



Animal Control

Regular

<http://www.springfieldcityhall.com>

~ Agenda ~

City Clerk

Thursday, May 2, 2024

10:00 AM

City Hall -- Room 205

I. Call to Order

10:00 AM Meeting called to order on May 2, 2024 at City Hall -- Room 205, 36 Court Street, Springfield, MA.

Dog Hearing

1. **Nuisance Dog Hearing for Dog Named Kobe at 77 Bowles St Owned by Michelle Pagan Ramos**
2. **Dangerous Dog Hearing for Dog Names Spencer at 64 Senator St Owned by Nadia Butal & Nasser Harb**
3. **Dangerous Dog Hearing for Dog Named Harley at 79 Larchmont St Owned by Thomas Perez**
4. **Dangerous Dog Hearing for Five(5) Dogs at 101 Quincy St Owned by Kimberly Toote**
5. **Nuisance Dog Hearing for Two Dogs Named Stella and Archie at 81 Clearbrook Dr Owned by Peter Trase and Jamie Reuling- Continuation from the March 13, 2024 - Installation of Electric Fence.**
6. **Dangerous Dog Hearing for Dog Named Brick at 41 Suffolk St Owned by Miguel Gonzalez-Ortiz**
7. **Dangerous Dog Hearing for Two Dogs Named Chokie and Luna at 49 Girard Ave Owned by Jose Sanchez**

On Camera

Brief Description of Incident:

ATTACHMENT: YES / NO

A tan mix dog. About smaller stature.

The owners allow their dog to roam freely on/off property. It barks at everyone and is aggressive. The dog poops on and off the property without leash.

On March 15th 2024, while my (10) year old daughter and I were taking out the trash, the neighbor Michelle Ramos intentionally let her dog out of her house. The dog ran aggressively towards my daughter and I had to kick it on the chest to avoid a dog bite. The neighbor pushed me aside and followed her dog.

RESPONDENT INFORMATION

Do you know the name or address of the owner of the dog(s)? YES / NO

Name: Michelle Pagan Ramos
Street Address: 77 Bowles St. Springfield, MA 01109
Phone: 413-474-0676 Phone: _____
Email: Unknown

DOG INFORMATION

Name: ~~Tan dog~~ (Kobe) Sex: Male
Breed: Unknown - loss French bulldog
Primary Color: Tan Secondary Color: _____

Name: _____ Sex: _____
Breed: _____
Primary Color: _____ Secondary Color: _____

Communication: Nuisance Dog Hearing for Dog Named Kobe at 77 Bowles St Owned by Michelle Pagan Ramos (Dog Hearing)



Activity Card
A24-079967-1

A24-079967-1 **ASSIST/POLICE** Priority Level: **2** Total Animals: **1** Animal Type: **DOG**

Activity Address: 75 BOWLES ST

Activity Comment: SPD called for assistance with aggressive dog trying to attack RP. MC with both parties. No bite occurred. Owner of dog claims it is her sons dog who lives in New York. Dog will be returning to son in the next week or so

Caller Information:

P000203 SPRINGFIELD POLICE
SPRINGFIELD, MA 01105
130 PEARL ST
(413) 787-6302

Owner Information:

P049081 MICHELLE RAMOS
SPRINGFIELD, MA 01109
77 BOWLES ST
(413) 474-0676

Animal Information:

A064063 Kobe - Male Brown French Bulldog

Officer: P052479 LAWSON **Clerk:** 117246

Call Date: 03/01/24 09:22 PM
New Date: 03/01/24 09:22 PM
Dispatch Date:
Working Date: 03/01/24 09:36 PM
Complete Date: 03/01/24 09:42 PM

Results:

2 MC
2 EDUC
1 COMP

Communication: Nuisance Dog Hearing for Dog Named Kobe at 77 Bowles St Owned by Michelle Pagan Ramos (Dog Hearing)



Activity Card
A24-080036-1

A24-080036-1 **OWNED** Priority Level: **5** Total Animals: **1** Animal Type: **DOG**

Activity Address: 77 BOWLES ST

Activity Comment: MOR: RP contacted that dog is still on property being let off leash. Will now cite: Unvax, unlic, S/N viol, LL viol. Video evidence in my file under this address. Unable to save video to cham

Owner Information:

P049081 MICHELLE RAMOS
SPRINGFIELD, MA 01109
77 BOWLES ST
(413) 474-0676

Animal Information:

A064063 Kobe - Male Brown French Bulldog

Officer: P052479 LAWSON	Clerk: 117246	Results:
Call Date: 03/11/24 12:00 PM		1 CITE
New Date: 03/11/24 12:00 PM		
Dispatch Date:		
Working Date: 03/11/24 12:03 PM		
Complete Date: 03/11/24 12:05 PM		

Communication: Nuisance Dog Hearing for Dog Named Kobe at 77 Bowles St Owned by Michelle Pagan Ramos (Dog Hearing)



Activity Card
A24-080285-1

A24-080285-1 **OWNED** Priority Level: **5** Total Animals: **1** Animal Type: **DOG**

Activity Address: 77 BOWLES ST

Activity Comment: MOR: RP sent videos via email dated 4/2/24 of dog off leash again. Came in also to fill out NDH form. Forwarded evidence to RMR for hearing.

Owner Information:

P049081 MICHELLE RAMOS
SPRINGFIELD, MA 01109
77 BOWLES ST
(413) 474-0676

Animal Information:

A064063 Kobe - Male Brown French Bulldog

Officer: P052479	LAWSON	Clerk: 117246	Results:
Call Date:	04/02/24 01:45 PM		1 COMP
New Date:	04/02/24 01:45 PM		
Dispatch Date:			
Working Date:	04/02/24 02:00 PM		
Complete Date:	04/02/24 02:05 PM		

Communication: Nuisance Dog Hearing for Dog Named Kobe at 77 Bowles St Owned by Michelle Pagan Ramos (Dog Hearing)



Citation-Violation Detail

Violation Number V24-002408

Violation Date: 3/11/2024 12:27PM

Violation Type: CITATION

Form No: 227139

DEFENDANT MICHELLE RAMOS 77 BOWLES ST SPRINGFIELD, MA 01109 (413) 474-0676 (347) 698-2299	COMPLAINANT
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Issued By: P052479 - OFFICER LAWSON

Activity: A24-080036-1


LOCATION OF VIOLATION 77 BOWLES ST	JURISDICTION SPRINGFIELD	APPROVED
SYNOPSIS Dog still living on property unvaccinated, unlicensed, regularly roaming off leash, S/N viol. Video evidence obtained.		

OFFENSES

LIC VIOL-506 x1	A064063 - KOBE BROWN M FRENCH BULLDOG	\$50.00
LL-1ST-507 x1	A064063 - KOBE BROWN M FRENCH BULLDOG	\$50.00
S/N VIOL-510 x1	A064063 - KOBE BROWN M FRENCH BULLDOG	\$100.00
UNVACC-511 x1	A064063 - KOBE BROWN M FRENCH BULLDOG	\$50.00
		\$250.00

Communication: Nuisance Dog Hearing for Dog Named Kobe at 77 Bowles St Owned by Michelle Pagan Ramos (Dog Hearing)

Brief Description of Incident: ATTACHMENT: YES / NO

ON Monday 3/25/24 at 1168 Parker Street
 Springfield MA 01129 Somewhere between 6:30-700
 I had come from work was out side with LUNA
 and two dogs Come Running toward us and the
 bigger dog grab my LUNA and I tried to get it off
 but the dog keep on and finally I grab LUNA
 but she was very Injured. Went to the Vet
 Hospital but there was no chances for Her
 my LUNA past away. very bad situation for my self
 and my family. very great job by the officer of the polic-
 department  Heart broken

RESPONDENT INFORMATION

Do you know the name or address of the owner of the dog(s)? YES / NO

Name: Nadia Butal : Nasser Harb
 Street Address: 64 Senator St Springfield
 Phone: 617 958 9905 Phone: 508 463 7185
 Email: _____

DOG INFORMATION

Name: Spencer
~~LUNA DIAZ~~ Sex: M
 Breed: Poodle Sib. Husky
 Primary Color: Black Secondary Color: black white

Name: _____ Sex: _____
 Breed: _____
 Primary Color: _____ Secondary Color: _____

STATEMENT

I understand that I will be required to attend the hearing and make my complaint before the Advisory and Hearing Committee. This complaint is made under the penalties of perjury.


