

ANIMAL CONTROL KITSAP HUMANE SOCIET

INVESTIGATIVE STATEMENT DECLARATION

Please read this cover letter before you complete the attached forms. Keep this cover letter for your records.

Instructions/Warnings.

- Legal Statement: 1.
 - **Complaint.** Any statement made in writing or verbally to a sworn a. Washington Animal Control Officer constitutes a legal statement which supports or refutes a complaint made against another person(s). See #11.
 - Statement. Any statement made becomes part of law enforcement b. investigative record and is subject to public disclosure law(s). See #2d.
 - Truth. Any statement made to a law enforcement officer that is C. knowingly false shall be referred for prosecution under RCW 9A.76.020 (obstruction) and is a gross misdemeanor punishable by not more than \$5,000 and/or 365 days in jail.

2. Investigation:

- **Process.** This investigation is open-ended, meaning there may be other a. documents/statements and information used in the course of preparing a case. Complainants are advised that the accused in a complaint may be asked to respond to any allegations made against them or their animal(s). Once an investigation is complete, legal action through the courts may be initiated.
- b. **Charges.** Any applicable charges, assessed from infractions, misdemeanors or court ordered removal/disposition of an animal becomes a judgment of the court system and must be appealed in a timely fashion. Felony charges are instituted through the Kitsap County Prosecutors Office.
- **Court.** Any appeal of chargeable offenses issued by Kitsap Animal C. Control must be made to the court of jurisdiction prescribed in the charging document or citation.
- d. **Records.** All statements made verbally or in writing to Kitsap Animal Control may be subject to subpoena by the court if applicable jurisdiction or its Officers. Law enforcement organizations may be given Kitsap Animal Controls case

• Specialized code enforcement • 24/7 emergency call response

Animal cruelty investigations

Assistance to fire, medical and police

• Small-large disaster planning/response

Removal of pets/livestock from roads

• K-12 and public education

Emergency: 911

P: 360.692.6977 ext: 1208

9167 Dickey Rd NW, Silverdale, WA 98383

Rehabilitate. Rescue. Rehome.



KITSAP HUMANE SOCIET

Time Limits. Investigations have no time limitation due to the variance e. in complexity and severity of owner/animal actions. However; inactive minor complaint case files are normally kept for two (2) years and more serious cases are kept indefinitely.

3. Forms:

Investigative Statements. All forms must adhere to the following requirements:

- They must be as complete as possible. If you leave a box blank, please state your reason in doing so.
- (2) They must be as factual as possible. See 1, © above. They must be based on first-hand observation; not the word/opinion of others.
- (3)Use pen or marker only; no pencil.
- (4) Put additional information on additional sheets of paper, if necessary.
- (5) Print or write as legibly as possible.
- (6) Put maps/diagrams on separate sheets of paper.
- Photos or other documents cannot be returned, so copies are (7) acceptable.
- Make only copies of completed forms. It is unlawful to copy/use a law (8)enforcement document for purposes or by persons other than instructed or intended.
- (9)All documents including photos must be signed and dated.
- (10) They must be returned within seven (7) days of receipt to be considered timely in a current investigation.
- (11) Statements made verbally to an Officer may require you to put in writing before a citation may be issued.

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INVESTIGATIVE DECLARATION STATEMENT

(READ INSTRUCTIONS/WARNINGS BEFORE COMPLETING)

Case #:		Officer	·:		
Statement of (check of	one): Subject	: Vi	ctim:	Witness:	
Complainant:	_ %Dther+(pol	ice, fire, me	edical, etc.)		
Please be advised that you Complete confidentiality cannot	•	ed in any ca	se as our re	•	
Name:					
	Last	First	MI		
Permanent Address:	S	Street/Apt #			
City	County		State	Zip	
Phone(s) Work: () _		Hom	ne: ()		
,	Are you the age	of 18 years o	or older: Y/N		
*Are you requesting Kits	ap Animal Conti	rol to take leg	al action: Ini	tialYes	_No
Requesting	legal action doe	s not mean le	gal action wi	<u>ll</u> be taken.	
*Are you willing to testify	y in a court of la	w to this infor	mation: Initia	alYes	_No
Date(s) of incident (Mont	h/Day/Year): _				
Time(s) of incident:					
Place of incident:					
Did you receive a bite that	at broke skin: \	esNo			
Incident Occurred on Pro	perty: Private	e: Pı	ublic:	_	

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Public Property	Owned By:	 Last	First		MI
Drivata Proport	y Owned By:				
riivale riopeit	y Owned by	Last	First		MI
Victim Status:	Invited Guest	Y/N	Pedestrian	Y/N	
	Utility Worker	Y/N	Delivery Agent	Y/N	
	Solicitor	Y/N	Police Officer	Y/N	
	Neighbor	Y/N	Stranger	Y/N	
		Other Y/	<u>'N</u>		
Animal Filing	Against Description	on (complete for	each animal if k	nown):	
Species:					
Breed:		_ Sex:	-		
Color(s):		Collar Y/N			
Tail (long/short)	:	Name (if known):_			
Color:	Tag(s) ((describe):			
Other identifica	tion (describe):				
Was your anim	nal involved? Plea	ase describe your	animal:		
Nam	ne C	olor /	Age .	Breed	
Your petos Licer	nse Number:	Yea	ar it expires:		

PLEASE READ THE INSTRUCTIONS / WARNING SHEET ATTACHED BEFORE FILLING OUT THIS STATEMENT.

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Animal Owner Name:				
	Last		First	MI
Animal Owner Address:				
		Stre	eet/Apt #	
City	County		State	Zip
Animal Owner Phone(s):	Home: ()		Work: (_)
Photo(s) Available: Y/N	Included: Y/N			
Documents/Information: Y/N	Included: Y/N			
Other person(s) who might I	nave important ir	nformation c	concerning thi	s case/incident:
Name:		R	telationship to	o case/incident:
Name: Last Fin	st MI	· ·		
Address:				
		Street/Apt #		
City	C	County	State	Zip
Phone(s): Work: ()		Hom	e :(_ <u></u>)	
You may attach maps, draw	-	paper, med s needed.	ical records o	or any other documentation
Phot	os, videos or au	dio tapes wi	ll not be retur	ned.
Please avoid	drawing maps or	writing on t	he side of thi	s declaration.

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Describe ONLY in detail what you witnessed or can declare to be true about this case/incident.



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ereby certify or declare under penalty of perjury under the laws of the egoing and/or attached are true and correct, to the best of my know	e state of Washington that the ledge and belief.
	Date:
(Signature of complainant/witness)	
	Data
(Signature of Parent or Guardian if under 18 years of age)	Date:
Place Signed Under Penalty and Periumy: City/County/State	

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