



# ANIMAL CONTROL

## KITSAP HUMANE SOCIETY

### INVESTIGATIVE STATEMENT DECLARATION

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

#### Instructions/Warnings.

1. Legal Statement:

- a. **Complaint.** Any statement made in writing or verbally to a sworn Washington Animal Control Officer constitutes a legal statement which supports or refutes a complaint made against another person(s). See #11.
- b. **Statement.** Any statement made becomes part of law enforcement investigative record and is subject to public disclosure law(s). See #2d.
- c. **Truth.** Any statement made to a law enforcement officer that is 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:

- a. **Process.** This investigation is open-ended, meaning there may be other 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.
- c. **Court.** Any appeal of chargeable offenses issued by Kitsap Animal 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 Control's 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**

**FAX: 360.698.9668**

**9167 Dickey Rd NW, Silverdale, WA 98383**

**Rescue. Rehabilitate. Rehome.**



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- e. **Time Limits.** Investigations have no time limitation due to the variance 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:

- (1) 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) Fill out digitally or print and 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.
- (7) Photos or other documents cannot be returned, so copies are acceptable.
- (8) Make only copies of completed forms. It is unlawful to copy/use a law 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 one): Subject: \_\_\_\_\_ Victim: \_\_\_\_\_ Witness: \_\_\_\_\_

Complainant: \_\_\_\_\_ ~~%~~Other+(police, fire, medical, etc.) \_\_\_\_\_

Please be advised that your testimony/statement may be needed if court action is pursued.  
Complete confidentiality cannot be guaranteed in any case as our records are subject to request  
and or court/ hearing examiner.

Name: \_\_\_\_\_  
Last First MI

Permanent Address: \_\_\_\_\_  
Street/Apt #

\_\_\_\_\_  
City County State Zip

Phone(s) Work: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Are you the age of 18 years or older: \_\_\_\_ Yes \_\_\_\_ No

\*Are you requesting Kitsap Animal Control to take legal action: Initial \_\_\_\_ Yes \_\_\_\_ No

Requesting legal action does not mean legal action will be taken.

\*Are you willing to testify in a court of law to this information: Initial \_\_\_\_ Yes \_\_\_\_ No

Date(s) of incident (Month/Day/Year): \_\_\_\_\_

Time(s) of incident: \_\_\_\_\_

Place of incident: \_\_\_\_\_

Did you receive a bite that broke skin: Yes \_\_\_\_ No \_\_\_\_

Incident Occurred on Property: Private: \_\_\_\_\_ Public: \_\_\_\_\_

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Public Property Owned By: \_\_\_\_\_  
Last First MI

Private Property Owned By: \_\_\_\_\_  
Last First MI

Victim Status: Invited Guest Pedestrian

*Check all that apply.*

Utility Worker Delivery Agent

Solicitor Police Officer

Neighbor Stranger

Other \_\_\_\_\_

### Animal Filing Against Description (complete for each animal if known):

Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Color(s): \_\_\_\_\_ Collar Yes \_\_\_ No \_\_\_

Tail (long/short): \_\_\_\_\_ Name (if known): \_\_\_\_\_

Color: \_\_\_\_\_ Tag(s) (describe): \_\_\_\_\_

Other identification (describe): \_\_\_\_\_

### Was your animal involved? Please describe your animal:

Name	Color	Age	Breed
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Your pet's License Number: \_\_\_\_\_ Year 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: \_\_\_\_\_  
Street/Apt #

\_\_\_\_\_  
City County State Zip

Animal Owner Phone(s): Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Photo(s) Available: Yes \_\_\_ No \_\_\_ Included: Yes \_\_\_ No \_\_\_

Documents/Information: Yes \_\_\_ No \_\_\_ Included: Yes \_\_\_ No \_\_\_

Other person(s) who might have important information concerning this case/incident:

Name: \_\_\_\_\_ Relationship to case/incident: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street/Apt #

\_\_\_\_\_  
City County State Zip

Phone(s): Work: (\_\_\_\_) \_\_\_\_\_ Home : (\_\_\_\_) \_\_\_\_\_

You may attach maps, drawings, additional paper, medical records or any other documentation as needed.

Photos, videos or audio tapes will not be returned.

Please avoid drawing maps or writing on the side of this declaration.

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

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## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

\_\_\_\_\_  
(Signature of complainant/witness)

\_\_\_\_\_  
(Signature of Parent or Guardian if under 18 years of age)

\_\_\_\_\_  
Place Signed Under Penalty and Perjury: City/County/State

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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