 30, 2018.

C. Board of Supervisors Appointees

1. Each member of the Board of Supervisors of Pima County appoints one individual to serve as a member of the Advisory Committee.
2. The term of appointment for committee members appointed pursuant to C.1. begins July 1, 2016.
  - a. At the first Advisory Committee meeting following July 1, 2016, the committee members appointed by members of the Board of Supervisors shall, through random selection, identify three members to serve four year terms through June 30, 2020 and two members to serve two year terms through June 30, 2018.
  - b. Each subsequent appointment, other than for the purposes of filling the remainder of an unexpired term, is for four years.

D. County Administrator Appointees

1. The County Administrator appoints one committee member.
  - a. The initial committee member appointed by the County Administrator pursuant to D.1. serves a two year term beginning July 1, 2016
  - b. Each subsequent appointment, other than for the purposes of filling the remainder of an unexpired term, is for four years.
2. The County Administrator appoints one staff representative to serve as a committee member.
  - a. The initial staff representative appointed by the County Administrator pursuant to D. 2. serves a two year term beginning July 1, 2016.
  - b. Each subsequent appointment, other than for the purposes of filling the remainder of an unexpired term, is for four years.

E. Existing members.

1. The terms of any committee members serving at the time this Section is adopted with terms scheduled to expire in 2016 or 2017 expire June 30, 2016.
2. The terms of any committee members serving at the time this Section is adopted with terms scheduled to expire in 2018 or 2019 expire June 30, 2018.

F. Responsibilities of each committee member:

1. Attend all meetings; and
2. Be informed about the Pima Animal Care Center's mission, services, policies and programs.

**SECTION 2.** This Ordinance is effective 30 days after the date of adoption.

**PASSED AND ADOPTED by the Board of Supervisors, Pima County, Arizona, this**  
**\_\_\_\_\_ day of \_\_\_\_\_, 2015.**

\_\_\_\_\_  
Chair, Board of Supervisors

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Clerk of the Board

APPROVED AS TO FORM:

\_\_\_\_\_  
Deputy County Attorney



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# MEMORANDUM

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Date: November 25, 2015

To: Jan Leshner  
Deputy County Administrator  
for Community and Health Services

From: C.H. Huckelberry  
County Administrator 

Re: **Animal Care Advisory Committee Review of Use of Donations and Bequests**

As you know, I have approved a specific financial plan associated with the use of bequests to the Pima Animal Care Center (PACC). These funds are used to supplement services provided by PACC through the annual budgeting process. This process does credit unspecified donations to offset operating costs that would otherwise be paid for in proportion by jurisdictional participants, including the County.

Since a few jurisdictions have raised the issue of our use of bequests, it is appropriate to ask the Pima Animal Care Center Advisory Committee (PACCAC) to review our policy to determine if it is appropriate to use such donations and/or bequests to supplant the funding support of the jurisdictions. This would proportionally reduce every jurisdictions, including the County's, financial support for PACC. Is it more appropriate, as we have suggested, to supplement the services provided by PACC to diversify those services in areas that have previously been unfunded or severely underfunded?

It would appear the basic question is should these gifts be used to supplant jurisdictional and County financial responsibilities or supplement services at PACC? Please ask the PACCAC to make a recommendation on this issue.

Also, invite the jurisdictions who appear to object to the current County policy regarding this matter to address the PACCAC so the Committee is fully advised of the issues and concerns. At this time, I have only heard that the Towns of Sahuarita and Marana are concerned about our position.

CHH/anc

c: Dr. Francisco Garcia, Director, Health Department  
Kristin Barney, Director of Operations, Pima Animal Care Center  
Karen Hollish, Director of Development, Pima Animal Care Center  
Nancy Emptage, Chair, Pima Animal Care Center Advisory Committee

PIMA COUNTY HEALTH DEPARTMENT  
PIMA ANIMAL CARE CENTER  
BY-LAWS  
of the  
PIMA ANIMAL CARE CENTER ADVISORY COMMITTEE

ARTICLE I  
Name and Principal Office

The name of this body shall be the Pima Animal Care Center Advisory Committee, hereafter referred to as the Committee. The principal office for the transaction of business for this Committee shall be in Pima County, Arizona.

ARTICLE II  
Membership

1. Member. The membership of this Committee shall consist of a representative from the Southern Arizona Veterinary Medical Association, the Society for the Prevention of Cruelty to Animals, the Humane Society of Tucson, the Tucson Kennel Club, the Animal Welfare Coalition, a public educator, a member of the Pima County Board of Health, the Animal Defense League of Arizona, the Foundation for Animals in Risk, the People for Animals in Prevention of Cruelty and Neglect, a resident of Pima County, who needs and uses the assistance of a certified service dog, as representative of the disabled community, and the City of Tucson. Membership may also include representatives from other organizations and/or governments subsequently designated by the Pima County Board of Supervisors, hereafter referred to as the Board. The Manager of the Pima Animal Care Center (the  Center ) hereafter referred to as the Manager, shall serve as an ex-officio member.
2. Appointment. Appointment of the members shall be the responsibility of each organization and government represented on this Committee. Appointments shall be confirmed by the Board.
3. Term. The term of office of each member appointed shall be four (4) years. Terms shall begin on the first of July. Replacement members shall serve from the time of appointment until the completion of the term of the original member.

ARTICLE III  
Duties and Responsibilities

1. Meetings. The regular meetings shall be held **from 5:30 PM to 7 PM** on the third Thursday of each month unless otherwise ordered by the Committee. The Chairman, the Manager or any two (2) Committee members may call a special meeting by notifying the Chairman in writing that a special meeting is necessary.

