



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

November 20, 2014 – 5:30 p.m.

Pima Animal Care Center  
4000 N. Silverbell Road  
Tucson, Arizona 85745  
Admin Building  
(520) 243-7729

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.	Adoption of Minutes:		
	<ul style="list-style-type: none"> <li>• October 16, 2014 Meeting</li> </ul>		
3.	Call to the Audience		
4.	Manager's Report		
5.	Old Business		
	<ul style="list-style-type: none"> <li>• Update on July 19, 2014 Motion for Resolution for PACC to Remedy Issues Relating to the Care and Welfare of Pets at PACC - Operations (Chair Neuman/PACC Management Team)</li> <li>• Vet Holds and Confiscation Holds – Processes, Procedures and Ways to Shorten Length of Hold Time (Chair Neuman/PACC Management Team)</li> <li>• Committee's Request to Add Additional Field Officers and Shelter Staff</li> </ul>		
6.	New Business		
	<ul style="list-style-type: none"> <li>• Rescue Program</li> <li>• Criteria required for PACC to Respond and Investigate a Service/Welfare Issue Wherein an Animal is in Distress</li> </ul>		
7.	Animal Welfare and Dangerous Animal Cases for the Month of October and Recent Holds Snapshot		
	Welfare		Dangerous Dogs
	A14-156429	A14-157163	A14-157774
	A14-152111	A14-157854	A14-155981
	A14-156877	A14-157743	A14-144181
	A14-158825	A14-157882	A14-143299
	A14-152716	A14-158735	A14-157134
8.	Donations: A total of 1,263 individuals gave \$39,086.28 in donations during the month of October.		
9.	Complaints and Commendations: There were three complaints and no commendations received by staff during October.		
10.	Call to the Audience		
11.	Announcements, Schedules and Proposed Agenda Items		
12.	Next Meeting – December 18, 2014		
13.	Adjournment		

Copies of this agenda are available upon request at the Pima County Health Department, 3950 S. Country Club Road, by calling 243-7729 or at [www.pima.gov/animalcare](http://www.pima.gov/animalcare). The Committee may discuss and take action on any item on the agenda. At the conclusion of an open call to the public Committee members may only respond to criticism made; ask staff to review the matter raised; or ask to include the matter on a future agenda.

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

Pima County Animal Care Advisory Committee  
Minutes  
October 16, 2014  
4000 N. Silverbell Rd.  
Tucson, Arizona 85745

**Draft**

1. Call to Order

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

- Attendance

Present:

Nancy Emptage, Vice-Chair, Animal Welfare Coalition

Pat Hubbard, Humane Society of Southern Arizona

Pat Jacobs, Tucson Kennel Club

Derek Marshall, Public Education

Helen Mendelsohn, Disabled Community

Jane Schwerin, People for Animals in the Prevention of Cruelty and Neglect

Gail Smith, MD, Board of Health

Kim Janes, Pima Animal Care Center, Ex-Officio

Absent:

Tamara Barrick, Foundation for Animals in Risk

Sophia Kaluzniacki, DVM, ASPCA of AZ, Inc

Jack Neuman, Chair, PACC Volunteers

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

Angela Spencer, City of Tucson

- Pledge of Allegiance

2. Adoption of the Minutes

- Adoption of the September 18, 2014 Meeting Minutes

Ms. Emptage pointed out one typo. The motion was made and seconded (Hubbard/Smith) that the September 18, 2014 meeting minutes be adopted as written, with typo corrected. The motion carried (6-0).

3. Call to the Audience

Kim Silver addressed the Committee regarding the relationship between the Pima Animal Care Center and rescue organizations. Per No Kill Pima County, the 2012 rescue rate was 12 percent of PACC animals, but currently the rate is down to nine percent. PACC's animal numbers are at an all-time high. With increased medical care and a budding foster program PACC staff implies that rescue numbers should be declining. Ms. Silver disagrees and thinks rescue numbers should be increasing. She expressed that PACC should provide job descriptions, as were requested more than once, for positions such as Live Release Manager and Rescue Coordinator, which imply certain functions to the public. She asserted that the current Rescue Coordinator's functions are drastically different that the former's.

Ms. Silver said feedback from rescue partners Tucson Cold Wet Noses (TCWN) and In the Arms of Angels (AOA) indicates the consensus among rescue partners is that it is difficult to work with PACC and receive accurate information regarding PACC animals. The previous Rescue Coordinator sent out categorized e-mails about certain types of shelter animals such as seniors, pregnant dogs or small special needs dogs. She also sent out information on animals not faring well. Her e-mails were very helpful. Recently TCWN and AOA recommended these types of categorized e-mails recommence and that efforts be made to rebuild relationships with rescue organizations. Their suggestions have reportedly been met with a tremendous amount of resistance from PACC's Live Release Manager.

Ms. Silver expressed concern that PACC does not follow through with commitments to stakeholders. Meetings and discussions are held and agreements are made, but PACC does not keep their agreements. She cited an agreement back in April for pregnant dogs to be placed on a 72-hour rescue list before they would be spay aborted; this agreement has not been followed. She added that AOA possibly will no longer be pulling animals from PACC. She reported significant resistance in the rescue community to work with PACC and said that some rescuers are now pulling animals from other shelters outside of Pima County because they are easier to work with.

Ms. Silver relayed the following list of requests from rescues regarding what they are asking from PACC.

1. Weekly list of seniors at PACC
2. Weekly list of small dogs at PACC
3. Weekly notification of animals in distress
4. 72-hour notice before aborting pregnant dogs
5. Immediate notification of a pregnant, possibly pregnant or mom with babies entering PACC

Ms. Silver also expressed concern about rescue alter certificates and the risk of rescues adopting out unaltered animals.

#### 4. Manager's Report

Kim Janes, Pima Animal Care Center Chief of External Affairs, reported that the trend of fewer intakes continues and more animals are being released alive. The rescue numbers are down compared to last year, but adoptions and to a lesser degree returns to owners are higher than last year.

During discussion Mr. Janes said the County Administrator has adopted a no euthanasia policy by which no adoptable, rehabilitatable or treatable animal is put down; and referred to the Asilomar Accords as a source for this policy and its terminology. Ms. Schwerin asserted that there are more adoptable animals than suitable homes; cautioned against adopting animals out to cruel owners / poor homes; referred to a packet welfare case wherein animals adopted from PACC were emaciated; and said an animal is better off dead than being in a home where it is badly mistreated. Ms. Hubbard added that she has recently spoken to four of the five Board of Supervisors members regarding the PACC bond proposal and was encouraged to hear two of them interject that we can't keep killing animals. Mr. Janes said the Center is using due diligence to make every effort to place animals in suitable homes. Yes there are challenges and returns, but PACC's live release rate has gone from approximately 40 percent to over 80 percent and we cannot go back to a euthanizing policy.

- Community Cat Project

The City of Tucson very recently voted to amend their code to allow for the Community Cat Project to move forward in the City. There are ongoing financial discussions with the cities and towns; however, the County is committed to proceeding with this project. Also PACC is continually seeking grants, donations and funding avenues to fund this project and other PACC objectives.

- Bond Educational Opportunities

Mr. Janes provided two County Animal Care Center bond information sheets and reported that he has been a speaker at bond educational opportunities, including with a Green Valley / Sahuarita council and the Oro Valley Chamber of Commerce.

## 5. Old Business

- Update on July 19, 2014 Motion for Resolution for PACC to Remedy Issues Relating to the Care and Welfare of Pets at PACC - Operations

This item was deferred to next month's agenda.

- Vet Holds and Confiscation Holds – Processes, Procedures and Ways to Shorten Length of Hold Time (Chair Neuman/PACC Management Team)

Mr. Janes pointed out there were no veterinary holds in the report only enforcement holds. In response to a question, Dr. Bonnie Lilley, Chief of Veterinarian Services, discussed factors influencing the length of a hold. Felonies take more time than misdemeanors; and some health conditions take longer than others. An animal with low weight might not take a long time to recover; in contrast, mange can take one to two months to treat. Dr. Lilley talked about how if an animal improves dramatically at PACC, which she described as a minimum standard of care, then a court can say that the owner was negligent. She described an example where before and after photos resulted in a guilty verdict against a pet owner.

- Post Adoption Medical Care (Chair Neuman/Ms. Emptage)

Ms. Emptage receives numerous calls from pet owners who say they cannot afford veterinary care. She suggested that some individuals hear about a free veterinary visit and think it means free veterinary care, which is not the case. She voiced that being able to obtain medications from PACC at cost or elsewhere at a discount would be helpful. She emphasized that adopters need to be educated on risks and responsibilities of pet ownership going forward. Ms. Hubbard said the Humane Society was told they could not have their veterinarian see pets they adopted out because they are not licensed as a full service public veterinary clinic. Pet insurance, possibly covered for two weeks by PACC, was touched on as an avenue to pursue, but Mr. Janes said pet insurance does not cover pre-existing conditions.

6. New Business

- The dates/name/location of organizations the Pima Animal Care Center (PACC) has visited both announced and unannounced to verify accordance with the ordinance passed on August 5, 2014 regarding animals received from PACC.

Animal Care Advocate Justin Gallick said since the code change PACC Staff has visited six rescue foster locations. Five passed and one, Siberian Husky Rescue, failed; and PACC is no longer working with them. The five visited that passed are Big Heads Bigger Hearts, Hope Animal Shelter, Sol Dog Rescue, Pima Paws for Life and Cold Wet Noses. Poor cleanliness was the reason for the one fail. Discussion brought out that, due to lack of resources, PACC is currently only planning to visit one foster per rescue.

7. Animal Welfare, Dangerous Animal Cases and Holds for the Month of August

Ms. Schwerin cited welfare case 2, in which an owner was cited for tie-out, no water, no license and no rabies vaccination, as an example of a poor owner getting her dog back. In response to a question, Dr. Lilley confirmed that law requires the rabies vaccine be given by a veterinarian, not an owner. Ms. Schwerin referred to welfare case 1, in which an owner was cited for tie-outs, no shelter, no water, no license and no vaccination, as an example of an owner she doubts would ever become a good owner. Mr. Jacobs requested information on authority to confiscate and not return an animal. Mr. Janes discussed judgment calls based on physical conditions, the condition of the animal(s) and interactions with owners and said the code says the officer “may” confiscate. Ms. Schwerin cited welfare case 5, in which two dogs were found to be emaciated, as an example of animals adopted out of PACC into a home that was not a suitable home.

8. Donations: A total of 1,269 individuals gave a total of \$44,365.53 in donations during the month of September.

There was no discussion on this item.

9. Complaints and Commendations There were four complaints and one commendation, plus a fifth complaint that eventually became a second commendation, received by staff during September.

There was no discussion on this item.

10. Call to the Audience

Tiffany Rosler addressed the Committee regarding PACC interactions with rescue partners. Recently Ms. Rosler was notified by a volunteer, at 9:11 pm, about a pregnant Chihuahua. Ms. Rosler was at PACC at 8:00 am the next morning and had the dog out by 10:29 am. She said this is an example of how quickly rescue personnel can act when given proper information and said the rescue was a result of a volunteer’s communication, not the Rescue Coordinator’s. She said the nightly rescue list has numerous errors and one recently almost cost a dog being adopted. The dog was pregnant and was spay aborted. A rescue partner was turned away twice because Chameleon was not update and still listed the dog as pregnant. Ms. Rosler also requested name tags for staff and said name tags will promote staff accountability.

11. Announcements, Schedules and Proposed Agenda Items

Mr. Jacobs requested the rescue / PACC relationship concerns brought up by both speakers from the audience be added to the next agenda. His request included copies of the narrative Ms. Silver read from.

Mr. Janes announced that PACC's accomplishments in the ASPCA Challenge over the summer resulted in PACC receiving a check for \$5,000.

Mr. Gallick said PACC received an \$8,000 grant to facilitate tent events at four different PetSmarts and will be bringing adoptable dogs to these local PetSmarts over the next two days.

12. Next Meeting – November 20, 2014

There was no discussion on this item.

13. Adjournment

The meeting adjourned at 6:52 pm

DRAFT

PIMA ANIMAL CARE CENTER  
ADVISORY COMMITTEE  
OCTOBER 2014 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>											
ALL ANIMALS HANDLED											
DOGS	734	644	1,378	2,879	2,656	5,535	2,904	2,354	5,258		
CATS	435	257	692	1,575	1,134	2,709	1,961	1,216	3,177		
OTHERS	23	40	63	134	233	367	123	240	363		
<b>TOTAL ANIMALS HANDLED</b>	<b>1,192</b>	<b>941</b>	<b>2,133</b>	<b>4,588</b>	<b>4,023</b>	<b>8,611</b>	<b>4,988</b>	<b>3,810</b>	<b>8,798</b>	<b>-187</b>	<b>-2%</b>
Live Animals Handled	1,013	822	1,835	3,795	3,431	7,226	4,458	3,431	7,889	-663	-8%
<b>IMPOUNDED ANIMALS</b>											
<b>ADOPTED</b>											
DOGS	277	231	508	1,065	1,047	2,112	881	720	1,601		
CATS	144	113	257	626	528	1,154	422	349	771		
OTHER	1	1	2	2	8	10	18	12	30		
<b>TOTAL ADOPTED</b>	<b>422</b>	<b>345</b>	<b>767</b>	<b>1,693</b>	<b>1,583</b>	<b>3,276</b>	<b>1,321</b>	<b>1,081</b>	<b>2,402</b>	<b>874</b>	<b>36%</b>
<b>RETURNED TO OWNER</b>											
DOGS	97	63	160	340	272	612	305	241	546		
CATS	1	7	8	15	29	44	16	25	41		
OTHER	0	2	2	0	5	5	3	11	14		
<b>TOTAL RETURNED</b>	<b>98</b>	<b>72</b>	<b>170</b>	<b>355</b>	<b>306</b>	<b>661</b>	<b>324</b>	<b>277</b>	<b>601</b>	<b>60</b>	<b>10%</b>
<b>RESCUED</b>											
DOGS	87	93	180	352	387	739	447	490	937		
CATS	63	60	123	241	203	444	506	344	850		
OTHER	1	0	1	9	23	32	12	24	36		
<b>TOTAL RESCUED</b>	<b>151</b>	<b>153</b>	<b>304</b>	<b>602</b>	<b>613</b>	<b>1,215</b>	<b>965</b>	<b>858</b>	<b>1,823</b>	<b>-608</b>	<b>-33%</b>
<b>*TOTAL LIVE RELEASES</b>	<b>671</b>	<b>570</b>	<b>1,241</b>	<b>2,650</b>	<b>2,502</b>	<b>5,152</b>	<b>2,610</b>	<b>2,216</b>	<b>4,826</b>	<b>326</b>	<b>7%</b>
<b>**TOTAL LIVE RELEASE RATE</b>	<b>83%</b>	<b>84%</b>	<b>84%</b>	<b>82%</b>	<b>84%</b>	<b>83%</b>			<b>72%</b>		
<b>EUTHANIZED</b>											
DOGS	184	149	333	648	555	1,203	809	659	1,468		
CATS	35	21	56	156	112	268	781	440	1,221		
OTHER	6	6	12	36	49	85	20	42	62		
<b>TOTAL EUTHANIZED</b>	<b>225</b>	<b>176</b>	<b>401</b>	<b>840</b>	<b>716</b>	<b>1,556</b>	<b>1610</b>	<b>1141</b>	<b>2751</b>	<b>-1195</b>	<b>-43%</b>
(-)Owner Requested Euthanasia	88	70	158	259	229	488			850		
Adjusted Total Euthanasia	137	106	243	581	487	1,068			1,901		
<b>***EUTHANASIA RATE</b>	<b>17%</b>	<b>16%</b>	<b>16%</b>	<b>18%</b>	<b>16%</b>	<b>17%</b>			<b>28%</b>		
OTHER	219	147	366	1,047	771	1,818	631	456	1,087	731	67%
<b>ENFORCEMENT OPERATIONS</b>											
Welfare Responses	225	120	345	792	357	1149	847	386	1233	-84	-7%
<b>ENFORCEMENT CALLS FOR SERVICE</b>	<b>1,459</b>	<b>945</b>	<b>2,404</b>	<b>5,737</b>	<b>3,475</b>	<b>9,212</b>	<b>5,950</b>	<b>3,801</b>	<b>9,751</b>	<b>-539</b>	<b>-6%</b>
<b>LICENSING OPERATIONS</b>											
ALTERED	3,286	3,983	7,269	13,702	15,458	29,160	14,154	17,787	31,941		
UNALTERED	159	230	389	822	929	1,751	997	1,394	2,391		
OTHER	50	79	129	247	362	609	325	406	731		
<b>TOTAL SOLD</b>	<b>3,495</b>	<b>4,292</b>	<b>7,787</b>	<b>14,771</b>	<b>16,749</b>	<b>31,520</b>	<b>15,476</b>	<b>19,587</b>	<b>35,063</b>	<b>-3,543</b>	<b>-10%</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)



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# MEMORANDUM

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Date: September 23, 2014

To: Jan Leshner  
Deputy County Administrator  
for Medical and Health Services

From: C.H. Huckelberry  
County Administrator

A handwritten signature in black ink, appearing to read "C.H. Huckelberry", is written over the printed name of the County Administrator.