Signature of Complainant

3/27/24
Date of Complaint

Communication: Dangerous Dog Hearing for Dog Names Spencer at 64 Senator St Owned by Nadia Butal & Nasser Harb (Dog Hearing)

Date of Report: 03/25/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003696

I. ANIMAL PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) "Luna"	3. ID # A064225	4. Sex F	5. Age ~17yrs	DOB	6. Telephone 413 234 8010	
		7. Address (No. & Street) (City) (State) (Zip)						
		8. Name of Parent or Guardian (if victim is a minor) DIAZ, IVAN (P055467) (NONE)				9. Address (if different) 1188 PARKER ST, SPRINGFIELD, MA 01129		
		10. Source of Information SPD				Victim Telephone - Other		
	EXPOSURE	11. Place of attack PARKER ST			12. Time and Date of attack March 25, 2024 7:15 pm			
		13. Circumstances of attack: UNPROVOKED						
		14. Location and description of wound(s): NECK & ABD, LVL 5 cm						
	TREATMENT	15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date:			16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. VESH w. SPD Telephone			
		17. Details of wound treatment <input type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom?			
		19. Anti-Rabies Treatment Given? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:						
MISC.	Ivan was taking his trash out with his dog when a loose dog approached and attacked his dog. Ivan's dog was bitten multiple times and was physically shaken by the stray dog. Unsure if Ivan's dog will survive this incident. Was struggling to breathe. EU on arrival @ VESH on 3/25 per O							
II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) HARB, NASSER : Nadia Butal		21. ID # P055466	Telephone: (508) 463-7185			
		22. Address (No. & Street) (617) 952-9905 (City) (State) (Zip) 64 SENATOR ST SPRINGFIELD, MA 01129						
		23. Type of animal MALE, DOG		ID # A064224	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: 2 YEARS		
		24. Description: (Breed, color, etc.) SPENCER BLACK / WHITE SIBERIAN HUSKY			25. License Tag: 2028 Year: Expires:			
	26. Behavior <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			27. Prior Bites? <input checked="" type="checkbox"/> No				
	28. Vaccinated against rabies? Vet: 2nd chance, SPD Vaccination Date 3/20/2023 Rabies Tag Number 18018 <input type="checkbox"/> 1 Year Vaccine <input checked="" type="checkbox"/> 3 Year Vaccine							
	QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input type="checkbox"/> Animal Confined - HQUAR From Date: 03/25/2024 To Date: 04/04/2024						
30. If at owner's home, have quarantine guidelines been explained? <input type="checkbox"/> Yes <input type="checkbox"/> No (victim deceased)				31. Date sent to Animal Inspector/Board of Health Emailed 3/26/24 MM				
III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:					32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal	
		34. Remarks:						
	LABORATORY	35. Head sent to Lab: DATE BY TELEPHONE						
36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY								
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:								
38. <input type="checkbox"/> Case Closed: Date: By:								
39. Officer Completing Form: LAWSON Telephone: 413 781 1484								

Communication: Dangerous Dog Hearing for Dog Names Spencer at 64 Senator St Owned by Nadia Butal & Nasser Harb (Dog Hearing)

Brief Description of Incident: ATTACHMENT: YES / NO

A Rotweiler dog was in street with owner playing frisbee. I was out on my morning walk and I came towards the dog and owner said "It's friendly!" then dog proceeded to growl at me and ran towards my direction. This dog bit me so hard in my lower back/butt I ran further away. You can see 4 marks where the dog bit me. It then tried to go after me and bite me again!!! I had to run into woods to make him stop.

RESPONDENT INFORMATION

Do you know the name or address of the owner of the dog(s)? YES / (NO)

Name: Thomas Perez
Street Address: 79 Larchmont St Springfield MA 01109
Phone: 413 231 8266 Phone: _____
Email: _____

DOG INFORMATION

Name: Harley Sex: M
Breed: Rotweiler
Primary Color: black Secondary Color: brown on face
Name: _____ Sex: _____
Breed: _____
Primary Color: _____ Secondary Color: _____

Communication: Dangerous Dog Hearing for Dog Named Harley at 79 Larchmont St Owned by Thomas Perez (Dog Hearing)



Activity Card
A24-080151-1

A24-080151-1 **INV/BITE** Priority Level: **2** Total Animals: **1** Animal Type: **DOG**

Activity Address: 79 LARCHMONT ST

Activity Comment: report of bite incident. MC with both parties. Victim filled out DDH form.

Caller Information:

P000203 SPRINGFIELD POLICE
SPRINGFIELD, MA 01105
130 PEARL ST
(413) 787-6302

Owner Information:

P055444 THOMAS PEREZ
SPRINGFIELD, MA 01109
79 LARCHMONT ST
(413) 231-8266

Animal Information:

A062690 Harley - 1Y 5M Male Black/Brown Rottweiler

Officer: P052479 LAWSON **Clerk:** 117246

Call Date: 03/22/24 10:58 AM
New Date: 03/22/24 10:58 AM
Dispatch Date:
Working Date: 03/22/24 11:11 AM
Complete Date: 03/22/24 11:29 AM

Results:

2 MC
1 EDUC
1 HQUAR
1 RPRT

Communication: Dangerous Dog Hearing for Dog Named Harley at 79 Larchmont St Owned by Thomas Perez (Dog Hearing)

Date of Report: 03/22/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003693

I. ANIMAL/PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) GRAZIANO, MARISA	3. ID # P055445	4. Sex	5. Age	DOB	6. Telephone (413) 686-6318		
		7. Address (No. & Street) 175 RIVERTON RD			(City) SPRINGFIELD, MA	(State)	(Zip) 01109		
		8. Name of Parent or Guardian (if victim is a minor)				9. Address (if different)			
		10. Source of Information <i>self</i>				Victim Telephone - Other			
	EXPOSURE	11. Place of attack 79 LARCHMONT			12. Time and Date of attack March 22, 2024 11:00 am				
		13. Circumstances of attack: UNPROVOKED							
		14. Location and description of wound(s): L BUTTOCKS, LVL 3							
	TREATMENT	15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: <i>3/22</i>			16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. <i>urgent care</i> Telephone				
		17. Details of wound treatment <input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?				
		19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?			Telephone:				
MISC.	Marisa was walking down the street where Thomas was playing fetch with Harley off leash. Harley chased after Marisa when she was attempting to walk by and bite her on the left buttocks.								