Notice to the Chairman shall include a statement of the purpose of the meeting. Upon receipt of the written request, the Chairman shall schedule a convenient meeting time on a

date not more than five (5) working days from the date of the receipt of the request. All members shall be notified in writing as to the date, time and purpose of the meeting.

If a quorum for a special meeting cannot be obtained, the subject for a special meeting may be placed on the agenda of the next regular Committee meeting. The agenda shall be delivered or sent to the Committee members no later than three (3) days prior to a regular meeting.

2. Parliamentary Authority. All meetings shall comply with the Arizona State Open Meeting Law, follow a prepared agenda and be governed by the current Robert's Rules of Order in all cases to which they are applicable, and in which they are consistent with these By-Laws and any special rules adopted by the Pima County Board of Supervisors-or the Committee.
3. Quorum. Excluding the Manager, at least five (5) members of the Committee, at any properly called meeting, regular or special, to include attendance via conference telecommunication, shall constitute a quorum. Reports and other documentation emanating from the Committee shall be adopted by majority vote of the Committee. At the Sub-Committee level, three members of the Committee will constitute a quorum.
4. Committee Attendance. The Committee may for good cause grant leaves of absence to its members. Whenever a member of the Committee has failed to attend four (4) consecutive regular meetings for any reason, or who for any reason fails to attend at least sixty percent (60%) of the meetings called in a calendar year, without leave of absence granted by the Committee, the Committee shall provide written notification to the Board and the represented organization, requesting that the representative be replaced.
5. Officers A Chairman and a Vice-Chairman shall be elected by the membership of the Committee for a term of two (2) years. Election of officers shall take place every other year at the regular meeting in July. A member holding the office of Chairman or Vice-Chairman may not succeed himself or herself in that office. Members shall be allowed to cast absentee ballots for the offices of Chairman and Vice Chairman. The Manager shall act as Secretary to the Committee, but shall not have a vote in matters of the Committee, including the election of officers.
6. Responsibilities of each member shall be to:
  - A. Attend all meetings;
  - B. inform the individual organizations and governments of formal actions taken by the Committee; and
  - C. represent the individual organizations, government and the interest of the general public in the performance of their duties.

ARTICLE IV  
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.

ARTICLE V  
Officers' Duties

1. Chairman. The Chairman shall preside at all meetings of the Committee. The Chairman shall perform other duties, and have other powers as may be assigned to the Chairman by the Committee.
2. Vice-Chairman. In the absence of the Chairman, the Vice-Chairman shall preside. The Vice-Chairman shall have powers and perform duties as may be assigned by the Committee, and as may be delegated by the Chairman. The Vice-Chairman shall possess the power, and may perform the duties of the Chairman in his or her absence or disability, unless otherwise prescribed by the Committee.
3. Secretary. The Manager shall serve as Secretary of the Committee, without a vote, as an ex-officio member of the Committee. The Secretary shall keep a record in due form of the proceedings of all meetings of the Committee. The Secretary shall attend to the giving and serving of all notices by the Committee; perform the duties usually appropriate to the office of Secretary, and have other duties and powers as may be assigned by the Committee.
4. Term of Office. All officers shall be elected for a term of two (2) year. A member holding any elected office may not succeed himself or herself in office for two consecutive terms.

ARTICLE VI  
Subcommittees

1. Subcommittees. The Chairman of the Committee may appoint standing subcommittees or ad hoc subcommittees, as deemed necessary, to complete projects as initiated by the Committee. These Subcommittees shall perform all of the necessary acts as charged by the Committee, and be responsible to the Chairman as well as the Committee. The Chairman or his or her designee shall be an ex-officio member of all Subcommittees.
2. Membership and Quorum. Subcommittees must be comprised of from 2-4 regular committee members as assigned by the Chairman of the Committee. A subcommittee quorum is 2 subcommittee members.
3. Standing Subcommittees. The Chairman of the Committee may appoint standing subcommittees or ad hoc subcommittees, as deemed necessary, to complete projects as initiated by the Committee. These Subcommittees shall perform all of the necessary acts as charged by the Committee, and be responsible to the Chairman as well as the Committee. The Chairman or his or her designee shall be an ex-officio member of all Subcommittees.

ARTICLE VII  
Conflict of Interest

Any member of the Committee who has, or whose relative (as defined by A.R. § 38 -502, subparagraph 9) has, or who is employed by or associated with a firm or company which has a substantial financial interest in any decision of the Committee, shall make known such interest so that it is recorded in the minutes of the Committee, and shall refrain from participating in any manner in such decision. All members of the Committee shall comply with the provisions of A.R.S. § 3801, et. seq.

With the exception of an award or agreement after competitive bidding, the Center shall not enter into any agreement with a member of the Committee, or a relative of a member of the Committee, or a firm or company, which employs or is associated with a member of the Committee, to provide equipment, materials, supplies or services to the Center.

ARTICLE VIII  
Amendments

By-laws may be adopted, repealed or amended by a quorum of the Committee, at a regular or special meeting provided written notice is given of the proposed changes at least five (5) days prior to the meeting.

# Donation Activity

Period:

11-01-15

To:

11-30-15

Donation Code	Amount
DONATION	\$8.00
DONATION ADOP	\$768.00
DONATION GEN	\$14,171.00
DONATION OUTR	\$16.00
DONATION S/N	\$8,029.00
DONATION SAMS	\$3,818.12
Grand Total	\$26,810.12

# Donation Activity

Period:

07-01-15

To:

11-30-15

Donation Code	Amount
DONATION	\$483.02
DONATION ADOP	\$2,000.00
DONATION GEN	\$91,632.56
DONATION LIC 0973	\$20.00
DONATION OUTR	\$209.00
DONATION S/N	\$50,020.30
DONATION SAMS	\$52,829.69
Grand Total	\$197,194.57