Dr. Francisco Garcia, Director  
Health Department

**Re: Pima Animal Care Center Cost to Municipalities**

As you know, based on Board of Supervisors and staff leadership, the County has invested a significant amount of new resources in the Pima Animal Care Center (PACC) to make it a more humane facility, reversing the euthanasia rate within two to three years. This is a result of the investments the Board has been willing to make. I firmly believe our investments have been well made and that our policy of non-euthanasia is the best and most humane response to this issue.

Recently, some jurisdictions have voiced concerns over their share of these increased costs. These increased costs are primarily driven by the County's decision to pursue a non-euthanasia policy for the care of animals. Our decision will remain unchanged and we will continue to incur these costs over and above what has previously been spent by the County on animal care functions.

Municipalities should be given the opportunity to choose a less costly option; therefore, please develop a euthanasia option for municipalities. Such a policy would mean that animals taken or received from a certain municipal jurisdiction would be euthanized at the earliest possible time pursuant to the existing County policy and state law regarding such. This would allow certain costs to be reduced for municipalities for the provision of animal care services. While this is not a policy I would recommend for the County, it should be an option available to municipalities. When you have the basic outline of such a policy, please ask the Animal Care Advisory Committee to review it before we ask the Board of Supervisors for direction.

Choosing a euthanasia policy would allow the municipality to avoid the spay/neuter fees embedded in our operating costs. In addition, kennel space requirements would be reduced, as would medical care expenses, thereby reducing their costs. If the municipality chooses this option, I would ask they train one or more of their staff in euthanasia practices, as I do

Ms. Jan Leshar and Dr. Francisco Garcia  
**Re: Pima Animal Care Center Cost to Municipalities**  
September 23, 2014  
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not desire to place on our staff the increased emotional burden of carrying out additional euthanasia.

Finally, municipalities do have the option to operate their own independent animal care facilities. We would certainly assist any jurisdiction that would want to be responsible for its own animal care services.

CHH/anc

c: The Honorable Chair and Members, Pima County Board of Supervisors



## COUNTY ADMINISTRATOR'S OFFICE

PIMA COUNTY GOVERNMENTAL CENTER  
130 W. CONGRESS, FLOOR 10, TUCSON, AZ 85701-1317  
(520) 724-8661 FAX (520) 724-8171

C.H. HUCKELBERRY  
County Administrator

November 4, 2014

Martha Durkin, Interim City Manager  
City of Tucson  
P. O. Box 27210  
Tucson, Arizona 85726-7210

**Re: Board of Supervisors Communication Regarding Pima Animal Care Center Financing  
and the Legal Opinion Regarding County Obligations**

Dear Ms. Durkin:

I will be asking the Board of Supervisors to waive Attorney/Client Privilege so the Legal Opinion of the County Attorney can be released to the public. If the Board waives the privilege on November 18, 2014, I will immediately provide you with a copy of the opinion for your information.

In addition, I understand Deputy County Administrator Jan Leshar and Pima Animal Care Center (PACC) staff will meet with you to discuss budget and finance issues as they relates to supporting the PACC facility and program in Pima County. We will be directing our information and correspondence to your attention to avoid potential lapses in communication.

Sincerely,

A handwritten signature in black ink, appearing to read "C.H. Huckelberry", is written over a large, sweeping flourish that extends to the right and then curves back down to the left, ending under the signature text.

C.H. Huckelberry  
County Administrator

CHH/anc

c: Jan Leshar, Deputy County Administrator for Medical and Health Services  
Dr. Francisco Garcia, Director, Health Department  
Kim Janes, External Operations Manager, Pima Animal Care Center



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# Board of Supervisors Memorandum

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November 18, 2014

## County Obligation for Animal Care Services Inside Cities and Towns

### Introduction

Pima County provides animal care services to incorporated cities and towns through intergovernmental agreements (IGAs). The County operates the Pima Animal Care Center (PACC) and is the management entity responsible for developing policy and procedures regarding animal care services. The extent to which they are provided and the level of service and all operational aspects of providing animal care services are decided by the County. For your information, attached is a copy of the present IGA with the City of Tucson.

### Concerns Over Increased Costs

As you know, cities and towns, including the City of Tucson, have expressed concern over the increased animal care costs being incurred by the jurisdictions. These increased costs are in direct response to a changing management philosophy of how the animal care facility is operated. We have successfully transitioned from a euthanasia model to one of adoption. A few years ago, only 1 in 4 animals going into the PACC was ever adopted. Today, this number is 4 out of 5. This change in operational philosophy, generally demanded by the community at large and supported by the Animal Care Advisory Committee and all animal welfare groups, has resulted in increased costs, primarily in the following areas:

### Personnel and Increased Staffing

A number of new personnel have been hired, and these positions all relate to the adoption model. An additional veterinarian has been employed, as has a development director who has dramatically increased donations to PACC; and a number of personnel were added to kennel management due to the increasing number of animals housed each day at the facility. It has grown on average from 700 a few years ago to over 900 today.

### Increased Kennel Space, Including Utility Costs

As the Board knows, a temporary solution to the severe overcrowding in the existing kennels was implemented using a tent. This tent provided sufficient additional kennel capacity to facilitate the adoption model; but in implementing the tent, a total of \$445,600 of capital cost has been incurred to date. An additional \$29,400 in capital funds will be allocated to remaining and related issues such as drainage and electrical requirements. In addition, the tent has a much higher operating cost per kennel based on utilities needed to heat and cool the facility. The tent is approximately 7,200 square feet and costs approximately \$8,000 per year more for costs associated with operations and maintenance than kennel space in the existing facility. In addition, the tent costs \$38,232 annually to heat, cool and clean (water).

### Spay and Neuter Program

The only long-term viable solution to pet overpopulation is an effective spay/neuter program advanced through community education and sufficient funding to carry out the program. Prior to 2008, there were few funds dedicated to spay and neuter. In 2004, the Board designated \$20,000 from the Contingency Fund for spay/neuter and did so again in 2006. In 2008, the County budgeted \$100,000; in 2009 increased it to \$200,000; and in 2010 increased it to \$220,000 per year. This year, funding was increased to \$600,000.

Recognizing the significant importance of spay/neuter programs, the County increased licensing fees from \$12 to \$15 in 2009 and dedicated the increased revenue to a spay/neuter program. This increased our spay/neuter investment from \$100,000 to \$200,000. The County, believing other jurisdictions would also see the benefit of the long-term investment in spay/neuter, asked other jurisdictions to make similar contributions. The only jurisdiction that did so was the Town of Oro Valley. Recognizing that voluntary contributions by jurisdictions would not increase spay/neuter funding, I directed that this cost be embedded as an operational cost of PACC. Hence, it would then be apportioned back to each jurisdiction in proportion to their use of animal care services.

Investing now in spay and neuter programs will, in the relative short term of 5 to 10 years, significantly reduce pet overpopulation, as well as reduce the annual operating and maintenance expenses of the animal care function operated regionally by Pima County on behalf of the County and the cities and towns within the County.

Benefits of the spay/neuter program are obvious when looking at annual intake statistics. Attachment 1 shows that during the last few years, when the program funding was increased, annual intakes decreased from 29,516 in 2010 to 24,332 in 2013.

### Legal Obligations of the County to Provide Animal Care Services Inside Cities, Towns and Municipalities

A question was raised by the City of Tucson regarding the County's obligations inside cities and towns, specifically regarding the public health and welfare functions of animal care. Meaning, if the County has statutory obligations inside cities and towns, some costs would be borne by the County as overall operating expenses rather than those expenses being apportioned to the City of Tucson.

To determine this responsibility, I asked the County Attorney to provide a written legal opinion; this opinion is dated September 29, 2014. In order to release this opinion to the public, I will be asking the Board of Supervisors to waive attorney/client privilege so that all parties are aware of the conclusions in this legal opinion regarding the County's obligations to provide animal care services inside cities, towns and municipalities.

Timely Notice to Municipalities, Cities and Towns of Pending Increases in Animal Care Costs

Much has been said about the County's notice of the increasing cost of animal care services due to our transition to an adoption animal care model. The County's correspondence and interaction with municipalities and jurisdictions regarding these costs is extensive and has occurred continuously. They have occurred primarily between the staffs involved in these matters, with limited information directed to Managers or Mayors and Councils. With regard to the City of Tucson, a total of 7 communications were provided to various staff regarding these cost increases. In fact, the City has, on at least two occasions, discussed the increasing cost of spay/neuter services at the Mayor and Council level.

Concerned over these rising increases, the Marana Town Manager called for a special meeting and invited other city and town managers to the meeting. Unfortunately, other than the Marana Town Manager and staff, only the Oro Valley Town Manager attended the meeting. Staff presented the cost information again and made a PowerPoint Presentation that thoroughly identified the costs and their allocation. Notice by the County of these increased costs has obviously been provided to the jurisdictions.

Recommendation

I recommend the Board of Supervisors:

1. Waive privilege regarding the County Attorney's September 29, 2014 Legal Opinion regarding the obligations of the County inside cities, towns and municipalities for the provision of animal care services.
2. Direct staff to continue to negotiate with all cities and towns to reach intergovernmental agreements that fund the increasing cost of animal care services by December 31, 2014.

Respectfully submitted,



C.H. Huckelberry  
County Administrator

CHH/mjk – October 31, 2014

Attachment

c: Jan Leshar, Deputy County Administrator for Medical and Health Services  
Dr. Francisco Garcia, Director, Health Department

## ATTACHMENT 1

Fiscal Year	2013/14	2012/13	2011/12	2010/11	*2009/10	**2008/09	2007/08
County Community Spay/ Neuter Support	\$220,000	\$220,000	\$220,000	\$220,000	\$220,000	\$200,000	\$100,000
Intakes	24,332	26,593	28,193	29,516	27,641	27,243	21,446
Euthanasia Rate Percentage	24	36	45	53	51	56	61
Average Number of Pets per Day**	877	761	795	771	735	---	---
Live Releases	13,752	12,404	11,345	10,542	8,918	10,161	8,163
*County increased licensing fees by \$3 and applied increase to spay neuter support.							
**Humane Society of Southern Arizona implemented a drop-off fee, which may have contributed to a significant increase in PACC intake numbers.							
Note: The average number of pets per day was not recorded prior to mid 2008/09.							



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

**MEMORANDUM**

**TO: Kim Janes, Chief of External Operations**  
**FROM: Jose Chavez, Enforcement Operations Manager**  
**DATE: 10-30-14 2014**  
**SUBJECT: Welfare report for October 2014**

- 
1. A14-156429 No animals were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. This complaint is closed.
  2. A14-15211 No animals were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. This complaint is closed.
  3. A14-156877 Ten animals were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The owner redeemed two dogs and relinquished the rest to Pima Animal Care Center and all were adopted. This complaint is closed
  4. A14-158825 One animal was impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The owner redeemed the dog. This complaint is closed.
  5. A14-152716 Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. Four animals were relinquished to Pima Animal Care Center. Two were euthanized due to their aggression and two were adopted. This complaint is closed.
  6. A14-157163 No animals were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. This complaint is closed.
  7. A14-157854 One deceased animal impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at the scene. This complaint is closed.
  8. A14-157743 No animals were impounded. Staff reviewed animal welfare requirements and laws with the owner cited at the scene. This complaint is closed.
  9. A14-157882 Three animals were impounded. Staff reviewed animal welfare requirements and laws with the owner and cited at PACC. The owner redeemed the animals. This complaint is closed.
  10. A14-158735 No animal was impounded. Staff reviewed animal welfare requirements and laws with the caretaker and cited at the scene. This complaint is pending a welfare recheck after 11-5-14.

WC 1

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"/>	Bagel	BR Brindle	M	A				N	A496061
Husky/ Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Smokey	Blk / Wht	M	A				N	A496063
Pit Bull/ Mix	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Polly	Blk	M	A				N	A496065
	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"/>									

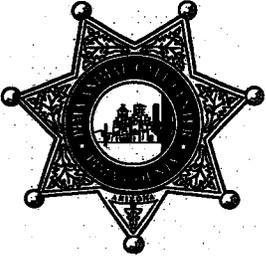
  

WITNESS 1	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 2	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 3	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE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

<b>INVESTIGATION REPORT</b>		SUSPECT				ACO NAME / BADGE # <b>A. Kirby #2057</b>	COMPLAINT NUMBER <b>A14-156429</b>
Pima County Health Department Pima Animal Care Center 4000 N. Silverbel Rd Tucson, Arizona 85745 Phone: (520) 243-5560 Fax: (520) 243-5560 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>85757</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENTIAL PHONE NUMBER			CODE IF OTHER :	
SUSPECT'S BUSINESS ADDRESS <b>REFUSED</b>				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		DRIVERS LICENSE	
ZIP	CITY	STATE	BUSINESS PHONE NUMBER			DOB	
SEX	WEIGHT <b>180</b>	HEIGHT <b>5'09"</b>	EYES <b>BLU</b>	HAIR COLOR <b>BN</b>	ORIGIN <b>5</b>	SSN	
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				LOCATION OF INCIDENT		DATE AND TIME REPORTED <b>09/22/14 / 1610 hrs</b>	DATE AND TIME OCCURRED <b>09/22/14 / 1644 hrs</b>
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/>				ABANDONED <input type="checkbox"/> TIEOUT <input checked="" type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN)			
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME <b>PACC Officer A. Kirby #2057</b>			D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO.
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		VICTIM'S ADDRESS <b>4000 N. Silverbel Rd.</b>			ZIP <b>85745</b>	CITY <b>Tucson</b>	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 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
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:			PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>
PHONE NUMBER		VET CLINIC		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		3 <sup>RD</sup> 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	
		CODE/ORD VIOLATED <b>6.04.110 (B)(5), 6.04.070, 11-1010(A)</b>			REVIEWED BY <b>9-29-14</b> <b>DTK/911</b>		BOND YES <input type="checkbox"/> NO <input type="checkbox"/>
		CITATIONS/NUMBERS <b>73383, 73384</b>					

wcl



## INVESTIGATION REPORT

**Activity Number: A14-156429**

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

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On 09/22/14 at 1731 hrs I Officer Kirby 2057 responded to ( in reference to a dog that jumps over the fence and has attempted to bite. Upon arrival I met with Mr. the owner of the shepherd mix in question. Mr. Gray showed me 3 dogs in his back yard, Bagel, brown brindle Shepherd mix, Smokey, a black and white Husky, and Polly, a black and white Pit Bull mix. Upon seeing the back yard through the sliding glass door I observed the dog Bagel on a cable tie out that was tied to the back porch post and wrapped around 2 other posts. I advised Mr. that tie outs are against the law, and that he would have to find other means of confinement. Mr. did state that, "the shepherd mix gets out about 2 times a week." and that when he's home he lets Bagel run around off leash in the back yard, but when he's gone he ties her out. Mr. admitted that none of the dogs are licensed or vaccinated for rabies. I issued citations for Neglect - Tie out for Bagel, and no license / no vaccinations on all 3 dogs. Mr. was explained his citations, court date, time, and location. He stated he understood and signed the citations,

**Officer's Signature:**

**Date:** 09/23/14

W2

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4008 N Silverbell Rd  
 Tucson, Arizona 85714  
 Phone: (520) 243-5960  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



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

I CHOOSE "upon request" rights in this case

I WAIVE "upon request" rights in this case.