II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) PEREZ, THOMAS			21. ID # P055444	Telephone: (413) 231-8266		
		22. Address (No. & Street) 79 LARCHMONT ST			(City) SPRINGFIELD, MA	(State)	(Zip) 01109	
		23. Type of animal MALE, DOG		ID # A062690	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: 1 YEAR 5		
		24. Description: (Breed, color, etc.) BLACK / BROWN ROTTWEILER			HARLEY		25. License	
	26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		27. Prior Bites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Tag: Year: Expires:			
	28. Vaccinated against rabies? YES Vet: <i>VCA</i>		Vaccination Date <i>7/10/23</i>	Rabies Tag Number <i>628333</i>	<input checked="" type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine			
	QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO		<input checked="" type="checkbox"/> Animal Confined - HQUAR		From Date: 03/22/2024 To Date: 04/01/2024		
		30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			31. Date sent to Animal Inspector/Board of Health <i>Emailed 3/24/24 MM</i>			

III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:		
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted
		34. Remarks:		
	LABORATORY	35. Head sent to Lab:		DATE BY TELEPHONE
		36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY		
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail		Date: By:		
38. <input type="checkbox"/> Case Closed: Date: By:				
39. Officer Completing Form: <i>LAWSON</i> Telephone: <i>413 781 1484</i>				

Communication: Dangerous Dog Hearing for Dog Named Harley at 79 Larchmont St Owned by Thomas Perez (Dog Hearing)



Activity Card
A24-080271-1

A24-080271-1 **ASSIST/ACO** Priority Level: **2** Total Animals: **5** Animal Type: **DOG**

Activity Address: 101 QUINCY ST

Activity Comment: report of multiple dogs attacking woman as she was entering home with her small son - 2 dogs jumped on her causing scratches and abrasions, went to Hospital for med treatment. in AM then called SPD later in day

Owner Information:

P051542 KIMBERLY TOOTE
SPRINGFIELD, MA 01109
101 QUINCY ST
(585) 331-3305

Animal Information:

Officer: P999920	RONDINELLO	Clerk: 114075	Results:
Call Date:	03/30/24 04:20 PM		2 EDUC
New Date:	03/30/24 04:20 PM		1 WARN
Dispatch Date:			5 HQUAR
Working Date:	03/30/24 04:30 PM		1 RPRT
Complete Date:	03/30/24 04:58 PM		

Communication: Dangerous Dog Hearing for Five(5) Dogs at 101 Quincy St Owned by Kimberly Tootte (Dog Hearing)



Activity Card
A24-080271-2

A24-080271-2 **INV/BITE** **Priority Level: 2** **Total Animals: 5** **Animal Type: DOG**

Activity Address: 101 QUINCY ST

Activity Comment: report of multiple dogs attacking woman as she was entering home with her small son - 2 dogs jumped on her causing scratches and abrasions, went to Hospital for med treatment. in AM then called SPD later in day

Owner Information:

P051542 KIMBERLY TOOTE
SPRINGFIELD, MA 01109
101 QUINCY ST
(585) 331-3305

Animal Information:

A064316 Katara - Female Tan/White Pit Bull

Officer: P999921 LAZU	Clerk: 118454	Results:
Call Date: 03/30/24 04:20 PM		2 EDUC
New Date: 03/30/24 04:20 PM		1 WARN
Dispatch Date:		5 HQUAR
Working Date: 03/30/24 04:30 PM		5 RPRT
Complete Date: 03/30/24 04:58 PM		

Communication: Dangerous Dog Hearing for Five(5) Dogs at 101 Quincy St Owned by Kimberly Tootte (Dog Hearing)



Citation-Violation Detail

Violation Number V24-002424

Violation Date: 4/3/2024 12:34PM

Violation Type: CITATION

Form No: 227554

DEFENDANT P051542 KIMBERLY TOOTE 101 QUINCY ST SPRINGFIELD, MA 01109 (585) 331-3305	COMPLAINANT
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Issued By: P999921 - OFFICER LAZU

Activity: A24-080271-2

LOCATION OF VIOLATION 101 QUINCY ST	JURISDICTION SPRINGFIELD	APPROVED
SYNOPSIS Reported bite incident. 5 dogs on property not in compliance		

OFFENSES

LIC VIOL-506 x1	A064316 - KATARA TAN/WHITE F PIT BULL	\$50.00
LL-1ST-507 x1	A064316 - KATARA TAN/WHITE F PIT BULL	\$50.00
S/N VIOL-510 x1	A064316 - KATARA TAN/WHITE F PIT BULL	\$100.00
UNVACC-511 x1	A064316 - KATARA TAN/WHITE F PIT BULL	\$50.00
LIC VIOL-506 x1	A064315 - MEEKO TAN/WHITE M PIT BULL	\$50.00
LL-1ST-507 x1	A064315 - MEEKO TAN/WHITE M PIT BULL	\$50.00
UNVACC-511 x1	A064315 - MEEKO TAN/WHITE M PIT BULL	\$50.00
LIC VIOL-506 x1	A064314 - SILVER BROWN/WHITE F PIT BULL	\$50.00
LL-1ST-507 x1	A064314 - SILVER BROWN/WHITE F PIT BULL	\$50.00
S/N VIOL-510 x1	A064314 - SILVER BROWN/WHITE F PIT BULL	\$100.00
UNVACC-511 x1	A064314 - SILVER BROWN/WHITE F PIT BULL	\$50.00
LIC VIOL-506 x1	A064313 - KING BR BRINDLE/WHITE M PIT BULL	\$50.00
LL-1ST-507 x1	A064313 - KING BR BRINDLE/WHITE M PIT BULL	\$50.00
S/N VIOL-510 x1	A064313 - KING BR BRINDLE/WHITE M PIT BULL	\$100.00
UNVACC-511 x1	A064313 - KING BR BRINDLE/WHITE M PIT BULL	\$50.00
LIC VIOL-506 x1	A064317 - POLIE TAN/WHITE U PIT BULL	\$50.00
LL-1ST-507 x1	A064317 - POLIE TAN/WHITE U PIT BULL	\$50.00
S/N VIOL-510 x1	A064317 - POLIE TAN/WHITE U PIT BULL	\$100.00
UNVACC-511 x1	A064317 - POLIE TAN/WHITE U PIT BULL	\$50.00
		\$1,150.00

Communication: Dangerous Dog Hearing for Five(5) Dogs at 101 Quincy St Owned by Kimberly Toote (Dog Hearing)

Date of Report: 03/30/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003701

I. ANIMAL/PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) REID, SHADEL	3. ID # P055508	4. Sex F	5. Age Adult	DOB	6. Telephone (413) 302-3692	
		7. Address (No. & Street) 99 QUINCY ST			(City) SPRINGFIELD, MA	(State)	(Zip) 01109	
		8. Name of Parent or Guardian (if victim is a minor)			9. Address (if different)			
		10. Source of Information			Victim Telephone - Other			
	EXPOSURE	11. Place of attack FRONT PORCH OF 99 QUINCY ST			12. Time and Date of attack March 30, 2024 11:10 am			
		13. Circumstances of attack: UNPROVOKED						
		14. Location and description of wound(s): R LEG, MOD						
		15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: 3/30/24						
	TREATMENT	16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. Telephone			17. Details of wound treatment <input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured			
		18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?			19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:			
MISC. Reid was bringing her child inside her home when the 5 dogs from 2nd floor (101 Quincy) ran up to her from the backyard, jumped on her in her doorway, she caused 2 cuts on R leg and welts/abrasions - unk. which caused inj. so all 5 to HQUAR								

DBS level 7 (scratches)

II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) TOOTE, KIMBERLY	21. ID # P051542	Telephone: (585) 331-3305			
		22. Address (No. & Street) 101 QUINCY ST		(City) SPRINGFIELD, MA	(State)	(Zip) 01109	
		23. Type of animal MALE, DOG	ID # A064313	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: NO AGE		
		24. Description: (Breed, color, etc.) BR BRINDLE / WHITE PIT BULL		KING		25. License Tag: Year: Expires:	
		26. Behavior <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	27. Prior Bites? <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Vaccinated against rabies? UNKNOWN Vet: <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine		
		29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HOME From Date: 03/30/2024 To Date: 04/08/2024					
	QUARANTINE	30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					31. Date sent to Animal Inspector/Board of Health 4/4/24 Emailed MM

told to bring out on leash during HQUAR

III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:				
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
		34. Remarks:				
	LABORATORY	35. Head sent to Lab: DATE BY TELEPHONE				
		36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY				
		37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:				
		38. <input type="checkbox"/> Case Closed: Date: By:				
		39. Officer Completing Form: LOZU Telephone: 413-781-1484				

