



## Dog Attack Witness Statement

INVESTIGATING OFFICER/S

CRM

/20

EXCELL

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### Dog and Cat Management Act 1995 - Part 5

Date of statement: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ DOB:-        /        /

(Name of person making the statement)

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

**Description of events:-** At about \_\_\_\_\_ am/pm

On \_\_\_\_\_ (day) The \_\_\_\_\_ (date)

Of \_\_\_\_\_ (month) Of \_\_\_\_\_ (year)

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Witness's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Are you prepared to go to Court if necessary?\_\_\_\_\_ (Yes/No)**

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## **INCIDENT INFORMATION**

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Attack          | <input type="checkbox"/> Harassment        | <input type="checkbox"/> Chase    |
| <input type="checkbox"/> On child (0 -6) | <input type="checkbox"/> On child (over 6) | <input type="checkbox"/> On adult |
| <input type="checkbox"/> On animal       | Type _____                                 |                                   |

## **Witness's relationship to complainant (person filling in this form)**

- |                                   |                                 |                                      |
|-----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Mother   | <input type="checkbox"/> Father | <input type="checkbox"/> Self        |
| <input type="checkbox"/> Daughter | <input type="checkbox"/> Friend | <input type="checkbox"/> Son         |
|                                   |                                 | <input type="checkbox"/> Other _____ |

## **Address & Location of incident**

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Reserve             | <input type="checkbox"/> Footpath               | <input type="checkbox"/> Road    |
| <input type="checkbox"/> Dog Owners property | <input type="checkbox"/> Restricted Reserve     | <input type="checkbox"/> Vehicle |
|  | <input type="checkbox"/> Other Private property | <input type="checkbox"/> Other   |

Specify \_\_\_\_\_

Address \_\_\_\_\_

## **Did the dog leave the premises to attack?**

☐ No ☐ Yes

If yes – what property and how \_\_\_\_\_

## **Was the dog**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Off leash with owner present | <input type="checkbox"/> On a leash   |
| <input type="checkbox"/> Off leash no owner present   | <input type="checkbox"/> On a vehicle |
|   | <input type="checkbox"/> Other        |

Specify \_\_\_\_\_

## **What were you doing at the time?**

Specify \_\_\_\_\_

## **Was your dog on a leash (if applicable)?**

☐ No ☐ Yes

**Description of dog A:**

Breed \_\_\_\_\_ Colour \_\_\_\_\_

**Coat?** – Wirey – Smooth – Long – Short**Tail?** – Long – Short – Docked

Age \_\_\_\_\_

☐ Male☐ Female☐ Desexed☐ Identification☐ Collar – Colour \_\_\_\_\_☐ Captured☐ Owner took the dog☐ Seen returning to property**Description of dog B:**

Breed \_\_\_\_\_ Colour \_\_\_\_\_

**Coat?** – Wirey – Smooth – Long – Short**Tail?** – Long – Short – Docked

Age \_\_\_\_\_

☐ Male☐ Female☐ Desexed☐ Identification☐ Collar – Colour \_\_\_\_\_☐ Captured☐ Owner took the dog☐ Seen returning to property**Description of dog C:**

Breed \_\_\_\_\_ Colour \_\_\_\_\_

**Coat?** – Wirey – Smooth – Long – Short**Tail?** – Long – Short – Docked

Age \_\_\_\_\_

☐ Male☐ Female☐ Desexed☐ Identification☐ Collar – Colour \_\_\_\_\_☐ Captured☐ Owner took the dog☐ Seen returning to property**Details of property**

Specify \_\_\_\_\_

**Is/are the dog(s) known to you?**☐ No☐ Yes**Do you know the dog/s owner/s?**☐ No☐ Yes**Did you speak to the owner/s?**☐ No☐ Yes