REQUEST/WAIVER exception per A.R.S. § 13-405 (B) and § 9-286 (D)

NAME OF LAWFUL REPRESENTATIVE IF APPLICABLE

ADDRESS AND PHONE NUMBER SAME AS VICTIM

RELATIONSHIP TO VICTIM

PHONE NUMBER

LAWFUL REPRESENTATIVE ADDRESS

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

SUSPECT				ACO NAME / BADGE # <b>Bowdon #2013</b>	COMPLAINT NUMBER <b>A14-152111</b>
SUSPECT'S ADDRESS				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	
ZIP <b>85706</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER	CODE IF OTHER: <b>4-97</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	WEIGHT <b>200</b>	HEIGHT <b>5'5"</b>	EYES <b>Br</b>	HAIR COLOR <b>Bk</b>	ORIGIN <b>1</b>
DOB <b>08/22/70</b>		SSN			

LOCATION OF INCIDENT	DATE AND TIME REPORTED <b>07/21/14 / 20:01</b>	DATE AND TIME OCCURRED <b>10/01/14 / 12:33</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 type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <b>Leash Law</b>		

VICTIM/COMPLAINANT NAME <b>PACC Officer Bowdon #2013</b>	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>(520) 243-5900</b>
VICTIM'S ADDRESS	ZIP	CITY	STATE
VICTIM'S BUSINESS ADDRESS <b>4000 N Silverbell Rd</b>	ZIP <b>85745</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>

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"/> 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"/>

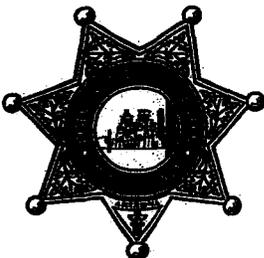
CLINIC'S ADDRESS	QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	<input type="checkbox"/> FRA HEAD#
3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO <b>Bowdon #2013</b>	OTHER ADDITIONAL REPORTS <b>No</b>

CODE/ORD VIOLATED <b>4-81, 4-76, 4-97, &amp; 4-3(2)(B)</b>	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	REVIEWED BY <b>10-2-14 2002</b>
CITATIONS/NUMBERS <b>73336</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#
Chihuahua Mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Mimi	Cream	F	A		cited	cited	N	A497080
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 #

Wa



## INVESTIGATION REPORT

**Activity Number: A14-152111**

**ACO name & Badge: Bowdon #2013**

---

On 10/02/14 at approximately 12:33 I, Pima Animal Care Center (PACC) Officer Bowdon #2013, arrived at \_\_\_\_\_ in the city of Tucson in response to a report of an aggressive dog habitually violating Leash Law.

Upon arrival I met with the neighbor / complainant who stated that she was unable to get her mail without the dog nipping at her ankles. The complainant also stated that she had tried speaking to the dog owner about the situation, but the dog owner was unresponsive when she knocked on his door and laughed at her on the occasions when she was able to catch him outside of his residence.

When I approached the dog owner residence I observed the driveway gate to be open. I walked up the driveway toward the residence and observed a small white dog unconfined in the back yard of the house. The dog, upon noticing me, began barking aggressively and charging toward me. I moved toward the dog and she retreated. I then went to the residence door and knocked repeatedly. I observed a large bag of dog food near the door and two small pups sleeping in the corner of the porch. I could not locate any water for the adult / mama dog.

I knocked a final time on the residence door and loudly announced that I would be impounding the dogs. As I began to impound the pups the dog owner finally came outside. The man, \_\_\_\_\_, acknowledged ownership of the mama dog, Mimi, and her two pups. I explained the complaint and leash law requirements to Mr. \_\_\_\_\_. I asked him where the water was for Mimi and he did not have any available to show.

Mr. \_\_\_\_\_ accepted citations for No License, No Rabies Vaccination, Leash Law, and Neglect / Water. I provided him with a brochure about animal laws. Mr. \_\_\_\_\_ then provided water to Mimi and closed the property gate upon my request.

Officer's Signature: \_\_\_\_\_ #2013

Date: 10/2/14

WC 30

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Campbell  
 Tucson, Arizona 85711  
 Phone: (520) 243-5960  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT				ACO NAME / BADGE # <b>D. Downing #1923</b> <b>A. Kirby #2057</b>		COMPLAINT NUMBER <b>A14-156877</b>	
SUSPECT'S ADDRESS							
ZIP	Corona	STATE	RESIDENCE PHONE NUMBER				
<b>85741</b>	<b>DeTucson</b>	<b>AZ</b>					
SUSPECT'S BUSINESS ADDRESS				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
<b>N/A</b>				CODE IF OTHER :			
SUSPECT'S BUSINESS ADDRESS				CI <input type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
<b>N/A</b>							
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
				DRIVERS LICENSE			
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN
	<b>165</b>	<b>5'05"</b>	<b>BRO</b>	<b>BLK</b>	<b>1</b>		

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

LOCATION OF INCIDENT				DATE AND TIME REPORTED		DATE AND TIME OCCURRED	
				<b>09/29/14 / 14:42 hrs</b>		<b>09/29/14 / 16:24 hrs</b>	
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WASTE OTHER (EXPLAIN)							

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME	D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO.
<b>PCSO Deputy Jones #7556</b>			

I WAIVE "upon request" rights in this case.

VICTIM'S ADDRESS	ZIP	CITY	STATE

REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)

VICTIM'S BUSINESS ADDRESS	ZIP	CITY	STATE

NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)

DANGEROUS ASSESSMENT REQUESTED	RESTITUTION REQUESTED	DANGEROUS CASE NUMBER	OTHER AGENCY CASE # <b>Unknown</b>	FOLLOW UP REQUEST
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		<input checked="" type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:	<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:				VET <input type="checkbox"/>
				RELEASE DATE:	HOME <input type="checkbox"/>

RELATIONSHIP TO VICTIM

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

PHONE NUMBER

LAWFUL REPRESENTATIVE ADDRESS

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

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

3 <sup>RD</sup> PARTY CITATIONS	CITING ACO	PREVIOUS VIOLATIONS	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>A. Kirby #2057</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
CODE/ORD VIOLATED	CITATIONS/NUMBERS	REVIEWED BY <b>ZOOZ</b> <b>KONST 10/3</b>		
<b>6.04.110 (B)(2)</b>	<b>73385, 73386</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#
AM. Pit Bull Terrier VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Pretty Girl	Black	F	A				N	A496742
AM. Pit Bull Terrier VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Blue	White	M	A				N	A496744
AM. Pit Bull Terrier VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Buddy	Red / White	M	A				N	A496741
AM. Pit Bull Terrier VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Red / White	F	P				N	A496745
AM. Pit Bull Terrier VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		White / Black	M	P				N	A496747
AM. Pit Bull Terrier VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Black / Tan	M	P				N	A496748
AM. Pit Bull Terrier VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		Black / Tan	M	P				N	A496749

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 #



WC3



## INVESTIGATION REPORT

**Activity Number: A14-156877**

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

---

On 09/24/14 at approximately 1624 hrs Pima Animal Care Center Officer Downing #1923 arrived at [redacted] Rd., and met with Pima County Sheriff Department, Deputy Jones #7556, in response to some animals that were getting off the property through inadequate fencing, no food, no water. PCSO Deputy Jones was there to check the welfare of [redacted] and he was not on the property. Upon arrival the puppies were getting out of the fencing, there was no potable water. Officer Downing impounded 3 Adult dogs and 7 puppies for no potable water, no food and abandonment. Officer Downing posted notice of the impoundment. PACC Officer Kirby #2057 was at this address on 9/20/14 to check on the welfare of the animals and posted notice then, with no response from the owner.

On 09/30/14 Mr. [redacted] came into PACC to redeem two of the male dogs and sign over the puppies and the adult female. Officer Kirby #2057 issued citations for the no water violations found by Officer Downing #1923 on 09/24/14.

**Officer's Signature:**

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

**Date:**

09/30/14

WC 4

**INVESTIGATION REPORT**


 Pima County Health Department  
 Pima Animal Care Center  
 4006 North Silverbell Road  
 Tucson, Arizona 85712  
 Phone: (520) 724-5900  
 Fax: (520) 724-5960  
 www.pimaanimalcare.org

SUSPECT				ACO NAME / BADGE # <b>Rademaker #2019</b>		COMPLAINT NUMBER <b>A14-158825</b>	
SUSPECT'S ADDRESS							
ZIP <b>85712</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS <b>student</b>				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
SUSPECT'S BUSINESS ADDRESS				CODE IF OTHER :			
ZIP				CITY		STATE	
BUSINESS PHONE NUMBER				CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>			
DRIVERS LICENSE							
SEX	WEIGHT <b>163</b>	HEIGHT <b>5'3"</b>	EYES <b>Bro</b>	HAIR COLOR <b>Br</b>	ORIGIN <b>5</b>	DOB	SSN

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

LOCATION OF INCIDENT				DATE AND TIME REPORTED 10/27/14 / 0847		DATE AND TIME OCCURRED 10/27/14 / 0920			
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
				WASTE				OTHER (EXPLAIN)	
				<input type="checkbox"/>				<input type="checkbox"/>	

I CHOOSE "upon request" rights in this case

VICTIM/COMPLAINANT NAME <b>J. Rademaker #2019</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		STATE	
------------------	--	--	--	-----	--	------	--	-------	--

REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (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:	
---	--	--	--	-----------------------	--	---	--	--	--

ADDRESS AND PHONE NUMBER SAME AS VICTIM

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

RELATIONSHIP TO VICTIM

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

										FTQ <input type="checkbox"/>	
										UTQ <input type="checkbox"/>	

LAWFUL REPRESENTATIVE ADDRESS

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

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			
--	--	-------------------------------------	--	--	--	----------------------	--	--------------------------	--	--	--

CODE/ORD VIOLATED <b>4-3(2)(E)(2)</b>				REVIEWED BY <b>10/30 KONST 2002</b>			
--	--	--	--	-------------------------------------	--	--	--

CITATIONS/NUMBERS <b>73351 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#
Husky/Chow	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Jack	blk w/wht	M	6.5y				N	A499693
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									
	VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/>									

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

WCY

## INVESTIGATION REPORT



**Activity Number:** A14-158825

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

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On October 27, 2014 at approximately 0920 hours, Animal Care Officer Rademaker #2019 responded to Street #1 in reference to a priority neglect call-dog on tie out. Officer Rademaker went into the unenclosed back yard and observed a large black and white husky/chow dog in the enclosed part of the back yard. He saw the dog was tied on a 6' chain attached to a 5' nylon leash at the back door of the residence. The Officer took pictures of the area. Officer Rademaker got no response after knocking on the residence's doors and windows. The dog was impounded and a doorknocker was posted on the front window. Officer Rademaker requested a citation for Neglect-Tie Out be written to the owner if dog is redeemed.

On October 30, 2014 at approximately 1600 hours I, Officer Windauer met with at the Pima Animal Care Center. Ms. wished to redeem her dog-Jack. She accepted a citation for the violation of Neglect-Tie Out. I was told by Ms. that her teenage daughter had put the dog on the tie out when the daughter had had to go to the store. Ms. Puga had not been present at the time.

**Officer's Signature:**

*Windauer*

**Date:**

*10/30/14*

# WC 5

## INVESTIGATION REPORT

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



SUSPECT				ACO NAME / BADGE # <b>Bowdon #2013</b>		COMPLAINT NUMBER <b>A14-152716</b>	
SUSPECT'S ADDRESS							
ZIP <b>85714</b>	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
SUSPECT'S BUSINESS ADDRESS				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 <b>132</b>	HEIGHT <b>5'11"</b>	EYES <b>Haz</b>	HAIR COLOR <b>Brown</b>	ORIGIN <b>1</b>	DOB	SSN

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

LOCATION OF INCIDENT			DATE AND TIME REPORTED <b>07/30/14 / 15:34</b>		DATE AND TIME OCCURRED <b>10/06/14 / 11:41</b>			
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN WASTE	OTHER (EXPLAIN)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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>PACC Officer Bowdon #2013</b>		D.O.B	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>(520)243-5900</b>
---	--	-------	---------------------	--

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>
--	--	--	---------------------	-----------------------	--------------------

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

3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITING ACO <b>Bowdon #2013</b>	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS <b>No</b>
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VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

CODE/DRD VIOLATED <b>4-81, 4-76, &amp; 4-3(2)(c)</b>	REVIEWED BY <b>10-8-14</b> <b>DTK/1911</b>
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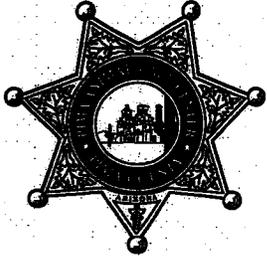
CITATIONS/NUMBERS <b>73338 &amp; 73339</b>	BOND YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	---

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"/>		White / Black	F	1y		cited	cited	N	A497443
Queensland Heeler VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		White / Black	F	1y		cited	cited	N	A497444
Queensland Heeler VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		White / Brown	F	1y		cited	cited	N	A497445
Duck VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		White						N	A497446
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 5

## INVESTIGATION REPORT



**Activity Number: A14-152716**

**ACO Name & Badge: Bowdon #2013**

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**On 07/30/14 at approximately 15:34 hours Pima Animal Care Center (PACC) received a report of poor living conditions / neglect of three dogs, a rabbit, duck, and turtle located at #18 in the City of Tucson.**

**On 10/06/14 at approximately 11:41 hours I, PACC Officer Bowdon #2013, arrived at #18 and observed three dogs confined to an area outside of the residence. A man was shoveling the waste from the confinement when I approached. The man, identified himself as the owner of the animals. I introduced myself and advised him of the complaint received by PACC regarding the animals. I asked Mr. about his rabbit, turtle, and duck. Mr. stated that he gave the turtle to a friend, he barbequed and ate his rabbit a few weeks ago, and his duck was inside. He retrieved the duck from inside of the residence and I observed that the duck appeared filthy. The duck's white feathers were yellowed in general with a brownish green discoloration of the underside. I asked to see the duck's living environment and Mr. refused to show me. Mr. became very upset and began to act in a hostile manner by raising his voice and waving his arms around. He demanded to know who reported him and began yelling at neighbors accusing them of reporting him because he had not shared the rabbit with them. I immediately requested assistance from Tucson Police Department (TPD). TPD Officer Gonzales #42127 responded in reference to TPD case #1410060228. Officer Gonzales asked Mr. Valdez to allow access to the residence to view the duck's living quarters and Mr. Valdez cooperated. Upon entry I observed that the residence had a severe pest infestation with cockroaches everywhere. I took a few photos and quickly vacated the residence. TPD Officer Gonzales contacted the City of Tucson Code Enforcement Inspector, M. Mendoza, who arrived on scene a short while later and the residence was found to be unsuitable for inhabitation.**

WCS

(A14-152716 continued)

I observed that the dogs had clean water, but the food container was infested with bugs and the dog shelter appeared to have a pile of regurgitated food within it. The two pails of dry dog food Mr. [redacted] showed me had cockroaches among the kibble. The outdoor confinement where the dogs were confined had cockroaches crawling all over the fencing and ground.

Mr. [redacted] agreed to surrender the duck and three dogs and accepted citations for all three dogs having No License and No Rabies Vaccination. In addition, he accepted citations for Neglect / Shelter for all four animals due to the unsanitary conditions and pest infestation.