Communication: Dangerous Dog Hearing for Five(5) Dogs at 101 Quincy St Owned by Kimberly Tootte (Dog Hearing)

Date of Report: 03/30/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003702

I. ANIMAL/PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) REID, SHADEL	3. ID # P055508	4. Sex F	5. Age Adult	DOB	6. Telephone (413) 302-3692	
		7. Address (No. & Street) 99 QUINCY ST			(City) SPRINGFIELD, MA	(State)	(Zip) 01109	
		8. Name of Parent or Guardian (if victim is a minor)				9. Address (if different)		
		10. Source of Information				Victim Telephone - Other		
	EXPOSURE	11. Place of attack FRONT PORCH OF 99 QUINCY ST			12. Time and Date of attack March 30, 2024 11:10 am			
		13. Circumstances of attack: UNPROVOKED						
	TREATMENT	14. Location and description of wound(s): R LEG, MOD						
		15. Was wound treated? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: 3/30/24			16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. Telephone			
		17. Details of wound treatment <input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured		18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?				
	MISC.	19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:						
Reid was bringing her child inside her home when the 5 dogs from 2nd floor (101 Quincy) ran up to her from the backyard, jumped on her in her doorway, and caused 2 cuts on R leg and welts/abrasions - unk. which caused inj. so all 5 to HQUAR DBS Level 7 (scratches)								
II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) TOOTE, KIMBERLY			21. ID # P051542	Telephone: (585) 331-3305		
		22. Address (No. & Street) 101 QUINCY ST			(City) SPRINGFIELD, MA	(State)	(Zip) 01109	
		23. Type of animal FEMALE, DOG		ID # A064314	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: NO AGE		
		24. Description: (Breed, color, etc.) BROWN / WHITE PIT BULL		SILVER		25. License Tag: Year: Expires:		
	26. Behavior <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		27. Prior Bites? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	28. Vaccinated against rabies? UNKNOWN Vet:		Vaccination Date		Rabies Tag Number <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine			
	QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HOME Told to bring out on leash during HQUAR From Date: 03/30/2024 To Date: 04/08/2024						
		30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				31. Date sent to Animal Inspector/Board of Health Emailed 4/4/24 MM		
III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:						
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted				
	34. Remarks:							
	LABORATORY	35. Head sent to Lab:		DATE	BY	TELEPHONE		
36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY								
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail		Date:	By:					
38. <input type="checkbox"/> Case Closed:		Date:	By:					
39. Officer Completing Form: <u>LOZU</u> Telephone: <u>413-781-1484</u>								

Communication: Dangerous Dog Hearing for Five(5) Dogs at 101 Quincy St Owned by Kimberly Tootte (Dog Hearing)

Date of Report: 03/30/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003703

I. ANIMAL/PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) REID, SHADEL	3. ID # P055508	4. Sex F	5. Age ADULT	DOB	6. Telephone (413) 302-3692	
		7. Address (No. & Street) (City) (State) (Zip) 99 QUINCY ST SPRINGFIELD, MA 01109						
		8. Name of Parent or Guardian (if victim is a minor)				9. Address (if different)		
		10. Source of Information				Victim Telephone - Other		
	EXPOSURE	11. Place of attack FRONT PORCH OF 99 QUINCY ST			12. Time and Date of attack March 30, 2024 11:10 am			
		13. Circumstances of attack: UNPROVOKED						
		14. Location and description of wound(s): R LEG, MOD						
	TREATMENT	15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: 3/30/24						
		16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. Telephone			17. Details of wound treatment <input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured			
		18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?			19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:			
MISC.	Reid was bringing her child inside her home when the 5 dogs from 2nd floor (101 Quincy) ran up to her from the backyard, jumped on her in her doorway, and caused 2 cuts on R leg and welts/abrasions - unk. which caused inj. so all 5 to HQUAR							
	DBS Level 1 (scratches)							

II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) TOOTE, KIMBERLY	21. ID # P051542	Telephone: (585) 331-3305			
		22. Address (No. & Street) (City) (State) (Zip) 101 QUINCY ST SPRINGFIELD, MA 01109					
		23. Type of animal MALE, DOG	ID # A064315	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: NO AGE		
		24. Description: (Breed, color, etc.) TAN / WHITE PIT BULL		MEEKO		25. License Tag: Year: Expires:	
		26. Behavior <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	27. Prior Bites? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		28. Vaccinated against rabies? UNKNOWN Vet:		Vaccination Date	Rabies Tag Number	<input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine	
	QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO Told to bringout on leash during HQUAR <input checked="" type="checkbox"/> Animal Confined - HOME From Date: 03/30/2024 To Date: 04/08/2024					
		30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			31. Date sent to Animal Inspector/Board of Health Emailed 4/4/24 MM		

III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:				
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
		34. Remarks:				
	LABORATORY	35. Head sent to Lab: DATE BY TELEPHONE				
		36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY				
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:						
38. <input type="checkbox"/> Case Closed: Date: By:						

39. Officer Completing Form: *[Signature]* Telephone: 413-781-1484

Communication: Dangerous Dog Hearing for Five(5) Dogs at 101 Quincy St Owned by Kimberly Tootte (Dog Hearing)

Date of Report: 03/30/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003705

I. ANIMAL/PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) REID, SHADEL	3. ID # P055508	4. Sex F	5. Age Adult	DOB	6. Telephone (413) 302-3692		
		7. Address (No. & Street) 99 QUINCY ST			(City) SPRINGFIELD, MA	(State)	(Zip) 01109		
		8. Name of Parent or Guardian (if victim is a minor)			9. Address (if different)				
		10. Source of Information			Victim Telephone - Other				
	EXPOSURE	11. Place of attack FRONT PORCH OF 99 QUINCY ST			12. Time and Date of attack March 30, 2024 11:10 am				
		13. Circumstances of attack: UNPROVOKED							
		14. Location and description of wound(s): R LEG, MOD							
	TREATMENT	15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: 3/20/24			16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. Telephone				
		17. Details of wound treatment <input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?				
		19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?			Telephone:				
MISC.	Reid was bringing her child inside her home when the 5 dogs from 2nd floor (101 Quincy) ran up to her from the backyard, jumped on her in her doorway, and caused 2 cuts on R leg and welts/abrasions - unk. which caused inj. so all 5 to HQUAR								
	DBS Level 1 (scratches)								
II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) TOOTE, KIMBERLY			21. ID # P051542		Telephone: (585) 331-3305		
		22. Address (No. & Street) 101 QUINCY ST			(City) SPRINGFIELD, MA	(State)	(Zip) 01109		
		23. Type of animal UNKNOWN SEX, DOG			ID # A064317	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: NO AGE		
		24. Description: (Breed, color, etc.) TAN / WHITE PIT BULL			POLIE		25. License Tag: Year: Expires:		
	26. Behavior <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal			27. Prior Bites? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	28. Vaccinated against rabies? UNKNOWN Vet:			Vaccination Date		Rabies Tag Number		<input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine	
	QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO			Told to bring out on leash during HQAR				
		<input checked="" type="checkbox"/> Animal Confined - HOME			From Date: 03/30/2024		To Date: 04/08/2024		
30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:							
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted					
	34. Remarks:								
	LABORATORY	35. Head sent to Lab:			DATE		BY		TELEPHONE
36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY									
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail			Date:		By:				
38. <input type="checkbox"/> Case Closed:			Date:		By:				
39. Officer Completing Form: <i>WAZU</i>							Telephone: 413-781-1484		

Communication: Dangerous Dog Hearing for Five(5) Dogs at 101 Quincy St Owned by Kimberly Tootte (Dog Hearing)

Date of Report: 03/30/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003704

I. ANIMAL/PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) REID, SHADEL	3. ID # P055508	4. Sex F	5. Age Adult	DOB	6. Telephone (413) 302-3692	
		7. Address (No. & Street) 99 QUINCY ST			(City) SPRINGFIELD, MA	(State)	(Zip) 01109	
	EXPOSURE	8. Name of Parent or Guardian (if victim is a minor)			9. Address (if different)			
		10. Source of Information			Victim Telephone - Other			
		11. Place of attack FRONT PORCH OF 99 QUINCY ST			12. Time and Date of attack March 30, 2024 11:10 am			
		13. Circumstances of attack: UNPROVOKED						
		14. Location and description of wound(s): R LEG, MOD						
TREATMENT	15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: 3/30/24			16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. Telephone				
	17. Details of wound treatment <input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?				
	19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?			Telephone:				
MISC.	Reid was bringing her child inside her home when the 5 dogs from 2nd floor (101 Quincy) ran up to her from the backyard, jumped on her in her doorway, and caused 2 cuts on R leg and welts/abrasions - unk. which caused inj. so all 5 to HQUAR							
	DBS level 1 (scratches)							

II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) TOOTE, KIMBERLY	21. ID # P051542	Telephone: (585) 331-3305	
		22. Address (No. & Street) 101 QUINCY ST		(City) SPRINGFIELD, MA	(State) 01109
		23. Type of animal FEMALE, DOG	ID # A064316	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild Est. Age: NO AGE	
	24. Description: (Breed, color, etc.) TAN / WHITE PIT BULL		KATARA	25. License Tag: Year: Expires:	
	26. Behavior <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		27. Prior Bites? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	28. Vaccinated against rabies? UNKNOWN Vet:		Vaccination Date	Rabies Tag Number	<input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine
QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO Told to bring out on leash during HQUAR <input checked="" type="checkbox"/> Animal Confined - HOME From Date: 03/30/2024 To Date: 04/08/2024				
	30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			31. Date sent to Animal Inspector/Board of Health Emailed 4/9/24 MM	

III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:		
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted
	34. Remarks:			
	LABORATORY	35. Head sent to Lab: DATE BY TELEPHONE		
36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY				
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:				
38. <input type="checkbox"/> Case Closed: Date: By:				

39. Officer Completing Form: *AKM* Telephone: 413-781-1484

Communication: Dangerous Dog Hearing for Five(5) Dogs at 101 Quincy St Owned by Kimberly Tootte (Dog Hearing)

Brief Description of Incident: ATTACHMENT: YES / NO

@ 11:12 am on Saturday 3/30/2024 I exited my vehicle with my toddler (4 years old) to make entry to my front door. While trying to enter my home. Landlords dogs ran from the rear of the house ran up my steps and jumped on me from behind. While attempting to protect my child I was scratched all over my back, arms, legs, buttocks before a person came from behind the house and called the dogs off of me. The biggest dog was the initial one to make contact with my person and all four of the other dogs followed suit.

RESPONDENT INFORMATION

Do you know the name or address of the owner of the dog(s)? YES / NO

Name: Kimberly Tootte
Street Address: 101 Quincy Street Springfield MA 01109
Phone: 585 331-3305
Email: _____

DOG INFORMATION

Name: Unknown Sex: _____ 5 dogs in total
Breed: _____
Primary Color: _____ Secondary Color: _____

Name: Unknown Sex: _____ 5 dogs in total
Breed: _____
Primary Color: _____ Secondary Color: _____

Communication: Dangerous Dog Hearing for Five(5) Dogs at 101 Quincy St Owned by Kimberly Tootte (Dog Hearing)

Brief Description of Incident: ATTACHMENT: YES / NO

Frequently loose dogs that run miles away from home
♂ calls 1-2 / week to admit dogs got loose
♂ does not seek out lost dogs
♂ waits until Animal Control calls w/ dogs whereabouts
Citations sent to male & female ♂
7 activities under male ♂ w/ 3 lost reports in Cham.
1 citation under male ♂
2 activities under female ♂ w/ 1 citation + 1 impound
Too many field RTU'S all the way up from S. Branch Pkwy,
Coolley St, Parker St winding Ln
*see note on POSO2810 - recently reported loose 1/5, 1/18, + 2/1

RESPONDENT INFORMATION

Do you know the name or address of the owner of the dog(s)? (YES) / NO

Name: Peter Trase and Jamie Reuling
Street Address: 81 Clearbrook Dr, Springfield, MA, 01118
Phone: 313-4962 (Peter) Phone: 426-3147 (Jamie)
Email: _____

DOG INFORMATION

Name: Stella Sex: S/F
Breed: Siberian Husky
Primary Color: Black ~~white~~ Secondary Color: white

Name: Archie Sex: N/M
Breed: Siberian Husky
Primary Color: Black Secondary Color: white

Communication: Nuisance Dog Hearing for Two Dogs Named Stella and Archie at 81 Clearbrook Dr Owned by Peter Trase and Jamie Reuling
Communication: Nuisance Dog Hearing for Two Dogs Named Stella and Archie at 81 Clearbrook Dr Owned by Peter Trase and Jamie Reuling



Activity Card
A22-071841-1

5
3

A22-071841-1 **TRANSPORT/ANIMAL** Priority Level: 4 Total Animals: 2 Animal Type: **DOG**

Activity Address: 81 CLEARBROOK DR

Activity Comment: O's flagged me in field after collecting their loose dogs - met at house to confirm ownership and RTO in field - broken fence with temp. repairs needing a permanent fix - neighbors report dogs loose often and caught on camera too

Owner Information:

P050286 PETER TRASE
 SPRINGFIELD, MA 01118
 81 CLEARBROOK DR
 313-4962

Animal Information:

A058170 Stella - 3Y Spayed Black/White Siberian Husky

Officer: P999920	RONDINELLO	Clerk: 114075	Results:
Call Date:	07/04/22 06:10 PM		2 RTO
New Date:	07/04/22 06:10 PM		2 RSVD
Dispatch Date:			1 EDUC
Working Date:	07/04/22 06:11 PM		1 CITE
Complete Date:	07/04/22 06:16 PM		

Memos:

M22-022602 07/04/2022

Per O and confirmed with Tracker - dogs current on rab. vac. and license under girlfriends Info Reuling, Jamie (also P050046 in Cham.) -TR

Communication: Nuisance Dog Hearing for Two Dogs Named Stella and Archie at 81 Clearbrook Dr Owned by Peter Trase and Jamie Reuling-
Communication: Nuisance Dog Hearing for Two Dogs Named Stella and Archie at 81 Clearbrook Dr Owned by Peter Trase and Jamie Reuling-



Activity Card
A22-071840-1

5
3

A22-071840-1 **STRAY/CONF** Priority Level: **3** Total Animals: **1** Animal Type: **DOG**

Activity Address: 76 WINDING LN

Activity Comment: conf. 2 loose huskys that were roaming from Clearbrook, was already on the way, neighbors know O lives @ 81 - collected dogs to RTO in field and O's also flagged me down (separate activity under 81 Clearbrook)

Owner Information:

P050286 PETER TRASE
SPRINGFIELD, MA 01118
81 CLEARBROOK DR
313-4962

Animal Information:

A058170 & A058171

Officer: P999920	RONDINELLO	Clerk: 114075	Results:
Call Date:	07/04/22 05:52 PM		2 IMPND
New Date:	07/04/22 05:52 PM		1 EDUC
Dispatch Date:			
Working Date:	07/04/22 06:04 PM		
Complete Date:	07/04/22 06:10 PM		

Communication: Nuisance Dog Hearing for Two Dogs Named Stella and Archie at 81 Clearbrook Dr Owned by Peter Trase and Jamie Reuling
Communication: Nuisance Dog Hearing for Two Dogs Named Stella and Archie at 81 Clearbrook Dr Owned by Peter Trase and Jamie Reuling