Officer's Signature:

*[Handwritten Signature]* #2013

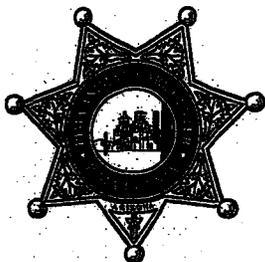
Date:

10/7/14

# WC 6

INVESTIGATION REPORT		SUSPECT				ACO NAME / BADGE #		COMPLAINT NUMBER		
<b>Pima County Health Department</b> <b>Pima Animal Care Center</b> <b>4000 N. Silverbell Rd</b> <b>Tucson, AZ 85714</b> <b>Phone: (520) 243-5900</b> <b>Fax: (520) 243-5900</b> <b>www.pimaanimalcare.org</b>		SUSPECT'S ADDRESS				<b>Bowdon #2013</b>		<b>A14-157163</b>		
		SUSPECT'S BUSINESS ADDRESS				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>		CODE IF OTHER :		
		ZIP	CITY	STATE	RESIDENT PHONE NUMBER					
		<b>85756</b>	<b>Tucson</b>	<b>AZ</b>						
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		
						<b>10/03/14 / 05:37</b>		<b>10/09/14 / 10:42</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				D.O.B		RESIDENCE PHONE NO.		
		<b>PACC Officer Bowdon #2013</b>						<b>(520)243-5900</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. § 13-4405 (B) and § 8-288 (B)		VICTIM'S BUSINESS ADDRESS				ZIP		CITY		
		<b>4000 N Silverbell Rd</b>				<b>85745</b>		<b>Tucson</b>		
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED		RESTITUTION REQUESTED		DANGEROUS CASE NUMBER		OTHER AGENCY CASE #		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>				<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		
		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:						
RELATIONSHIP TO VICTIM		VET CLINIC				PHONE NUMBER		OWNER KNOWS OF BITE		
PHONE NUMBER								YES <input type="checkbox"/> NO <input type="checkbox"/>		
LAWFUL REPRESENTATIVE ADDRESS		CLINIC'S ADDRESS				QUARANTINE		DATE QUARANTINED		
						10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>				
		3 <sup>RD</sup> PARTY CITATIONS		CITING ACO		PREVIOUS VIOLATIONS		PREVIOUS CASE NUMBER		
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>Bowdon #2013</b>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED						OTHER ADDITIONAL REPORTS		
		<b>4-81, 4-76, &amp; 4-3(2)(E)(2)</b>						<b>No</b>		
		CITATIONS/NUMBERS						REVIEWED BY		
		<b>73342-73343</b>						<b>10-13-14</b> <b>OTH1911</b>		
								BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME		COLOR		SEX		AGE		
<b>German Shepherd</b>		<b>Yoreno</b>		<b>B/Tan</b>		<b>F</b>		<b>A</b>		
<input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> OWNER										
<b>Chihuahua</b>		<b>Mocho</b>		<b>Brown</b>		<b>M</b>		<b>A</b>		
<input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> OWNER										
<b>Pit Bull</b>		<b>Choco</b>		<b>Brown</b>		<b>F</b>		<b>A</b>		
<input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> OWNER										
WITNESS 1		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		
								BUSINESS PHONE #		
WITNESS 2		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		
								BUSINESS PHONE #		
WITNESS 3		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		
								BUSINESS PHONE #		
WITNESS 4		M <input type="checkbox"/> F <input type="checkbox"/>		DOB		ADDRESS		RESIDENCE PHONE #		
								BUSINESS PHONE #		

WC 6



## INVESTIGATION REPORT

**Activity Number: A14-157163**

**ACO name & Badge: Bowdon #2013**

---

**On 10/03/14 at approximately 05:37 hours Pima Animal Care Center (PACC) received a report of possible abandoned dogs located at \_\_\_\_\_ Ave in the City of Tucson.**

**On 10/09/14 at approximately 10:42 hours I, PACC Officer Bowdon #2013, arrived at \_\_\_\_\_ Ave and observed that there were two dogs on tie-out cables within the fenced property that appeared to be a non-residential or commercially zoned yard. Two other small breed dogs were within the yard, but not on tie-outs.**

**I was able to locate the dog owner, \_\_\_\_\_, and he arrived at the property a short while later. Mr. \_\_\_\_\_ stated that he had placed the two large dogs, Yorena and Choco, on the tie-outs as a crime deterrent because he had recently rented the property for his business material storage and he was unfamiliar with the neighborhood. He stated one of the small dogs, Mocho, was also his dog, but that the fourth dog was a stray dog that gets into his yard.**

**I observed that all of the dogs had water and shelter accessible to them and they all appeared to be in good health. Mr. \_\_\_\_\_ stated that he did not have proof of current rabies vaccination or license for his three dogs.**

**Mr. \_\_\_\_\_ accepted citations for No License and No Rabies Vaccination for all three of his dogs along with Neglect /Tie-out for the two that he had placed on tie-outs. Mr. \_\_\_\_\_ agreed to remove the two dogs from the tie-outs and stated he will not leave them unattended on tie-outs in the future.**

**The fourth dog, the stray, was impounded due to no owner being located.**

**Officer's Signature:**

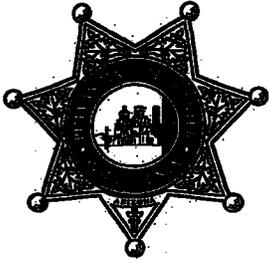
*[Handwritten Signature]* # 2013

**Date:** 10/13/14

# WC 7

INVESTIGATION REPORT		SUSPECT				ACO NAME / BADGE #		COMPLAINT NUMBER				
<b>Pima County Health Department</b> <b>Pima Animal Care Center</b> <b>4006 N. Silverbell Rd</b> <b>Tucson, Arizona 85745</b> <b>Phone: (520) 243-5992</b> <b>Fax: (520) 243-5960</b> <b>www.pimaanimalcare.org</b>		SUSPECT'S ADDRESS				1942 Eckelbarger		A14-157854				
		BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>				CODE IF OTHER :						
		ZIP	CITY	STATE	RESIDENCE PHONE NUMBER							
		85756	Tucson	AZ	572-7765							
SUSPECT'S BUSINESS ADDRESS		ZIP				CITY		STATE				
SEX		WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN				
		125	5-9	Bro	Br	1						
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NATURE OF INCIDENT				DATE AND TIME REPORTED		DATE AND TIME OCCURRED				
						10-13-14 / 1500		10-13-14 / 1630				
FOOD <input type="checkbox"/> WATER <input checked="" type="checkbox"/> SHELTER <input checked="" type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input checked="" type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>												
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME				D.O.B		RESIDENCE PHONE NO.		BUSINESS PHONE NO.		
<input type="checkbox"/> I WAIVE "upon request" rights in this case.		1942 Eckelbarger								243-5992		
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-206 (B)		VICTIM'S ADDRESS				ZIP		CITY		STATE		
		4000 N. Silverbell Rd				85745		Tucson		AZ		
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE)		DANGEROUS ASSESSMENT REQUESTED		RESTITUTION REQUESTED		DANGEROUS CASE NUMBER		OTHER AGENCY CASE #		FOLLOW UP REQUEST		
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				<input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> TFD <input type="checkbox"/> OTHER:		<input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:		
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:		TREATED BY		PHONE NUMBER		DATE QUARANTINED		
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:						PACC <input type="checkbox"/>		
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#		FTQ <input type="checkbox"/>		
		3 <sup>RD</sup> PARTY CITATIONS		CITING ACO		PREVIOUS VIOLATIONS		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS		
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1942 Eckelbarger		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/ORD VIOLATED				REVIEWED BY		10-14-14				
		4-3 (Z)(B), 4-3 (Z)(C), 4-3 (Z)(E)(2), 4-3 (I), 4-81				DTK 1911						
		CITATIONS/NUMBERS				BOND		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
		72781 (A-E)										
BREED/DESCRIPTION VICTIM OR OWNER ANIMAL		ANIMAL'S NAME		COLOR		SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Shitzu		Charlie		Black/White		M	3yr				DOA	A435365
Dalmation		Goofy		White		M	13yr		Cited		OK	A435364
VICTIM OWNER												
VICTIM OWNER												
VICTIM OWNER												
VICTIM OWNER												
VICTIM OWNER												
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 #		

WCL7



## INVESTIGATION REPORT

**Activity Number: A14-157854**

**ACO name & Badge: 1942 Eckelbarger**

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On 10-13-14 at 1615 hours, I Investigator Eckelbarger (1942) responded to [redacted] where I met with dog owner, [redacted] (DOB 12-29-93), and advised of the complaint we received. Ms. [redacted] stated that she just got home from school and found her dog "Charlie". She stated that she thought he was dead. I asked her to show me the dog and she walked me to the backyard where I observed a small black and white Shit-zu "Charlie" on a leash tie-out to the fence. Charlie was deceased and his body was stiff. He had a leash clipped to his collar and the other end looped on the top of the fence. The leash was only approximately 6 feet long. The dog was in full sun with no access to shade, shelter, or water. There was a water bucket in the yard, but due to the dog being on a tie-out, he did not have access to it. Ms. [redacted] stated that last night she had the dog in her house. She fed and watered him, but he defecated inside the house. She stated that because he defecated inside the house, she tied him up to the fence as punishment at approximately 2200 hours on 10-12-14 before going to bed. She stated that she then went to school the next morning (10-13-14) and forgot about "Charlie" tied up to the fence.

I took photographs of the yard and the dead dog. Ms. [redacted] had a second dog "Goofy" in the yard. He appeared in ok condition and had all adequate welfare requirements. Goofy had an expired license. I then cited Ms. [redacted] for cruelty, neglect-no water, neglect-no shelter, and neglect-tieout on Charlie and for no license on Goofy all under City jurisdiction. Ms. [redacted] signed and received her copies of the citations. I then impounded the dead dog Charlie.

**Officer's Signature:**

**Date: 10-13-14**

# WC 8

<b>INVESTIGATION REPORT</b>		SUSPECT				ACO NAME / BADGE # <b>Windauer #1984</b>		COMPLAINT NUMBER <b>A14-157743</b>				
Pima County Health Department Pima Animal Care Center 4006 N. Silverbell Rd. Tucson, Arizona 85745 Phone: (520) 243-5900 Fax: (520) 243-5960 www.pimaanimalcare.org		SUSPECT'S ADDRESS				BITE <input type="checkbox"/> WELFARE <input checked="" type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>						
ZIP <b>85745</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		CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>				DRIVERS LICENSE						
SEX	WEIGHT <b>220</b>	HEIGHT <b>5'5"</b>	EYES <b>Bro</b>	HAIR COLOR <b>Br</b>	ORIGIN <b>1</b>	DOB	SSN					
LOCATION OF INCIDENT					DATE AND TIME REPORTED 10-11-14 / 1603		DATE AND TIME OCCURRED 10-11-14 / 1642					
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		RESIDENCE PHONE NO.		BUSINESS PHONE NO. <b>243-5900</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 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		
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"/>		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"/>		FRA HEAD#				
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		3RD PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITING ACO <b>Windauer #1984</b>		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		PREVIOUS CASE NUMBER		OTHER ADDITIONAL REPORTS		
CODE/ORD VIOLATED <b>4-3(2)(E)(2)</b>		CITATIONS/NUMBERS <b>72597 A</b>				REVIEWED BY <b>2002 KOSTER 10/14</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#
Labrador Mix		Sheno		blk w/wht		M	1.5y	L14	222341		N	A419236
VICTIM OWNER <input type="checkbox"/>												
OWNER <input checked="" 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 #		

WC 8

## INVESTIGATION REPORT



Activity Number: A14-157743

ACO Name & Badge: D. Windauer #1984

At approximately 1625 hours on October 11, 2014 I, Officer Windauer #1984 arrived at [redacted] Avenue reference a dog on a tie out that had jumped its fence. The complainant, a resident in another apartment of the same complex came out to greet me and showed me where the dog was.

I saw a large black with white lab mix dog standing on its rear legs at the north east corner of the fence at [redacted] Avenue. I was told they had tried to help the dog but it had growled at them. As I approached the dog taking pictures, I saw that the top rail had pulled loose giving the dog opportunity to sit down.

I returned to my truck for my snare pole and held the dog in place while I cut the knotted cable. At this time I saw the dog had only a small length of cable attached to its collar, maybe 18"-24" long and that the cable had been knotted where it had broken. The short knotted cable had then apparently gotten hooked in fence as dog came over the fence.

I loaded the dog into the truck and checked our computer for records at this address. I found the dog-Sheno was currently licensed and had been adopted from the Pima Animal Care Center. I asked our Dispatch to contact dog's owner to see if they were coming home.

A short time later I met with [redacted], Sheno's owner. I explained why I was there and what I had seen. I advised that tying a dog out was illegal in the City of Tucson. I was told by Ms. [redacted] that an Animal Care Officer had told her it was legal to tie the dog out as long as the dog had access to water, shelter, shade and no entanglements. I saw the dog was in good condition and that the backyard did have shade, shelter and water for the dog.

I issued a citation to Ms. [redacted] for Neglect-Tie Out and returned her dog to her. I was told she would be moving in a week to a place with a larger, higher fenced back yard with more bushes.

Officer's Signature:

A handwritten signature in black ink, appearing to read "D. Windauer".

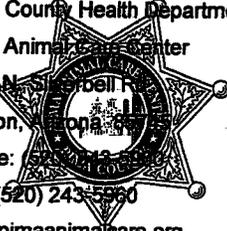
Date:

10/14/14

WC 9

**INVESTIGATION REPORT**

Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Silverbell Rd  
 Tucson, AZ 85714  
 Phone: (520) 243-5990  
 Fax: (520) 243-5990  
 www.pimaanimalcare.org



SUSPECT				ACO NAME / BADGE # <b>C. Meek 2015</b>		COMPLAINT NUMBER <b>A14-157882</b>	
SUSPECT'S ADDRESS							
ZIP	CITY	STATE	RESIDENCE PHONE NUMBER				
<b>85706</b>	<b>TUC</b>	<b>AZ</b>					
SUSPECT'S BUSINESS ADDRESS							
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN
	<b>200</b>	<b>5'07</b>	<b>BRO</b>	<b>BR</b>	<b>5</b>		

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

LOCATION OF INCIDENT	DATE AND TIME REPORTED <b>10/13/14 / 2035</b>	DATE AND TIME OCCURRED <b>10/13/14 / 2130</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 <b>Officer D. Attebery</b>	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>520-243-5900</b>
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I WAIVE "upon request" rights in this case.

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

VICTIM'S BUSINESS ADDRESS <b>4000 N. Silverbell Rd</b>	ZIP <b>85745</b>	CITY <b>TUC</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 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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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

LAWFUL REPRESENTATIVE ADDRESS

CLINIC'S ADDRESS	QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	<input type="checkbox"/> FRA HEAD#
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3<sup>RD</sup> PARTY CITATIONS YES  NO

CITING ACO <b>C. Meek 2015</b>	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
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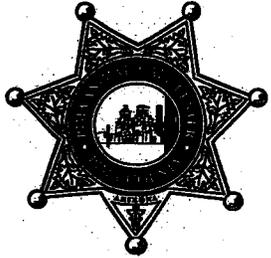
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

CODE/ORD VIOLATED <b>4-3(2)(B)</b>	REVIEWED BY <b>2002 KONST 10/21/14</b>
CITATIONS/NUMBERS <b>73407</b>	BOND YES <input type="checkbox"/> NO <input type="checkbox"/>

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	TAG COLOR	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Pit Bull-X VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Maddie</b>	<b>Brn/Brndl</b>		<b>4Y</b>		<b>194761</b>		<b>ok</b>	<b>A364615</b>
Pit Bull-X VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Sam</b>	<b>Wht/Blk</b>		<b>1Y</b>		<b>235890</b>		<b>ok</b>	<b>A498184</b>
Pit Bull-X VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Fionna</b>	<b>Blk/Wht</b>		<b>3Y</b>		<b>194762</b>		<b>ok</b>	<b>A424030</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 TPD Officer Sandoval #5300	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE #
WITNESS 2 TPD Officer Hicks #52781	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: A14-157882**

**ACO name & Badge: C. Meek 2015, D. Attebery 1926**

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**10/13/2014 at 2130 hours Officer D. Attebery badge number 1929 stated she arrived at \_\_\_\_\_ to meet with T.P.D. in reference to two Pit Bulls loose and behaving aggressive. Officer Attebery stated she met with Tucson Police Department Officers Sandoval badge number 5300 and Officer Hicks badge number 52781. Officer Attebery stated the officers advised her, when they arrived at the address they observed two white and black Pit Bulls running loose and staying around house located at \_\_\_\_\_. The Tucson Police Officers advised Officer Attebery they were there as a result of a neighbor calling because a person went outside to a vehicle and the dogs charged trying to bite. Officer Attebery was advised the caller managed to get inside vehicle and was not bitten by the dogs.**

**Officer Attebery stated she attempted to make contact with the resident by knocking at the door but there was no answer. Officer Attebery was advised by the Officers that neighborhood residents advised them that the two dogs running loose did live at the 1011 address. Officer Attebery also indicated that in an enclosed back yard there was a brindle and white Pit Bull.**

**Officer Attebery stated she looked at the fence to see how the dogs were escaping from the yard and observed where the dogs moved bricks aside and escaped under the fence. Officer Attebery stated inside the yard were approximately twenty piles of solid animal waste. Officer Attebery stated she observed a large dog house as well as the dog shelters and a piece of plywood lying on a plastic kennel. Officer Attebery did find what appeared to be a water container in the form of a five gallon bucket. Officer Attebery stated that she observed about a 1/8 inch of dark green water. Officer Attebery stated she also observed a flat bottomed metal dish with some sort of dark colored liquid. Officer Attebery stated that all three dogs appeared to be well fed. Officer Attebery impounded all three dogs due to inadequate fencing and not wearing any license tags. Officer Attebery stated she posted a notice of animal waste violation and notice of impound on the side door.**

**On 10/14/14 at approximately 1300 hours I Officer Meek badge number 2015 made contact with a Mr. \_\_\_\_\_ at Pima Animal Care Center in reference to his impounded dogs from the previous evening.**

**I advised Mr. \_\_\_\_\_ of the initial complaint and why an enforcement Officer**

WC 9

responded. I advised Mr. that when the Officer made their way into his yard it was found that the three dogs did not have potable water available. I advised Mr. that the responding Officer requested that citations to be issued him in regards to the water.