Activity Card
A22-071382-1

5
3

A22-071382-1 **STRAY/CONF** **Priority Level: 3** **Total Animals: 2** **Animal Type: DOG**

Activity Address: 669 S BRANCH PKWY

Activity Comment: 2 loose huskys, conf. in car by time I arrived - both appear dean and well cared for, both chipped too

Caller Information:

P000203 SPRINGFIELD POLICE
SPRINGFIELD, MA 01105
130 PEARL ST
(413) 787-6302

Owner Information:

P050046 JAMIE REULING
SPRINGFIELD, MA 01118
81 CLEARBROOK DR
(413) 426-3147

Animal Information:

A058170 Stella - 3Y Spayed Black/White Siberian Husky

Officer: P999920 RONDINELLO **Clerk:** 114075

Call Date: 06/08/22 09:19 PM
New Date: 06/08/22 09:19 PM
Dispatch Date:
Working Date: 06/08/22 09:38 PM
Complete Date: 06/08/22 09:43 PM

Results:

2 IMPND

Communication: Nuisance Dog Hearing for Two Dogs Named Stella and Archie at 81 Clearbrook Dr Owned by Peter Trase and Jamie Reuling
Communication: Nuisance Dog Hearing for Two Dogs Named Stella and Archie at 81 Clearbrook Dr Owned by Peter Trase and Jamie Reuling

Gladys Oyola-Lopez
City Clerk

City Clerk's Office
36 Court Street, Room 123
Springfield, MA 01103



THE CITY OF SPRINGFIELD, MASSACHUSETTS

March 19, 2024

Peter Trase & Jamie Reuling
81 Clearbrook Dr
Springfield, MA 01118

Dear Mr. Trase & Ms. Reuling:

A nuisance dog hearing held on March 13, 2024 by the Animal Control Advisory and Hearing Committee in accordance with Chapter 110, Section 10 of the Code of the City of Springfield Ordinance, 2012, as amended for a nuisance dog hearing for your dogs, Stella and Archie., The committee voted to deem both of your dogs as a Nuisance and has imposed the following conditions:

The Advisory and Hearing Committee has imposed the following condition on the animal:

1. The matter will be revisited on the next dog hearing to see if the installation of your electric fence, that was purchased prior to the hearing date, will prevent your dogs from continuously escaping.

An appeal of this decision to classify your dogs as nuisances may be filed in District Court, within 21 days of the date of the hearing per Section 110-13(E) of the Springfield, MA ordinances.

Sincerely,

Gladys Oyola-Lopez
City Clerk

GO\CAMILE NELSON-CAMPBELL

Brief Description of Incident: ATTACHMENT: YES / NO

So Blu the Husky was in the trunk of my truck on his leash my 7yr old daughter ask me if she can play with her brother-Dog I said yes hold up so I can make sure he's on the leash with rear battery in my hand. My back was turned for 3-2 mins. To hear my daughter having a fratic scream. Blu tried to run because he was caught off guard and the crazy pitbull bit his neck. blu got away for a second, the locked on his back left leg I tried everything to get the crazy pit off

RESPONDENT INFORMATION

Do you know the name or address of the owner of the dog(s)? YES / NO

Name: Miguel
Street Address: 41 SUFFOLK ST 14
Phone:
Email:

DOG INFORMATION

Name: Brick Sex: M
Breed: Pitbull
Primary Color: grey / brown Secondary Color: white.

Name: Sex:
Breed:
Primary Color: Secondary Color:

Communication: Dangerous Dog Hearing for Dog Named Brick at 41 Suffolk St Owned by Miguel Gonzalez-Ortiz (Dog Hearing)

Date of Report: 03/01/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003668

I. ANIMAL/PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) HENDERSON, QUINDELL	3. ID # P025593	4. Sex M	5. Age	DOB	6. Telephone (413) 317-6806	
		7. Address (No. & Street) 41 SUFFOLK ST APT 1L		(City) SPRINGFIELD, MA	(State)	(Zip) 01109		
	EXPOSURE	8. Name of Parent or Guardian (if victim is a minor)			9. Address (if different)			
		10. Source of Information Self			Victim Telephone - Other			
		11. Place of attack 41 SUFFOLK ST			12. Time and Date of attack March 1, 2024 4:45 pm			
		13. Circumstances of attack: PROVOKED						
		14. Location and description of wound(s): R THUMB, LVL 3						
TREATMENT	15. Was wound treated? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date:			16. Wound treated by: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone				
	17. Details of wound treatment <input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?				
	19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?			Telephone:				
MISC.		Quindell was attempting to break up a fight between his dog "Blue" and the neighbor's dog "Brick" resulting in him receiving a bite to his R thumb.						

II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) GONZALEZ-ORTIZ, MIGUEL	21. ID # P055311	Telephone: (413) 316-4895			
		22. Address (No. & Street) 41 SUFFOLK ST APT 1L		(City) SPRINGFIELD, MA	(State)	(Zip) 01109	
		23. Type of animal MALE, DOG	ID # A064061	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: NO AGE		
	24. Description: (Breed, color, etc.) TAN / GRAY AMERICAN STAFF		BRICK		25. License Tag: Year: Expires:		
	26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		27. Prior Bites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	28. Vaccinated against rabies? UNK Vet:		Vaccination Date	Rabies Tag Number	<input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine		
QUARANTINE		29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HQUAR From Date: 03/01/2024 To Date: 03/11/2024					
		30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. Date sent to Animal Inspector/Board of Health 3/3/2024 Emailed MM			

III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:				
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
	34. Remarks:					
	LABORATORY	35. Head sent to Lab: DATE BY TELEPHONE				
		36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY				
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:						
38. <input type="checkbox"/> Case Closed: Date: By:						
39. Officer Completing Form: LAWSON Telephone: 413 781 1484						

Communication: Dangerous Dog Hearing for Dog Named Brick at 41 Suffolk St Owned by Miguel Gonzalez-Ortiz (Dog Hearing)

Date of Report: 03/01/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003670

I. ANIMAL PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) Brick	3. ID # A00461	4. Sex M	5. Age	DOB	6. Telephone 413 316 4895	
		7. Address (No. & Street) (City) (State) (Zip)						
		8. Name of Parent or Guardian (if victim is a minor) GONZALEZ-ORTIZ, MIGUEL (P055311) (NEIGHBOR)				9. Address (if different) 41 SUFFOLK ST APT 1L, SPRINGFIELD, MA 01109		
	10. Source of information P055311				Victim Telephone - Other			
	EXPOSURE	11. Place of attack 41 SUFFOLK ST			12. Time and Date of attack March 1, 2024 4:45 pm			
		13. Circumstances of attack: PROVOKED						
		14. Location and description of wound(s): SNOUT, LVL 3						
	TREATMENT	15. Was wound treated? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date:			16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone			
		17. Details of wound treatment <input type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom?			
		19. Anti-Rabies Treatment Given? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom?			Telephone:			
MISC.	Brick was latched onto Blue's rear right leg in a dog fight when Blue attempted to free himself by biting onto Brick's face. Brick received several lacerations to his snout							

II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) MORALES, ANA	21. ID # P052323	Telephone: (413) 317-6806			
		22. Address (No. & Street) (City) (State) (Zip) 41 SUFFOLK ST APT 2L SPRINGFIELD, MA 01109					
		23. Type of animal MALE, DOG	ID # A060610	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: NO AGE		
		24. Description: (Breed, color, etc.) BLUE			25. License		
		26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal			27. Prior Bites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		28. Vaccinated against rabies? UNK Vet:			Vaccination Date	Rabies Tag Number	<input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine
	QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HQUAR From Date: 03/01/2024 To Date: 03/11/2024					
		30. If at owner's home, have quarantine guidelines been explained? <input type="checkbox"/> Yes <input type="checkbox"/> No			31. Date sent to Animal Inspector/Board of Health 3/3/2024 Emailed MM		

III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:				
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
	34. Remarks:					
	LABORATORY	35. Head sent to Lab: DATE BY TELEPHONE				
		36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY				
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:						
38. <input type="checkbox"/> Case Closed: Date: By:						
39. Officer Completing Form: LAWSON Telephone: 413 781 1484						

Communication: Dangerous Dog Hearing for Dog Named Brick at 41 Suffolk St Owned by Miguel Gonzalez-Ortiz (Dog Hearing)

Date of Report: 03/01/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003669

I. ANIMAL/PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) Blue	3. ID # A0640610	4. Sex M	5. Age DOB	6. Telephone 413 317 6806
		7. Address (No. & Street) 41 Suffolk St Apt 2L Springfield MA 01109				
		8. Name of Parent or Guardian (if victim is a minor) MORALES, ANA (P052323)		9. Address (if different) 41 SUFFOLK ST APT 2L, SPRINGFIELD, MA 01109		
		10. Source of Information P025593		10. Source of Information (NEIGHBOR)		
EXPOSURE	11. Place of attack 41 SUFFOLK ST			12. Time and Date of attack March 1, 2024 4:45 pm		
	13. Circumstances of attack: UNPROVOKED					
TREATMENT	15. Was wound treated? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date:			16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone		
	17. Details of wound treatment <input type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom?		
	19. Anti-Rabies Treatment Given? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:					
	14. Location and description of wound(s): REAR R LEG, LVL 3					
MISC.	Blue was outside in the yard with his owners when Brick was let out at the same time. Brick charged Blue and latched onto his rear right leg.					

II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) GONZALEZ-ORTIZ, MIGUEL		21. ID # P055311	Telephone: (413) 316-4895		
		22. Address (No. & Street) 41 SUFFOLK ST APT 1L					
		23. Type of animal MALE, DOG		ID # A064061	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: NO AGE	
		24. Description: (Breed, color, etc.) TAN / GRAY AMERICAN STAFF BRICK			25. License Tag: Year: Expires:		
		26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		27. Prior Bites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		28. Vaccinated against rabies? UNK Vet:		Vaccination Date	Rabies Tag Number	<input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine	
QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HQUAR From Date: 03/01/2024 To Date: 03/11/2024						
	30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				31. Date sent to Animal Inspector/Board of Health 3/3/2024 Emailed MM		

III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:				
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
		34. Remarks:				
	LABORATORY	35. Head sent to Lab: DATE BY TELEPHONE				
		36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY				
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:						
38. <input type="checkbox"/> Case Closed: Date: By:						
39. Officer Completing Form: LAWSON Telephone: 413 781 1484						

Communication: Dangerous Dog Hearing for Dog Named Brick at 41 Suffolk St Owned by Miguel Gonzalez-Ortiz (Dog Hearing)

Date of Report: 03/01/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003667

I. ANIMAL/PERSON BITTEN

IDENTIFICATION	2. Name (Last, First) LAUREANO, JOSE	3. ID # P055310	4. Sex M	5. Age	DOB	6. Telephone (413) 316-4895	
	7. Address (No. & Street) (City) (State) (Zip) 41 SUFFOLK ST APT 1L SPRINGFIELD, MA 01109						
	8. Name of Parent or Guardian (if victim is a minor)				9. Address (if different)		
	10. Source of Information <i>self</i>				Victim Telephone - Other		
EXPOSURE	11. Place of attack 41 SUFFOLK ST			12. Time and Date of attack March 1, 2024 4:45 pm			
	13. Circumstances of attack: PROVOKED						
	14. Location and description of wound(s): R FOREARM, LVL 3						
TREATMENT	15. Was wound treated? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date:			16. Wound treated by: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone			
	17. Details of wound treatment <input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?			
	19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:						
	MISC. Jose was attempting to break up a fight between his brother's dog "Brick" and the neighbor's dog "Blue" resulting in him receiving a bite to his R forearm						

II. ANIMAL/OWNER

IDENTIFICATION	20. Animal Owner (custodian) MORALES, ANA			21. ID # P052323		Telephone: (413) 317-6806
	22. Address (No. & Street) (City) (State) (Zip) 41 SUFFOLK ST APT 2L SPRINGFIELD, MA 01109					
	23. Type of animal MALE, DOG			ID # A060610	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: NO AGE
	24. Description: (Breed, color, etc.) GRAY / WHITE SIBERIAN HUSKY			25. License Tag: Year: Expires:		
QUARANTINE	26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal			27. Prior Bites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	28. Vaccinated against rabies? Vaccination Date Rabies Tag Number <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine					
	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HQUAR From Date: 03/01/2024 To Date: 03/11/2024					
	30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
31. Date sent to Animal Inspector/Board of Health <i>Emailed 3/3/2024 MM</i>						

III. DISPOSITION OF ANIMAL

REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:					
	32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal			33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
LABORATORY	34. Remarks:					
	35. Head sent to Lab: DATE BY TELEPHONE					
	36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY					
	37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:					
	38. <input type="checkbox"/> Case Closed: Date: By:					

39. Officer Completing Form: *LAWSON* Telephone: *413 781 1484*

Communication: Dangerous Dog Hearing for Dog Named Brick at 41 Suffolk St Owned by Miguel Gonzalez-Ortiz (Dog Hearing)



Activity Card
A24-079965-1

A24-079965-1 **ASSIST/POLICE** Priority Level: 2 Total Animals: 2 Animal Type: **DOG**

Activity Address: 41 SUFFOLK ST

Activity Comment: report of dog fight - gathered info for bite reports. Both dogs and 2 gentleman had wounds as a result of trying to break up the dogs.

Caller Information:

P000203 SPRINGFIELD POLICE
 SPRINGFIELD, MA 01105
 130 PEARL ST
 (413) 787-6302

Owner Information:

P052323 ANA MORALES
 SPRINGFIELD, MA 01109
 41 SUFFOLK ST 2L
 (413) 317-6806

Animal Information:

A060610 Blue - Male Gray/White Siberian Husky

Officer: P052479 LAWSON **Clerk:** 117246

Call Date: 03/01/24 04:52 PM
 New Date: 03/01/24 04:52 PM
 Dispatch Date:
 Working Date: 03/01/24 05:04 PM
 Complete Date: 03/01/24 05:22 PM

Results:

2 MC
 2 HQUAR
 2 EDUC
 4 RPRT

Communication: Dangerous Dog Hearing for Dog Named Brick at 41 Suffolk St Owned by Miguel Gonzalez-Ortiz (Dog Hearing)

Brief Description of Incident: ATTACHMENT: YES / NO

I was out with my dogs and two dogs came and attacked him. He was bitten 3 times. I was out back of my home my dog was on a leash while these dogs were loose. There is history with the dog attacking they have gone after my kids and have tried to come inside my home. They are not responsible dog owners and these dogs are not well trained.