Mr. provided me with his Arizona Driver's License and I then issued him a total of three citations. I advised Mr. that with the citations he would need to appear in court and I provided him with the date. Mr. stated he understood his need to appear and signed his copy of the citations. I advised Mr. that in addition to the water it was indicated that there was a large accumulation of waste in the yard. I advised Mr. the within the city limits the waste would need to be cleaned every 24 hours. Mr. stated he understood and would clean the waste when he got home.

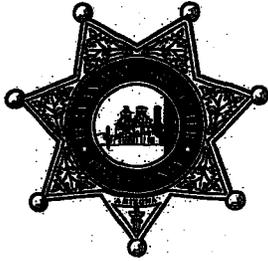


10/19/2014

NC 10

<b>INVESTIGATION REPORT</b>		SUSPECT				ACO NAME / BADGE # <b>Klein 1926</b>		COMPLAINT NUMBER <b>A14-158735</b>	
Pima County Health Department Pima Animal Care Center 4000 N Silverbell Rd Tucson, AZ 85711 Phone: (520) 243-5900 Fax: (520) 243-5900 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>85711</b> CITY <b>Tucson</b> STATE <b>Az</b> RESIDENCE PHONE NUMBER		SUSPECT'S BUSINESS ADDRESS <b>Self Employed</b>				CODE IF OTHER :			
ZIP CITY STATE BUSINESS PHONE NUMBER		DRIVERS LICENSE		SEX <b>175</b> WEIGHT <b>5'11</b> HEIGHT <b>Br</b> EYES <b>Bn</b> HAIR COLOR <b>5</b> ORIGIN DOB		SSN <b>Not Given</b>			
DOES THIS INCIDENT REQUIRE VICTIM REQUEST FOR WAIVER OF RIGHTS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		LOCATION OF INCIDENT		DATE AND TIME REPORTED <b>10-25-14 / 1256</b>		DATE AND TIME OCCURRED <b>10-25-14 / 1350</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 checked="" type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN)							
<input type="checkbox"/> I CHOOSE "upon request" rights in this case		VICTIM/COMPLAINANT NAME <b>E.Klein Badge 1926</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 § 13-286 (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:	
								FOLLOW UP REQUEST <input type="checkbox"/> SO <input type="checkbox"/> TPD <input type="checkbox"/> OTHER:	
<input type="checkbox"/> ADDRESS AND PHONE NUMBER SAME AS VICTIM		<input type="checkbox"/> VIOLATION		BITE SEVERITY:		TREATED BY		PHONE NUMBER	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN:		DATE QUARANTINED		PACC <input type="checkbox"/>	
PHONE NUMBER		VET CLINIC		PHONE NUMBER		OWNER KNOWS OF BITE YES <input type="checkbox"/> NO <input type="checkbox"/>		VET <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#		HOME <input type="checkbox"/>	
		3 <sup>RD</sup> PARTY CITATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CITING ACO <b>Klein 1926</b>		PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PREVIOUS CASE NUMBER	
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE		CODE/DRO VIOLATED <b>4-3(2)(E)(2), 4-3(2)(B), 4-3(2)(C), 4-7B, 4-81</b>		CITATIONS/NUMBERS <b>72488 A,B,C,D,E</b>		OTHER ADDITIONAL REPORTS		REVIEWED BY <b>10-26-14</b> <b>DTK 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>Sharpei/Hound</b>		<b>Ducky</b>		<b>Bm</b>		<b>M</b>		<b>3Y</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"/>									
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 #	

WC 10



## INVESTIGATION REPORT

**Activity Number: A14-158735**

**ACO name & Badge: Klein 1926**

---

**On October 25, 2014 at 1256 hours the Pima County Animal Care Center (PACC) dispatch department received a call from a complainant stating a Sharpei mix has been tied to a porch at [redacted] all day without food, water or shelter. The complainant stated the dog was tangled and in distress.**

**On October 25, 2014 at 1350 hours I, Investigator Klein arrived at [redacted] St and observed a large brown Sharpei mix, later identified as Ducky tangled around a metal post on the front porch. Ducky was in direct sun with no water available and panting heavily. It was 92.8 degrees at the time of my arrival. As I approached Ducky I observed that he had on a collar. A chain leash was attached to his collar and tied around the metal post. Ducky had wrapped the chain around the post and could not move around. There was a metal bowl on the ground next to the post. It was empty. I took photographs of the area. A juvenile male came out of the residence and said Ducky did have water. I asked that he get an adult to speak with me.**

**Mr. [redacted] then came outside and stated he is the young mans father. I asked if he is the dog owner. He stated that he is. I told him to untangle the chain tie out. As he did I poured fresh water into the metal bowl. Once untangled Ducky drank the water immediately. He was taken inside of the house by the juvenile. I explained to Mr. [redacted] that tie outs are prohibited, shade and shelter must be provided, potable water must also be available at all times. I asked why Ducky was tied to the post in direct sun light without any water or shade on such a hot day. Mr. [redacted] stated they had a water pipe break in the back yard and it was currently being worked on. I asked to see the back yard.**

**Mr. [redacted] took me around the side of the house to the back yard. I observed both gates to be broken. The back yard is confined by a 4 foot tall brick wall. There were weeds that were taller than knee height. The dog house was blocked by weeds and shrubs making it unusable. I observed a metal bucket half full with filthy water and the sides were covered in algae. Mr. [redacted] stated he is aware that the yard needs to be cleaned up, the gates need repair and the bucket needs to be cleaned. I took photographs of this area.**

WC 10

Mr. | provided his Arizona drivers license. I issued citation 72488 to Mr. | for the violations I observed today of neglect tie out, neglect no water, neglect no shelter, no rabies vaccination and no license. I provided Mr. Magness with his signed copy and explained the court appearance.

I provided Mr. | with his signed copy of the premise inspection that showed he must provide adequate confinement, adequate shelter, clean water and he is not to have Ducky on any type of tie out. I explained each requirement and informed Mr. | that a PACC officer will return after November 5, 2014 to ensure all requirements are being met. Mr. | stated he will have all repairs completed.

I provided Mr. | with a hand out informing him of the low cost spay and neuter programs that also provide low cost vaccinations. I advised him to have Ducky vaccinated and licensed prior to his court appearance on November 10, 2014.

Officer's Signature:

EKL

Date:

10-25-14

E. KLEIN # 1926



**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)

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## **MEMORANDUM**

**TO:** Kim Janes, Chief of External Operations  
**FROM:** Neil Konst, Animal Care Field Supervisor  
**DATE:** October 31, 2014  
**RE:** Dangerous Dog Cases for October 2014

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### City of Tucson:

1. A14-157774---Nicole Selmer, dog named Bailey was declared dangerous by Investigator Klein; who is monitoring compliance.
2. A14-155981---Marc Bleaman, dog named Buddy was declared not dangerous by Investigator Klein.
3. A14-144189---Margarita De Campas, dogs named Baby and Gordy were declared vicious by Judge Cranshaw. Investigator Eckelbarger is monitoring compliance.
4. A14-143299---Sarah Gorman, dog named Tank was declared dangerous by City Court. Owner took Bella to a veterinarian clinic and had her put to sleep.

### Pima County:

5. A14-157134---Rebecca Bracety, dog named Bella was declared not dangerous by Investigator Klein.
6. A14-158093---Michael Smith, dog named Dulce was declared dangerous by Investigator Carver. Dulce was relinquished by owner and put to sleep.

DD # 1

**INVESTIGATION REPORT**

Pima County Health Department  
Pima Animal Care Center  
4006 N. Campbell Ave.  
Tucson, AZ 85710  
Phone: (520) 243-5960  
Fax: (520) 243-5960  
www.pimaanimalcare.org



SUSPECT <b>Nicole Alexandra Selmer</b>				ACO NAME / BADGE # <b>Rademaker #2019</b>		COMPLAINT NUMBER <b>A14-157774</b>	
SUSPECT'S ADDRESS							
ZIP	CITY <b>Tucson</b>	STATE <b>Az</b>	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS <b>Not Given</b>				BITE <input type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>			
SUSPECT'S BUSINESS ADDRESS <b>Not Given</b>				CODE IF OTHER: <b>Attempt to bite</b>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		CI <input checked="" type="checkbox"/> CO <input type="checkbox"/> OTHER <input type="checkbox"/>		
DRIVERS LICENSE <b>None</b>				DOB			
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	SSN	

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

LOCATION OF INCIDENT	DATE AND TIME REPORTED <b>10-12-14 / 1116</b>	DATE AND TIME OCCURRED <b>10-12-14 / 1100</b>
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/WILL <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>Ladislao</b>	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 <b>Tucson</b>
<input type="checkbox"/> REQUEST/WAIVER exception per A.R.S. § 13-4405 (B) and § 8-286 (B)	VICTIM'S BUSINESS ADDRESS		ZIP	STATE <b>Az</b>
NAME OF LAWFUL REPRESENTATIVE (IF APPLICABLE) <b>Ladislao Paramo</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>1410120209</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:	

<input checked="" 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					FTQ <input type="checkbox"/>	
					UTQ <input type="checkbox"/>	

CLINIC'S ADDRESS	QUARANTINE 10 <input type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	FRA HEAD# <input type="checkbox"/>	
3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO <b>Klein 1926</b>	PREVIOUS VIOLATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER <b>A14-157657</b>
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	CODE/ORD VIOLATED <b>4-87, 4-7(2)(B)</b>	OTHER ADDITIONAL REPORTS <b>A14-157499</b>	
	CITATIONS/NUMBERS <b>70755 A,B</b>	REVIEWED BY <b>10-22-14</b> <b>DTK 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#
Pitbull VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>Bailey</b>	<b>Black</b>	<b>F</b>	<b>1Y</b>		<b>None</b>	<b>None</b>	<b>ok</b>	<b>A498051</b>

WITNESS 1 TPD Officer Laughlin Badge 48379	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS	RESIDENCE PHONE #	BUSINESS PHONE # <b>520-791-4925</b>
WITNESS 2	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOR	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: A14-157774**

**ACO name & Badge: Klein Badge 1926**

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**On October 12, 2014 at approximately 1116 hours the Pima County Animal Care Center (PACC) dispatch department received a call from the Tucson Police Department (TPD) requesting assistance regarding a vicious dog located at**

**On October 12, 2014 at 1142 hours PACC Officer Rademaker Badge #2019 responded to \_\_\_\_\_ and met with TPD Officer Laughlin Badge 48379 who reported that the black dog who resides at \_\_\_\_\_ was at large and had attacked two people.**

**Officer Rademaker interviewed Ladislao \_\_\_\_\_ who was accompanied by his father Ladislao \_\_\_\_\_. \_\_\_\_\_ told Officer Rademaker that at approximately 1100 hours he was riding his skate board on the sidewalk on the north side of \_\_\_\_\_ going eastbound when a black dog from \_\_\_\_\_ started chasing him. He avoided being bitten by using his skate board to keep the dog at bay. \_\_\_\_\_ of \_\_\_\_\_ saw the attack and gave Ladislao refuge in her house. After much yelling a woman from \_\_\_\_\_ retrieved the dog. The victim reported that he was very scared and believed the dog would have bitten him. He and his father both requested citations for leash law and the attempt to bite violations be issued to the dog owner.**

**Officer Rademaker met with \_\_\_\_\_ at \_\_\_\_\_ who stated she has complained to the dog owner at \_\_\_\_\_ about the dog being habitually at large.**

**Officer Rademaker interviewed a woman who identified herself as \_\_\_\_\_ who was later identified by TPD Officer Laughlin as \_\_\_\_\_. \_\_\_\_\_ told Officer Rademaker that on October 11, 2014 at approximately 0715 hours she was walking westbound in front of \_\_\_\_\_ when the black dog from \_\_\_\_\_ came up behind her aggressively. \_\_\_\_\_ took refuge in the fenced yard of \_\_\_\_\_ until the dog left. She reported that she believed the dog would have bitten her and requested citations for the leash law and attempt to bite violations be issued to the dog owner.**

Officer Rademaker found there were two previous complaints about the black dog at [redacted] in the PACC data base under A14-157499 on October 8, 2014 and A14-157657 on October 10, 2014.

He then went to [redacted] and met with [redacted] who said she is the mother of the dog owner Nicole Selmer. [redacted] stated she resides elsewhere and stated the owner was currently at work. Officer Rademaker then saw the one year old Black Pitbull known as Bailey. [redacted] stated there was a problem keeping the dog confined.

Officer Rademaker explained that PACC had no record of Bailey being vaccinated or licensed. [redacted] stated her daughter would have that information. Officer Rademaker then explained that he would be impounding Bailey and a dangerous dog assessment would need to be done. [redacted] assisted in placing Bailey in Officer Rademakers' vehicle. He provided [redacted] with an impound notice and told her to have her daughter contact PACC about redeeming Bailey.

On October 18, 2014 at approximately 1530 hours I met with [redacted] when she came to the Pima County Animal Care Center. Ms Selmer provided her United States Military Dependent identification card and stated she is the owner of Bailey who is currently at the Animal Care Center under animal identification number A498051. Ms Selmer stated she wants to redeem Bailey.

I explained the incidents as they were reported by PACC Officer Rademaker. I also explained that a dangerous dog assessment has been requested. I provided Ms Selmer with a dangerous dog pamphlet and explained that a PACC investigator will need to complete a premise inspection to confirm adequate and secure confinement before Bailey will be released.

I asked Ms. Selmer if she knows how Bailey had gotten out. She stated the kids in the neighborhood antagonize her so she digs out to play with them. Ms Selmer stated the holes have been fixed. She also stated that Bailey will be staying at [redacted] with her mother until she moves into the [redacted] Apartments at the end of the month. I asked if the [redacted] Apartments allow Pitbulls and she said she doesn't know. I asked Ms Selmer how long she has owned Bailey and she said she got Bailey from a homeless person about a month ago.

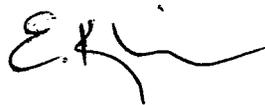
I then issued citation 70755 A and B for the Leash Law and Attempt to Bite incident that was reported as occurring on October 12, 2014 at 1100 hours. Ms Selmer received her signed copy and understands the appearance date and time. Ms Selmer stated there is no way that Bailey could have been involved because the cops called her around 10:00.

I then issued citation 70754 A and B for the Leash Law and Attempt to Bite incident that was reported as occurring on October 11, 2014 at 0715 hours. I provided Ms. Selmer with her signed copy of this citation and explained the

Ms Selmer stated Bailey could not have been involved with this incident either because no one had let her out at that time of the morning. I explained her court appearance again.

Ms Selmer asked when she can redeem Bailey. I again explained that an officer will have to approve the confinement at [redacted] and [redacted] before Bailey is released. I also told her that a supervisor may require that [redacted] Village be contacted to see if they do accept Pitbulls. They may also require that the dangerous dog assessment is completed before Bailey will be released. Ms Selmer asked when that will be and I told her I do not know.