RESPONDENT INFORMATION

Do you know the name or address of the owner of the dog(s)? YES / NO

Name: Jose

Street Address: 49 Girard Ave

Phone: Phone:

Email:

DOG INFORMATION

Name: Sex:

Breed: Chihuahua

Primary Color: Secondary Color:

Name: Sex:

Breed: Chihuahua

Primary Color: Secondary Color:

Communication: Dangerous Dog Hearing for Two Dogs Named Chokie and Luna at 49 Girard Ave Owned by Jose Sanchez (Dog Hearing)

Date of Report: 02/16/2024

ANIMAL BITE REPORT

Rabies Control Investigation

1. Bite Number:
B24-003663

Thomas J. O'Connor Animal Control

I. ANIMAL PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) Marble - A063989	3. ID #	4. Sex M	5. Age 8	DOB	6. Telephone 413 231 0155		
		7. Address (No. & Street) (City) (State) (Zip)							
		8. Name of Parent or Guardian (if victim is a minor) MARTINEZ, ABBIGALE (P044832) (NEIGHBOR)				9. Address (if different) 51 GIRARD AVE, SPRINGFIELD, MA 01109			
	EXPOSURE	10. Source of information owner P044832				11. Place of attack 49-51 GIRARD AVE			
		12. Time and Date of attack February 16, 2024 5:30 pm				13. Circumstances of attack: UNPROVOKED			
		14. Location and description of wound(s): NECK/SIDES, LVL 3							
		15. Was wound treated? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date:							
	TREATMENT	16. Wound treated by: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone				17. Details of wound treatment <input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured			
		18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?				19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:			
		MISC. Abbigale had put Marble on a tether outside to use the bathroom when both of Jose's dogs came running over to Marble and began biting her. Jose's 2 dogs were not on leash and both dogs bit Marble.							
II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) SANCHEZ, JOSE			21. ID # P055249	Telephone: (413) 316-4094			
		22. Address (No. & Street) (City) (State) (Zip) 49 GIRARD AVE SPRINGFIELD, MA 01109							
		23. Type of animal FEMALE, DOG			ID # A063990	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: 3 YEARS		
		24. Description: (Breed, color, etc.) LUNA BROWN CHIHUAHUA SH				25. License Tag: Year: Expires:			
	26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal				27. Prior Bites? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	28. Vaccinated against rabies? Vaccination Date Rabies Tag Number <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine NO Vet:								
	QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HQUAR From Date: 02/16/2024 To Date: 02/26/2024							
		30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				31. Date sent to Animal Inspector/Board of Health Emailed 2/17/2024 MM			
	III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:						
			32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal				33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
34. Remarks:									
LABORATORY		35. Head sent to Lab: DATE BY TELEPHONE							
		36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY							
	37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:								
38. <input type="checkbox"/> Case Closed: Date: By:									
39. Officer Completing Form: LAWSON						Telephone: 413 781 1484			

Communication: Dangerous Dog Hearing for Two Dogs Named Chokie and Luna at 49 Girard Ave Owned by Jose Sanchez (Dog Hearing)

Date of Report: 02/16/2024		ANIMAL BITE REPORT				1. Bite Number: B24-003664		
I. ANIMAL/PERSON BITTEN		2. Name (Last, First) Marble		3. ID # A063989	4. Sex M	5. Age 8	DOB	
		7. Address (No. & Street) (City) (State) (Zip)		6. Telephone 413 231 0155				
		8. Name of Parent or Guardian (if victim is a minor) MARTINEZ, ABBIGALE (P044832) (NEIGHBOR)		9. Address (if different) 51 GIRARD AVE, SPRINGFIELD, MA 01109				
		10. Source of information owner P044832		Victim Telephone - Other				
EXPOSURE		11. Place of attack 49-51 GIRARD AVE		12. Time and Date of attack February 16, 2024 5:30 pm				
		13. Circumstances of attack: UNPROVOKED						
		14. Location and description of wound(s): NECK/SIDES, LVL 3						
TREATMENT		15. Was wound treated? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date:		16. Wound treated by: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone				
		17. Details of wound treatment <input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured		18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?				
		19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?		Telephone:				
MISC.		Abbigale had put Marble on a tether outside to use the bathroom when both of Jose's dogs came running over to Marble and began biting her. Jose's 2 dogs were not on leash and both dogs bit Marble.						
II. ANIMAL/OWNER		20. Animal Owner (custodian) SANCHEZ, JOSE		21. ID # P055249	Telephone: (413) 316-4094			
		22. Address (No. & Street) 49 GIRARD AVE		(City) (State) (Zip) SPRINGFIELD, MA 01109				
		23. Type of animal MALE, DOG		ID # A063991	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: NO AGE		
		24. Description: (Breed, color, etc.) CHOKIE BROWN / BLACK CHIHUAHUA LH / YORKSHIRE TERR		25. License Tag: Year: Expires:				
		26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		27. Prior Bites? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
		28. Vaccinated against rabies? NO Vet:		Vaccination Date	Rabies Tag Number	<input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine		
QUARANTINE		29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HQUAR		From Date: 02/16/2024		To Date: 02/26/2024		
		30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. Date sent to Animal Inspector/Board of Health Emailed 2/17/24 MM				
III. DISPOSITION OF ANIMAL		31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:						
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted				
		34. Remarks:						
		LABORATORY		35. Head sent to Lab: DATE BY TELEPHONE				
36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY								
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail				Date: By:				
38. <input type="checkbox"/> Case Closed: Date: By:								
39. Officer Completing Form: LAWSON		Telephone: 413 781 1484						

Communication: Dangerous Dog Hearing for Two Dogs Named Chokie and Luna at 49 Girard Ave Owned by Jose Sanchez (Dog Hearing)



Activity Card
A24-079866-1

A24-079866-1

ASSIST/POLICE

Priority Level: 2

Total Animals: 1

Animal Type: DOG

Activity Address: 51 GIRARD AVE

Activity Comment: SPD called for assistance with a dog. On arrival - learned of a bite incident. Gatherd info for bite report & explained HQUAR. RP requested DDH form which I provided to her.

Owner Information:

P044832 ABIGAIL MARTINEZ
 SPRINGFIELD, MA 01109
 51 GIRARD AVE
 (413) 231-0155

Animal Information:

A063989 Marble - 8Y Neutered White Shih Tzu/Poodle Min

Officer: P052479 LAWSON **Clerk:** 117246

Call Date: 02/16/24 05:31 PM

New Date: 02/16/24 05:31 PM

Dispatch Date:

Working Date: 02/16/24 05:48 PM

Complete Date: 02/16/24 06:07 PM

Results:

2 MC

1 RPRT

2 HQUAR

1 CITE

1 COMP

Communication: Dangerous Dog Hearing for Two Dogs Named Chokie and Luna at 49 Girard Ave Owned by Jose Sanchez (Dog Hearing)



Citation-Violation Detail

Violation Number V24-002391

Violation Date: 2/16/2024 5:30PM

Violation Type: CITATION

Form No: 227136

DEFENDANT JOSE SANCHEZ 49 GIRARD AVE SPRINGFIELD, MA 01109 (413) 316-4094	P055249	COMPLAINANT
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Issued By: P052479 - OFFICER LAWSON

Activity: A24-079866-1

LOCATION OF VIOLATION GIRARD AVE	JURISDICTION SPRINGFIELD	APPROVED
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SYNOPSIS

Both dogs were let outside off leash and bit a dog that was leashed. Both of the dogs owned by Jose Sanchez are not licensed or vaccinated.

OFFENSES

LIC VIOL-506 x1	A063990 - LUNA BROWN F CHIHUAHUA SH	\$50.00
LL-1ST-507 x1	A063990 - LUNA BROWN F CHIHUAHUA SH	\$50.00
LL-1ST-507 x1	A063991 - CHOKIE BROWN/BLACK M CHIHUAHUA LH/YORKSHIRE TERR	\$50.00
LIC VIOL-506 x1	A063991 - CHOKIE BROWN/BLACK M CHIHUAHUA LH/YORKSHIRE TERR	\$50.00
UNVACC-511 x1	A063990 - LUNA BROWN F CHIHUAHUA SH	\$50.00
UNVACC-511 x1	A063991 - CHOKIE BROWN/BLACK M CHIHUAHUA LH/YORKSHIRE TERR	\$50.00
		\$300.00

Communication: Dangerous Dog Hearing for Two Dogs Named Chokie and Luna at 49 Girard Ave Owned by Jose Sanchez (Dog Hearing)