Officer's Signature:



Date:

10.18.14

E. KLEIN # 1926



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 724-5900

CASE NO: A14-158551  
 OWNER: \_\_\_\_\_  
 ANIMAL NAME: BAILEY A498051

ADDRESS: \_\_\_\_\_  
 SEX: F BREED: Pitbull  
 COLOR: BLACK DATE: 10-28-14

**EVALUATION CRITERIA**

**REPORTED BITES:**

NON-VIOLATION BITE	+ 3	<u>      </u>
VIOLATION-BITE	+ 6	<u>      </u>

**SEVERITY OF INJURY TO HUMANS:**

(Check One Factor Only Per Victim)

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

**Animal Complaints or Violations:**

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

**SEVERITY OF INJURY TO ANIMALS:**

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

**Confinement / Fencing:**

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

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

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

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

REPAIRED DEFICIENT CONFINEMENT	- 3	<u>      </u>
ANIMAL IS NEUTERED / SPAYED	- 1	<u>      </u>
OWNER AWARE OF ANY AGGRESSION	+ 1	<u>      </u>
OWNER FAILED TO REPAIR CONFINEMENT	+ 5	<u>+5</u>
CURRENTLY LICENSED LIC # _____	- 1	<u>      </u>
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>      </u>
ANIMAL NOT OBSERVED AGGRESSIVE	- 3	<u>      </u>
ANIMAL OBSERVED AT LARGE <5X/YR	+ 1	<u>      </u>
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	<u>      </u>
ANIMAL NOT AGGRESSIVE	- 2	<u>-2</u>
ANIMAL SHOWS UNSAFE BEHAVIOR	+ 1	<u>      </u>

THE PROPERTY IS CONFINED BY A 5 FOOT TALL FENCE THAT IS CHAINLINK IN THE BACK AND WOOD IN THE FRONT. THE WOOD FENCE IS BROKEN AND HOLES HAVE BEEN DUG AT THE BOTTOM.

**General Comments:**

BAILEY HAS BEEN OBSERVED AT LARGE AND BEING AGGRESSIVE ON SEVERAL OCCASIONS BY SEVERAL DIFFERENT NEIGHBORS. BAILEY IS DEEMED A DANGEROUS ANIMAL.

E.K.L.  
E. Klein OFFICER # 1926

**TOTAL SCORE: +23**

**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.

DD # 2

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



SUSPECT <b>Marc David Bleaman</b>				ACO NAME / BADGE # <b>Downing#1923</b>		COMPLAINT NUMBER <b>A14-155981</b>	
SUSPECT'S ADDRESS							
ZIP	CITY <b>Tucson</b>	STATE <b>Az.</b>	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS							
ZIP	CITY	STATE	BUSINESS PHONE NUMBER			DRIVERS LICENSE	
SEX	WEIGHT	HEIGHT	EYES <b>F</b>	HAIR COLOR	ORIGIN <b>5</b>	DOB	SSN <b>NG</b>

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 <b>9-16-14 / 08:52</b>	DATE AND TIME OCCURRED <b>9-15-14 / 1830</b>
FOOD <input type="checkbox"/> WATER <input type="checkbox"/> SHELTER <input type="checkbox"/> INJURED/ILL <input type="checkbox"/> VENTILATION <input type="checkbox"/> ABANDONED <input type="checkbox"/> TIEOUT <input type="checkbox"/> BEATEN <input type="checkbox"/> WASTE <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>			

<input type="checkbox"/> I CHOOSE "upon request" rights in this case	VICTIM/COMPLAINANT NAME <b>Dallan</b>	DOB <b>A</b>	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>NG</b>
<input type="checkbox"/> I WAIVE "upon request" rights in this case.	VICTIM'S ADDRESS		ZIP	CITY <b>Tuc.</b> 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 <b>NG</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 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 checked="" type="checkbox"/> VIOLATION	BITE SEVERITY: <b>1</b>	TREATED BY	PHONE NUMBER	DATE QUARANTINED <b>9-15-14</b>	PACC <input type="checkbox"/> VET <input type="checkbox"/> HOME <input checked="" type="checkbox"/>
RELATIONSHIP TO VICTIM	<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN: <b>Rt. Forearm</b>			RELEASE DATE: <b>9-24-14</b>	
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 type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	<input type="checkbox"/> FRA HEAD#			
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE	3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO <b>Downing#1923</b>	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS	REVIEWED BY <b>9-22-14 DTK/1911</b>
	CODE/ORD VIOLATED <b>6.04.120 (B)(2) x 2, 6.04.030</b>					BOND YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	CITATIONS/NUMBERS <b>72820 A,B,C</b>					

BREED/DESCRIPTION VICTIM OR OWNER ANIMAL	ANIMAL'S NAME	COLOR	SEX	AGE	LICENSE #	VX CERTIFICATE #	COND	ANIMAL ID#
Australian Shepherd VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Buddy	Tri	M	1yr	L14-224614	Rabvac 3	OK	A495742
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 #



## INVESTIGATION REPORT

**Activity Number: A14-155981**

**ACO name & Badge: Officer Downing #1923**

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On September 16, 2014 I, spoke with Dallan [redacted] at his residence of [redacted]. He stated that on September 15, 2014 at about 1830 hours, he took his dog for a walk on leash. When he got to the location of [redacted] and [redacted], a tri colored dog ran out of the garage at [redacted]. The tri colored dog attacked his dog Wilson, and grabbed it on the neck. He started kicking the dog to have it let go. He tried to seperate the dogs and was bitten by the tri colored dog on the right forearm area. There were about 6 marks. I took a photo of the injury to his forearm. Dallan did not seek medical attention for his injury, but did take his dog for medical treatment. The bill was a total of 1657.00 so far. I took a photo of Wilson for the file. He is requesting restiution for the vet bill and citations.

On September 20, 2014, I met with the dog owner Marc Bleaman at [redacted]. I explained the nature of my visit. He acknowledged the incident as the victim had stated. I issued citations on the behalf of the victim for his dog not being leashed and for his dog Wilson being attacked and injuries to Dallans forearm. Marc brought the tri colored Australian dog named Buddy so I could photograph the dog.

Officer's Signature: *[Handwritten Signature]* #1923

Date: 9-21-14



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: A14-157672

ADDRESS:

OWNER: E

SEX: M BREED: AUSSIE MIX

ANIMAL NAME: 'BUDDY A495742

COLOR: TRI DATE: 10-17-14

**EVALUATION CRITERIA**

**REPORTED BITES:**

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

**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

**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 \_\_\_\_\_

**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 # 224614 - 1 -1  
 NO CURRENT LICENSE + 1 \_\_\_\_\_  
 NO CURRENT RABIES VACCINATION + 1 \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 WROUGHT IRON FENCING AND BRICK WALLS THAT ARE 5 FEET TALL. THE OUTSIDE OF THE CONFINEMENT IS LINED WITH CACTUS. THE EASTSIDE WALL DOES NOT HAVE CACTUS AND THAT SECTION HAS BEEN

**General Comments:**

BLOCKED SO THE DOGS NO LONGER HAVE ACCESS. WHILE CONDUCTING NEIGHBOR INTERVIEWS I LEARNED THAT BUDDY HAS NOT SHOWN AGGRESSIVE PRONE, TO THIS INCIDENT BUDDY IS NOT DEEMED DANGEROUS AT THIS TIME.

EX OFFICER # 19210

TOTAL SCORE: +9

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.

DD # 30

**INVESTIGATION REPORT**

Pima County Health Department  
Pima Animal Care Center  
4000 N. Oracle Rd  
Tucson, Arizona 85710  
Phone: (520) 243-5500  
Fax: (520) 243-5500  
www.pimaanimalcare.org



SUSPECT <b>Margarita Robeldo De Campas</b>				ACO NAME / BADGE # <b>T.Foster 2042</b>		COMPLAINT NUMBER <b>A14-144189</b>	
SUSPECT'S ADDRESS							
ZIP	CITY <b>Tuc</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS				BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>			
SUSPECT'S BUSINESS ADDRESS				CODE IF OTHER :			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER		DRIVERS LICENSE		
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN <b>none given</b>

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

LOCATION OF INCIDENT			DATE AND TIME REPORTED <b>03/25/14 / 13:22</b>		DATE AND TIME OCCURRED <b>03/24/14 / 17:00</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

VICTIM/COMPLAINANT NAME <b>Anachristina Ramirez</b>		DOB	RESIDENCE PHONE NO.	BUSINESS PHONE NO. <b>unk</b>
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I WAIVE "upon request" rights in this case.

VICTIM'S ADDRESS		ZIP	CITY <b>Tuc</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 <b>unk</b>		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: <b>3-MED</b>	TREATED BY <b>UMC ER</b>	PHONE NUMBER	DATE QUARANTINED <b>03/29/14</b>	PACC <input checked="" type="checkbox"/>
<input type="checkbox"/> NON-VIOLATION	PART OF BODY BITTEN: <b>Legs</b>			RELEASE DATE:	VET <input type="checkbox"/>

RELATIONSHIP TO VICTIM

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"/>
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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

3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO <b>2042</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>4-87; 4-76; 4-81; 4-7</b>	REVIEWED BY <b>3-31-14 DTH 1911</b>
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CITATIONS/NUMBERS <b>72570 A, B, C, D, E; 72572 A, B, C</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#
G SHEPHERD VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Baby	Bk/Tan/Wh	M	AD	none	none	n	A475209
Q HEELER VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Gordy	Bk/Tan	M	AD	none	none	n	A475210
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 #



## INVESTIGATION REPORT

**Activity Number: A14-144189**

**ACO name & Badge: T. Foster 2042**

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03/29/14 07:41 I, Officer Foster 2042 responded to [redacted] in reference to Bite case numbers B14-019118 and B14-019118 to meet with the victim, [redacted]. I knocked on the front door and was met by an older gentleman who spoke only Spanish. The man called inside the house and an older woman came out. I explained why I was there and asked if [redacted] available. The woman stated [redacted] would be right out. Moments later I met with [redacted] in her living room. [redacted] stated that on 3/24/14 at approximately 1700 hours she was jogging west bound on [redacted] when she observed two black and tan dogs running in the street. She stated that she slowed to a walk, so as not to offer a running target. As she was walking past [redacted] the smaller of the two dogs, Gordy (A475210) ran around behind her and bit her on her left calf. She went on to state that right after Gordy bit her, the larger dog Baby (a474210) ran over and bit her on the right calf. [redacted] stated that she somehow managed to get them off her legs but they were still growling, barking, and circling her. She stated that a car was driving by and began honking at the dog, which chased them back into their yard.

Once the dogs returned to the yard [redacted] stated that an older man can out, locked the gate and apologized stating "that it would never happen again." I asked [redacted] if she had any other contact with the owners and she replied no. I photographed [redacted] injuries and then asked her if she has ever seen the dogs loose before the date of the bite. [redacted] stated that yes, she has observed them running loose on several occasions. I then asked [redacted] if she was requesting citations. [redacted] stated that she is requesting citations be issued on her behalf. I then provided her with a copy of her activity number and phone numbers to contact dispatch if needed. I then thanked [redacted] for her time and relocated to the dog owner's address.

03/29/14 08:00 I arrived at [redacted] to meet with the dog owner. The yard was fenced and the gates secured. I was able to observe the two biter dogs in the yard and yelled to get the attention of any one inside the residence. After a minute or so a woman exited the house and approached the

gate. The woman spoke Spanish only so I called dispatch and requested Dispatcher Mario Lugo #2048 translate for me. Mario agreed and translated for the woman who identified herself as Margarita De Campas. I asked Mario to inform Mrs. De Campas that her two dogs reportedly bit a woman jogger and I would need to see proof of rabies vaccinations or I would have no choice but to impound both dogs for the remainder of their quarantine. Mario related that to Mrs. De Campas. Mrs. De Campas responded that she did not have current rabies vaccinations on either dog and had planned to go on 4/12/14 to receive free vaccinations at a local shot clinic. While Mario and Mrs. De Campas were speaking the call was disconnected, at the same time an unnamed man rode up to a neighboring house on a bicycle. Mrs. De Campas asked the young man to come and translate for us. He agreed and was able to tell her we would be holding both dogs until 4/2/14 for the bite quarantine, but that after the quarantine was up she could redeem both dogs. Mrs. De Campas began to cry and said that she and her husband are on a fixed income and would not receive their next check until 4/3/14. I replied that PACC would hold the dogs an extra day to accommodate her financial situation. Mrs. De Campas gave me permission to impound both of the biter dogs and transport them to PACC for quarantine. Mrs. De Campas also stated that she did not trust the two dogs. She also stated they belong to her husband, who is at the hospital

She went on to ask how I was going to catch them. I replied that I was going to request a second officer come and assist me. I then contacted dispatch and requested assistance.

Officer Tovar #2021 responded to my location and assisted me with the capture of both biter dogs. Both dogs were impounded without issue. I then issued quarantine paperwork for both dogs. Mrs. De Campas (2021 translating) accepted and signed both "Quarantine At Pima Animal Care" forms and received a copy of both forms. I then issued third party citations for biting animal on both dogs, Leash law violations on both dogs, No license on both dogs, and No Rabies Vaccination on both dogs. Mrs. De Campas acknowledged, signed and accepted her citations. Mrs. De Campas received her court date time and location and her drivers license was returned to her.

Officer's Signature: *J. Foster 2042*

Date: 03/30/14



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 # A14-158483  
 OFFICER # 1942 Eckelbarger  
 DATE: 10-23-14

## 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 "Gordy" was declared vicious by Tucson City Court Judge Chayet on 10-9-14.

OWNER: \_\_\_\_\_ ANIMAL NAME: Gordy  
 ADDRESS: \_\_\_\_\_ ANIMAL ID#: A475212  
 PHONE: NIP SEX: M COLOR: Blk/wh BREED: Q-Heeler

**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.



PIMA COUNTY HEALTH DEPARTMENT  
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4000 N. SILVERBELL RD. TUCSON, AZ 85745  
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COMPLAINT # A14-158483.  
OFFICER # 1942 Eckelbarger  
DATE: 10-23-14

### 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 "Baby" was declared vicious by Tucson City Court Judge Chayet on 10-9-14.

OWNER: \_\_\_\_\_ ANIMAL NAME: Baby  
ADDRESS: \_\_\_\_\_ ANIMAL ID#: A475209  
PHONE: NIP SEX: m COLOR: Black 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.

DD# 4

**INVESTIGATION REPORT**

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



SUSPECT <b>Sarah Antoinette Gorman</b>				ACO NAME / BADGE # <b>M. Fish #1995</b>		COMPLAINT NUMBER <b>A14-143299</b>	
SUSPECT'S ADDRESS							
ZIP	CITY <b>Tucson</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS						BITE <input checked="" type="checkbox"/> WELFARE <input type="checkbox"/> DANGEROUS <input type="checkbox"/> OTHER <input type="checkbox"/>	
SUSPECT'S BUSINESS ADDRESS						CODE IF OTHER :	
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
DRIVERS LICENSE						DOB	
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN <b>5</b>	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>3-12-14 / 12:46</b>		DATE AND TIME OCCURRED <b>3-12-14 / 12:40</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"/> 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 <b>Tucson</b>		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 <b>N/A</b>		ZIP <b>N/A</b>		CITY <b>N/A</b>		STATE <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 checked="" type="checkbox"/> NO <input type="checkbox"/>		DANGEROUS CASE NUMBER		OTHER AGENCY CASE # <b>1403120222</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 checked="" type="checkbox"/> VIOLATION		BITE SEVERITY: <b>2-Punct</b>		TREATED BY		PHONE NUMBER		DATE QUARANTINED <b>3-12-14</b>		PACC <input checked="" type="checkbox"/>	
RELATIONSHIP TO VICTIM		<input type="checkbox"/> NON-VIOLATION		PART OF BODY BITTEN: <b>Lt Arm</b>						RELEASE DATE: <b>3-21-14</b>		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"/>						FRA HEAD#		FTQ <input type="checkbox"/>	
		3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CITING ACO <b>1995</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/ORD VIOLATED <b>4-7(2)(B) / 4-97</b>				REVIEWED BY <b>3-27-14</b> <b>OTK 1911</b>			
		CITATIONS/NUMBERS <b>72678</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 OWNER <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Tank	Blk/Wht	M	1.8	Slvr	L14-222391	NOBIVAC	Nrm	A466461
Lab Mix	VICTIM OWNER <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Ringo	Blk/Wht	M	15y	N/A	U14-072377	N/A	Nrm	A473528
	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"/>									
	VICTIM OWNER <input type="checkbox"/> OWNER <input type="checkbox"/>									

WITNESS 1 TPD Officer Rosbeck #49924	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS 270 S. Stone Ave	RESIDENCE PHONE # N/A	BUSINESS PHONE # 520-791-5351
WITNESS 2 T. Haynes #2032	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB	ADDRESS 4000 N. Silverbell Rd.	RESIDENCE PHONE # N/A	BUSINESS PHONE # 520-243-5900
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: A14-143299**

**ACO name & Badge: M. Fish #1995**

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On March 12th, 2014 at approximately 13:00 hours Officer T. Haynes #2032 from Pima Animal Care Center responded to a request for assistance from the Tucson Police Department at [redacted] when she arrived on scene she observed two large dogs unattended and unconfined in the carport. The dogs, a large, black/white, shaggy furred Lab mix (Ringo) and a medium, black/white, Lab/Mastiff mix (Tank) came out of the carport and approached Officer Haynes barking. Officer Haynes spoke sternly to Tank and he backed off immediately. The dogs went back into the carport and Officer Haynes went to the side yard to see if she could determine how the dogs got out of the yard. Officer Haynes looked over the wall and observed the back gate wide open. She returned to the front and was met by Ringo and Tank. Officer Haynes was able to pet them both and walked to the front door with both dogs at her side. Officer Haynes made contact with a juvenile male resident, and had him put the dogs inside the house. Officer Haynes then explained why she was there. She asked for [redacted] mother's name and contact information and he provided her with it. Officer Haynes spoke with the dogs' owner, Sarah Gorman, over the phone and advised her of what was going on. Mrs. Gorman stated that Tank did have a current rabies vaccination but her son did not have access to the information. I advised that I would be in contact with her as soon as I had more information.

While on scene Officer Haynes met with Tucson Police Department Officer Rosebeck (Badge #49924) who was working Tucson Police Department case #1403120222. Officer Rosebeck relayed the following from the victim; at approximately 1240 hours she was walking south bound on Mann when the two dogs came out of the carport at [redacted] and ran up to her. She stated that she put her arms out to shoo the dogs away and received a bite on the left arm, the side that Tank was on. She said that she walked away from the dogs and wasn't aware of the small puncture in her arm until she arrived at [redacted]. At that time the victim did not request citations; she was just concerned for other people that may be in the area. Officer Rosebeck took photos of the victim's bite. After speaking with Officer Rosebeck Officer Haynes spoke with Mrs. Gorman again and advised her that she would be impounding Tank for the mandatory ten day Rabies quarantine. Officer Haynes also left a notice with the dog owner's son with the case number and

the phone number for Pima Animal Care Center.

On March 13th, 2013 Officer Foster #2042 from Pima Animal Care Center met with the bite victim, [redacted] stated that she was walking Southbound on [redacted] Ave. when two dogs, Tank and Ringo, ran out of the yard of [redacted] and the dog identified as Tank (A466461) bit her. Officer Foster asked [redacted] if she wished to have citations issued for biting animal and leash law violations and [redacted] stated that she would like citations issued even though she previously declined to have citations issued. [redacted] stated that the school is so close to where the dogs live and the Tucson Police Department officer she met with told her that the address and dogs were well known to the police department so she fears the dogs will bite a child.

On March 22nd, 2014 at approximately 16:00 hours the dog owner, Sarah Gorman, came in to Pima Animal Care Center to redeem her dog from quarantine. I, Officer Marcus Fish #1995, met with Mrs. Gorman and issued her citations for one count of Biting Animal and two counts of Leash Law on behalf of the victim.

Officer's Signature:

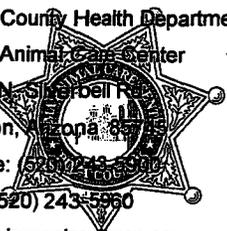


Date: 3/25/14



DD # 5 D

**INVESTIGATION REPORT**  
 Pima County Health Department  
 Pima Animal Care Center  
 4000 N. Campbell Ave  
 Tucson, Arizona 85710  
 Phone: (520) 243-5960  
 Fax: (520) 243-5960  
 www.pimaanimalcare.org



SUSPECT <b>REBECCA D BRACETY</b>				ACO NAME / BADGE # <b>J RADEMAKER 2019</b>		COMPLAINT NUMBER <b>A14-157134</b>	
SUSPECT'S ADDRESS							
ZIP	CITY <b>TUCSON</b>	STATE <b>AZ</b>	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS <b>NONE</b>				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
SEX	WEIGHT	HEIGHT	EYES	HAIR COLOR	ORIGIN	DOB	SSN

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

LOCATION OF INCIDENT				DATE AND TIME REPORTED <b>10/02/14 / 1356</b>		DATE AND TIME OCCURRED <b>10/02/14 / 1300</b>	
FOOD	WATER	SHELTER	INJURED/ILL	VENTILATION	ABANDONED	TIEOUT	BEATEN WASTE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OTHER (EXPLAIN)							

I CHOOSE "upon request" rights in this case

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

I WAIVE "upon request" rights in this case.

VICTIM'S ADDRESS					ZIP	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
---------------------------	--	--	--	--	-----	------	-------

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 # <b>141002202</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 checked="" 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>VETERINARY CARE</b>	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 type="checkbox"/> 15 <input type="checkbox"/> 45 <input type="checkbox"/> 180 <input type="checkbox"/>	FRA HEAD#
------------------	--	-----------

VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

3RD PARTY CITATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITING ACO <b>J RADEMAKER 2019</b>	PREVIOUS VIOLATIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS CASE NUMBER	OTHER ADDITIONAL REPORTS
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CODE/ORD VIOLATED <b>6.04.030; 6.04.120(B)(2); 6.04.070; 11-1010(A)ARS 6.04.120(B)(3)</b>	REVIEWED BY <b>2002 Konst 10/9</b>
CITATIONS/NUMBERS <b>73071A-D; 73073A</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>GERMAN SHEPHERD</b>	VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>	<b>REPTAR</b>	<b>B</b>	<b>M</b>	<b>1Y</b>		<b>CITED</b>	<b>CURRENT</b>	<b>N</b>	<b>A4997430</b>
<b>PITBULL</b>	VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	<b>BELLA</b>	<b>GW</b>	<b>F</b>	<b>3Y</b>		<b>CITED</b>	<b>CITED</b>	<b>N</b>	<b>A431032</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>CLAYTON EGNER</b>	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	DOB	ADDRESS <b>4880 N SABINO CANYON #14262 85750</b>	RESIDENCE PHONE # <b>480-528-4753</b>	BUSINESS PHONE #
WITNESS 2 <b>JACINDA DEMETROS</b>	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB	ADDRESS <b>4880 N SABINO CANYON #14262 85750</b>	RESIDENCE PHONE # <b>480-528-4753</b>	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: A14-157134**

**ACO name & Badge: J RADEMAKER 2019**

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On October 2, 2014 at 1:56PM, [redacted] called Pima Animal Care Center (PACC) dispatch to report that a white with grayish brown, Pit / Staffordshire mix dog, that lives with its owner at [redacted] in unit [redacted] was off leash and attacked his dog. [redacted] said his dog was bitten repeatedly and the fight caused damage to items on the caller's patio. The attacking dog is back inside its home and no information was exchanged with the dog owner. [redacted] was advised to take time and date stamped photos of his dog's injuries and of the property damage for the ACO. Caller stated his wife would do so now. Caller was advised that an ACO would be in contact in the near future and would further explain citations and/or restitution.

[redacted] also contacted Pima County Sheriff's Office. Deputy K. Joyce responded at 4:27PM to case #1410022202 and met with Mr Gahm and the dog's owner at [redacted] Rebecca D Bracety.

On October 6, 2014 at 12:29PM I, Officer Rademaker 2019, went to [redacted] and met with complainants [redacted]. Their statement was that on 10/02/14 at approximately 1:00PM [redacted] was walking one of their three dogs, Shepherd X Reptar, on leash with a gentle leader in the apartment complex. They had just reached the patio at the rear of the apartment when a mostly white female pitbull dog attacked Reptar from behind. There was quite a melee on the patio with numerous items being broken. [redacted] was inside and exited the apartment and after a struggle was able to get Reptar inside. A neighbor confined the attacking dog and its owner came and retrieved it. The [redacted] know the owner to be Rebecca Bracety who resides at [redacted] and they believe the dog is named Bella. They took Reptar to the [redacted] Veterinary Care for treatment. His injuries were minor and the bill was \$79.30. They estimate the damage to their patio at \$380.00.

The [redacted] want PACC to issue citations to Bella's owner for leash law and biting animal violations. They want the court to order restitution for their expenses and want PACC to conduct a dangerous dog evaluation on the dog Bella. They also say that the dog Bella is habitually at large in the complex.

The 3 dogs are all current on rabies vaccinations but none are licensed. I determined that they all should have been licensed and issued citations for those violations. I explained court and compliance and he said he understood. I gave him a law brochure.

On October 7, 2014 at 11:42AM I went to [redacted] and met with owner Rebecca D Bracety and interacted with her gray and white female pitbull dog Bella. Bella was friendly toward me. Ms Bracety was familiar with the 10/02/14 incident where her dog attacked the complainants. She said Bella was at large because her mother left the door open and Bella snuck out. I explained the citations requested and she said she understood. I inquired about license and registration for Bella and she said they were in the name of her former boyfriend P308088.

I searched PACC records for [redacted] and determined that Bella's license and vaccination had both expired 04/22/14.

I issued Ms Bracety citations for leash law and biting animal violations as requested by [redacted] and also citations for no license and no rabies vaccinations. I explained court and compliance to her and she said she understood.

[redacted] had mentioned that the neighbor from the 2nd floor apartment in the building facing his patio had seen the incident. I went to building 14 and met with [redacted] of apartment [redacted]. He stated that he had seen both dogs in the area of [redacted] patio but had not seen them interact. He said that his wife, [redacted] same phone, had seen the incident and had seen both dog together.

On October<sup>2</sup> at 1:54PM I met owner Ms Bracety and issued her a citation for 6.04.120(B)(3) destructive animal and explained that that was for the property damage. Court is the same as the other citations and she said she understood.

Officer's Signature:   
2019

Date: 10/9/14



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: A14-157642  
 OWNER: \_\_\_\_\_  
 ANIMAL NAME: BELLA 1431032

ADDRESS: \_\_\_\_\_ # \_\_\_\_\_  
 SEX: F BREED: PITBULL  
 COLOR: GRAY/WHITE DATE: 10-16-14

**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 +3

**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 \_\_\_\_\_

**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  
FRONT DOOR

**OWNER ACCOUNTABILITY / RESPONSIBILITY:**

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

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

(Two or More Neighbors Interviewed)

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

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

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

**Confinement / Fencing:**

THE APARTMENT DOES NOT HAVE A YARD OR BALCONY. A SLIDING BAR HAS BEEN ADDED TO THE INSIDE (TOP) OF THE FRONT DOOR TO PREVENT IT FROM BEING OPENED.

**General Comments:**

I SPOKE WITH THE RENTAL OFFICE EMPLOYEE AND CONDUCTED NEIGHBOR INTERVIEWS AND FOUND NO PREVIOUS INCIDENTS INVOLVING BELLA. AT THIS TIME BELLA IS NOT DEEMED A DANGEROUS ANIMAL.

EKL

OFFICER # 19210

TOTAL SCORE: +6

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

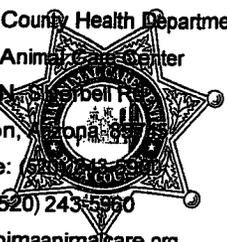
\_\_\_\_ DANGEROUS  
 \* NOT DANGEROUS

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.

AD # 60

**INVESTIGATION REPORT**

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



SUSPECT <b>Michael Smith</b>				ACO NAME / BADGE # <b>1942 Eckelbarger</b>		COMPLAINT NUMBER <b>A14-158093</b>	
SUSPECT'S ADDRESS							
ZIP	CITY	STATE	RESIDENCE PHONE NUMBER				
SUSPECT'S BUSINESS ADDRESS				CI <input type="checkbox"/> CO <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
ZIP	CITY	STATE	BUSINESS PHONE NUMBER				
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>10-16-14 / 0800</b>	DATE AND TIME OCCURRED <b>10-16-14 / 0715</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 / COLLAR / IDENTIFY 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 <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 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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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>Hand</b>	TREATED BY <b>hospital</b>	PHONE NUMBER	DATE QUARANTINED <b>10-17-14</b> RELEASE DATE: <b>10-25-14</b>	PACC <input checked="" type="checkbox"/> VET <input type="checkbox"/> HOME <input type="checkbox"/>
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RELATIONSHIP TO VICTIM

VET CLINIC	PHONE NUMBER	OWNER KNOWS OF BITE YES <input checked="" 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 checked="" 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 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>A14-141309</b>	OTHER ADDITIONAL REPORTS
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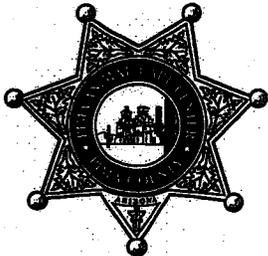
VICTIM OR LAWFUL REPRESENTATIVE SIGNATURE

CODE/ORD VIOLATED <b>6.04.120 (B)(2), 6.04.030</b>	CITATIONS/NUMBERS <b>72783 (A-E)</b>	REVIEWED BY <b>10-18-14 DTK 1911</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"/>	Dulce	Black/White	F	2yr		L13-216149	Current	Ok	A458139
Pit/Lab mix VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	Kruger	Black/White	M	2yr		L13-216808	Current	Ok	A456962
G. Ret VICTIM <input checked="" type="checkbox"/> OWNER <input type="checkbox"/>	Grommet	Yellow	M	8yr		L14-059034	Current	I	A143343
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 Linda O'Haver	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	DOB 10-6-56	ADDRESS 6731 N. Placita Ariel	RESIDENCE PHONE # 297-3582	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: A14-158093**

**ACO name & Badge: 1942 Eckelbarger**

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On 10-17-14 at 0848 hours, I Investigator Eckelbarger (1942) responded to the victim's address at [redacted] where I met with [redacted] and [redacted] who stated on 10-16-14 at approximately 0715 hours they were walking their Golden Retriever "Grommet" on leash in the [redacted] when a black and white Pit-bull "Dulce" came charging straight at "Grommet". [redacted] stated he kicked the dog as it charged, and then the dog grabbed Grommet and attacked causing wounds to the front right and rear left legs of Grommet. [redacted] was knocked to the ground during the attack and received wounds to the nose, right elbow, right knee, and left finger. [redacted] finger was dislocated/broken during the incident.

[redacted] then tried to separate "Dulce" away from them and was bitten on the finger causing a puncture. [redacted] also sustained scratches to the left and right elbows and the knee. The dog owner, Michael Smith, then came outside and the 2nd dog (black and white lab/pit mix "Kruger") was seen out loose as well. Michael Smith then got control of Dulce and secured her on his property.

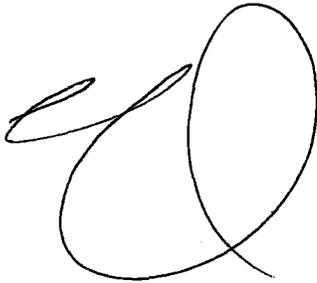
[redacted] went to the hospital for treatment and they took Grommet to the veterinarian for treatment of his injuries. They had approximately 600 dollars in veterinary bills at this time and at least 300 dollars in co-pays for medical treatment. The [redacted] requested citations, restitution, and a dangerous dog evaluation as a result of the incident. I took photographs of their injuries and Grommet's wounds. We already had the attacking dog "Dulce" and 2nd dog "Kruger" in our computer as having a current license and rabies vaccination. The [redacted] identified Dulce and Kruger by photograph as the attacking dog and the dog at large.

I then responded to the attacking dog owner's house at [redacted] where I met with Michael Smith ([redacted]). Mr. Smith was aware of the incident and stated that they left the patio sliding door open on the day of the incident and that was how Dulce got out and jumped the wall to get at large. Mr. Smith stated "Kruger" got at large after they went outside to retrieve Dulce. I then cited Mr. Smith for three biting animal charges (biting animal-Mr.

... , biting animal-injuries as a result to ... and biting animal-dog on dog attack) and leash law on "Dulce" and for leash law on "Kruger" under county jurisdiction.

Mr. Smith signed and received his copies of the citations. I then impounded Dulce for quarantine and dangerous dog evaluation.

**Officer's Signature:**

A handwritten signature consisting of a large, stylized loop that resembles the letter 'Q' or 'O', with a smaller loop above it.

1942

**Date: 10-17-14**



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: 1415B469  
 OWNER: MICHAEL SMITH  
 ANIMAL NAME: DULCE

ADDRESS: PERUGIA WY  
 SEX: S BREED: PIT  
 COLOR: BLK/WHI DATE: 10/26/14

**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  
 LEASH LAW COMPLAINTS +1 +1 2/14  
 ATTEMPTED BITE CITATIONS +2  
 ANIMAL ATTACK CITATIONS +3  
 OTHER CITATIONS / OR COMPLAINTS +1

**SEVERITY OF INJURY TO ANIMALS:**

ATTACK WITH NO INJURY +1 +1 3/14  
 INJURIES TREATED BY OWNER +2  
 VET CARE (1 To 2 Visits) +3 +3  
 EXTENSIVE VET CARE (>2 VISITS) +4  
 INJURIES RESULTED IN DEATH +5

**Confinement / Fencing:**

394 Footwall

**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  
 ANIMAL IS NEUTERED / SPAYED -1 -1  
 OWNER AWARE OF ANY AGGRESSION +1 +1  
 OWNER FAILED TO REPAIR CONFINEMENT +5  
 CURRENTLY LICENSED LIC # L13-216149 -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  
 ANIMAL NOT AGGRESSIVE -2 -2  
 ANIMAL SHOWS UNSAFE BEHAVIOR +1

**General Comments:**

THE DOG DULCE HAS BEEN INVOLVED IN 2 AT LARGE INCIDENTS IN 8 MONTHS, BOTH RESULTED IN INJURIES. THE DOG IS DECLARED TO BE DANGEROUS.

OFFICER # FAWVER #1401

TOTAL SCORE: +20

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.



11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

D097

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

11/09/2014 ENFORCE akirby 11/9/14 20:32  
11/09/14 1629 hrs If owner tries to redeem cite for No Water and Abandonment for 8 chickens, 1 parakeet,  
1 cockateal, 1 Pit Bull and abandonment only for 1 turtle. 2057

**K14-176013 A501175 OTHER TURTLE/**

11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

INTAKE06

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

**K14-176014 A501164 BIRD PARAKEET/**

11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

INTAKE01

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

**K14-176015 A501165 BIRD COCKATIEL/**

11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

INTAKE01

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

**K14-176016 A501166 BIRD CHICKEN/**

11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

OS-EWER

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

**K14-176017 A501167 BIRD CHICKEN/**

11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

OS-EWER

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

**K14-176018 A501169 BIRD CHICKEN/**

11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

OS-EWER

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

**K14-176019 A501170 BIRD CHICKEN/**

11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

OS-EWER

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

**K14-176020 A501171 BIRD CHICKEN/**

11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

OS-EWER

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

**K14-176021 A501172 BIRD CHICKEN/**

11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

OS-EWER

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

**K14-176022 A501173 BIRD CHICKEN/**

11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

OS-EWER

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

**K14-176023 A501174 BIRD CHICKEN/**

11/9/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159601

OS-EWER

Kennel Comment: No Bite/No Chip  
3c3c3c3c3c3c3c3c3c

R

**A14-159727**

K14-176052 A425782 DOG WYKD PIT BULL/

11/10/14 CONFISCATE POLICE NORMAL Activity:A14-159727

D058

Kennel Comment: CAUTION HOLD FOR DD EVALUATION  
POSSIBLE BITER

R

11/12/2014 ENFORCE  
11-12-14

JCHAVEZ 11/12/14 9:44

The dog will be released from enforcement on the release date 11-18-14 if the owner does not redeem the dog. 1914

**A14-159856**

K14-176331 A501551 CAT JACK DOMESTIC SH/

11/13/14 CONFISCATE FIELD NORMAL Activity:A14-159856

V277

Kennel Comment:

R

11/13/2014 ENFORCE  
11-13-14, owner served with bond.1926

EKLEIN 11/13/14 15:41

K14-176332 A501552 CAT POO DOMESTIC SH/

11/13/14 CONFISCATE FIELD NORMAL Activity:A14-159856

V277

Kennel Comment:

R

11/13/2014 ENFORCE  
11-13-14,owner served with bond.1926

EKLEIN 11/13/14 15:39

K14-176334 A501554 CAT PUMPKIN DOMESTIC SH/

11/13/14 CONFISCATE FIELD NORMAL Activity:A14-159856

V277

Kennel Comment:

R

11/13/2014 ENFORCE  
11-13-14 owner was served with Bond.1926

EKLEIN 11/13/14 15:37

K14-176335 A501556 CAT PUSS DOMESTIC SH/

11/13/14 CONFISCATE FIELD NORMAL Activity:A14-159856

V277

Kennel Comment:

R

11/13/2014 ENFORCE  
11-13-14, owner served with bond.1926

EKLEIN 11/13/14 15:40

K14-176336 A501557 CAT HBK DOMESTIC SH/

11/13/14 CONFISCATE FIELD NORMAL Activity:A14-159856

V277

Kennel Comment: bond hold

R

11/13/2014 ENFORCE  
11-13-14 owner served with bond. 1926

EKLEIN 11/13/14 15:36

K14-176337 A501558 CAT CUBBY DOMESTIC SH/

11/13/14 CONFISCATE FIELD NORMAL Activity:A14-159856

V277

Kennel Comment:

R

11/13/2014 ENFORCE  
11-13-14, owner served with bond.1926

EKLEIN 11/13/14 15:42

K14-176338 A501560 CAT MOUSE DOMESTIC SH/

11/13/14 CONFISCATE FIELD NORMAL Activity:A14-159856

V277

Kennel Comment:

R

11/13/2014 ENFORCE  
11-13-14. owner served with bond.1926

EKLEIN 11/13/14 15:38

**A14-159881**

~~K14-176243~~ ~~A501450~~ ~~DOG~~ ~~KODA~~ ~~QUEENSLAND HEEL/MIX~~  
11/12/14 QUARANTINEBITE NORMAL Activity:A14-159881  
Kennel Comment: confinement ck

**DR012**  
R

**A14-159915**

~~K14-176290~~ ~~A481439~~ ~~DOG~~ ~~BOO~~ ~~BOXER/MIX~~  
11/13/14 CONFISCATE FIELD OWN NORMAL Activity:A14-159915  
Kennel Comment: CAUTION NO SCAN P321480  
C3C3C3C3C3CC3C3CC3C3C3C3

**D052**  
R

**A14-159999**

~~K14-176348~~ ~~A501569~~ ~~DOG~~ ~~PIT BULL/~~  
11/13/14 CONFISCATE FIELD NORMAL Activity:A14-159999  
Kennel Comment: nhb.no chip.3c3c3c3c3c3c33c3c3c3c3c see memo

**U011**  
R

**A14-160018**

~~K14-176369~~ ~~A501596~~ ~~DOG~~ ~~PIT BULL/MIX~~  
11/13/14 STRAY FIELD INJ SEVERE Activity:A14-160018  
Kennel Comment: no chip  
need premise inspection before release

**D064**  
R

**HOLD TYPE VET**

Number on Hold 2

**A14-157712**

K14-173648 A497946 CAT DOMESTIC MH/  
10/11/14 STRAY FIELD INJ SEVERE Activity:A14-157712  
Kennel Comment: On-To-Do

**MISSING**

R

**A14-159972**

K14-176248 A501458 OTHER SKUNK/  
11/13/14 WILDLIFE NIGHT DEAD Activity:A14-159972  
Kennel Comment: 11/13/2014--SEE ACTIVITY MEMO. 1929

**T000**

R

# Donation Activity

Period: 10/1/14 To: 10/31/14

Donation Code	Amount
DONATION	\$0.00
DONATION ADOP	\$431.00
DONATION GEN	\$16,814.28
DONATION OUTR	\$48.00
DONATION S/N	\$11,117.50
DONATION SAMS	\$3,131.50
DONATION SHEL 0974	\$7,544.00
Grand Total	\$39,086.28

# Donation Activity

Period: 7/1/14 To: 10/31/14

Donation Code	Amount
DONATION	\$15.00
DONATION ADOP	\$2,046.86
DONATION GEN	\$79,259.06
DONATION OUTR	\$3,358.00
DONATION S/N	\$52,959.26
DONATION SAMS	\$10,060.50
DONATION SHEL 0974	\$20,305.00
Grand Total	\$168,003.68

## Complaints and Commendations for the Month of October 2014

<b>10-5-14 complaint came from a volunteer through an Advisory Committee member</b>
Complaint
Standing water drainage from tent kennel cleaning.
Course/Action
Situation being dealt with by Pima County Facilities Management

<b>10-15-14 complaint e-mailed to the County Communication's Office</b>
Complaint
Citizen was having trouble interfacing with on-line licensing.
Course/Action
Citizen given tip to complete task and given contact numbers for further assistance as needed.

<b>10-29-14 complaint came through PACC admin</b>
Complaint
Individual brought in a stray and was interested in adopting it, but did not like the \$50 fee to reserve the dog.
Course/Action
The person who brought the dog in waited and adopted it.

## Michael Schlueter

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**From:** Kim Janes  
**Sent:** Tuesday, October 07, 2014 9:22 AM  
**To:** ; Jose Ocano  
**Cc:** Kristin Barney; Francisco Garcia; Michael Schlueter  
**Subject:** RE: PACC issue...

Good morning , thank you for forwarding this to us. Staff is collaborating with our Facilities management staff to mitigate the standing water issues at PACC. We will share this letter with them and Health Department staff for further review and any other appropriate action to address the concerns.

Respectfully,

Kim



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**From:**  
**Sent:** Tuesday, October 07, 2014 8:51 AM  
**To:** Kim Janes; Jose Ocano  
**Subject:** Fwd: PACC issue...

Mr. Janes and Mr. Ocano,

I am forwarding this request and information from a volunteer at PACC who has discussed his concerns with me as to the health hazards as well as the unsightly mess this run off water and animal waste is causing “down hill” from the tent.

is a very hard working PACC volunteer and his concerns should be taken seriously. As you can see from his letter he has even gone on his own to try and remedy the situation at least for the short term.

I agree with him, that this is not only a health hazard for the dog walkers, the public who come to adopt, but also for the PACC employees.

I am not sure if solution is feasible, but something needs to be done as soon as possible. As he said there are birds “swimming” in this mess, and I am sure they are spreading what ever bacteria is floating in this contaminated water. I am also concerned that mosquitos may use this area to multiply.

I am not saying either of you are responsible, but I know you will know who to contact to deal with this problem.

Thank vou for listening and taking care of our animals.

PACC Advisory Committee

Begin forwarded message:

**From:**  
**Subject: PACC issue...**  
**Date:** October 5, 2014 at 5:25:36 PM MST  
**To:**  
**Reply-To:**

Hello .

I was hoping that as the Dep't. of Health Representative at Pima Animal Care Center, you might be able to get a little more "traction" than me on this issue .

There appears to be a drainage issue from "The Tent" at PACC. When workers clean the kennels, I'm assuming that they "scoop" all the fecal matter for proper disposal, but when they rinse the kennels the water has no place to go, and of course flows down the hill, crossing the public access path, and collecting in a large, unsightly and possibly polluted (with animal waste...fecal matter and urine) puddle.

I took these photos this afternoon while at the shelter. When I was there on Saturday, the surface of the water was covered with a green substance that looked like algae and had many (what appeared to be) hatching insects. There were numerous birds using the puddle as a combination bathing/feeding area. I took the liberty of dumping 2 gallons of bleach into it late in the PM. The green is gone. No evidence of swarming insects, but still an "eyesore!"

Would it be possible for Pima County to do something about this situation? Couldn't they create a trench...line it with 4" to 6" rip-rap that would direct the drainage away from the pedestrian "right of way," and excavate a collection area where the puddle now exists? Possibly dumping a few tons of rock into the hole to allow for drainage.

A little attention to this area might serve to encourage more potential adopters to venture up the hill to the tent.

Thanks in advance for whatever action you may choose take.

Volunteer Worker at PACC  
Tucson, AZ



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**Michael Schlueter**

---

**From:** Kim Janes  
**Sent:** Wednesday, October 15, 2014 4:39 PM  
**To:** Michael Schlueter  
**Subject:** FW: Website Feedback Form 2014-10-15 12:45 PM Submission Notification

Oct complaint

Kim



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**From:** Rica Richardson **On Behalf Of** Licensing PACC  
**Sent:** Wednesday, October 15, 2014 1:28 PM  
**To:**  
**Subject:** RE: Website Feedback Form 2014-10-15 12:45 PM Submission Notification

Fay Family,

We are sorry that you encountered this problem. If you try closing your browser before entering your information to re-submit the payment, it should fix your problem. If you are having trouble with our website, you are always welcome to call in at 520-243-5969 Monday through Saturday 0800 to 1700 hours to pay over the phone with a credit card as long as your rabies vaccine is current in our records.

As far as the microchip, there is not a place to input that information online. You are always welcome to e-mail us, or call in with the microchip number so we can put it on file.

Please don't hesitate to either call in or respond to this e-mail.

Thank you.

---

**From:** <[notification@pima.gov](mailto:notification@pima.gov)>  
**Reply-To:**  
**Date:** Wed, 15 Oct 2014 12:45:33 -0700  
**To:** <[communicationsoffice@pima.gov](mailto:communicationsoffice@pima.gov)>  
**Subject:** Website Feedback Form 2014-10-15 12:45 PM Submission Notification

Website Feedback Form 2014-10-15 12:45 PM was submitted by Guest on 10/15/2014 12:45:33 PM (GMT-07:00)  
US/Arizona

Name	Value
First Name	
Last Name	
Email	
Content graphics	
Other Issue	

**Performance usability Other Issue**

When trying to pay a pet license renewal,L13-189644, I looked for a microchip number entry block, eventually arriving at the payment info screen. I did not enter the microchip number there, but the programming did not anything. I tried to back up to the

**Comments** comment area to provide allow it. When I try to pay anyway, it does not allow that either and only shows a receipt screen with xxx..., or 000.... Even trying to start over just gets to the receipt screen. Please reset, rewrite, or debug this system. (P.S. And the County wants us to trust them with How Much for a new animal pound?)

**Response requested** Yes

**Referred\_Page** [https://webcms.pima.gov/website\\_feedback/](https://webcms.pima.gov/website_feedback/)

**Thank you, Pima County, Arizona**

## Michael Schlueter

---

**From:** Kim Janes  
**Sent:** Wednesday, October 29, 2014 10:43 AM  
**To:** Michael Schlueter  
**Subject:** FW:

Kim



---

**From:** Justin Gallick  
**Sent:** Wednesday, October 29, 2014 10:41 AM  
**To:** Michelle Moore  
**Cc:** Kristin Barney; Kim Janes  
**Subject:** RE:

I just called and left her a message that given the circumstances we would honor a refund should the pet not become available for adoption.

Justin

---

**From:** Michelle Moore  
**Sent:** Wednesday, October 29, 2014 9:27 AM  
**To:** Justin Gallick  
**Cc:** Kristin Barnev; Kim Janes  
**Subject:**

Hi Justin,

I received a complaint call from \_\_\_\_\_ yesterday at 15:55. She was having difficulty contacting someone to help her. She apparently brought in a stray and was trying to find out if it was available for adoption. She was told about the reservation process and told the dog had not yet been evaluated. If she was to reserve the dog she could pay \$50.00 which was not refundable. This made her angry as she only wants this dog and not a substitute. She would like to talk to someone that is able to help her. If you have not already spoken to her will you please give her a call.

Thanks!

**Michelle Moore**

Pima Animal Care Center, 4000 N. Silverbell Rd., Tucson, AZ 85745  
PLEASE NOTE NEW PHONE NUMBERS