



ANIMAL CONTROL BOARD

I hereby notify you that the following items of business have been filed with this office and can be acted upon at the meeting of the Animal Control Board **Thursday, July 16, 2026** at 10:00 AM.

City Clerk

Approval Of Minutes

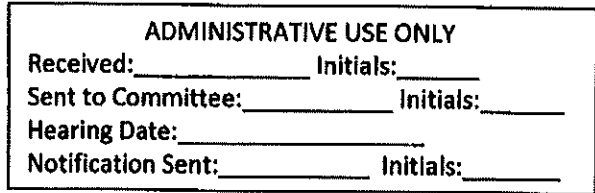
1. December 18 2025 Minutes

Dog Hearing

2. A Dangerous Dog Hearing For Three (3) Dogs Named Prince, Diva and Luna Owned By Roberto Morat at 150 Elmore Ave
3. A Dangerous Dog Hearing For A Dog Named Niko Owned By Jose Garcia At 194 Pine St

Non-Compliance

4. A Non-Compliance Nuisance Dog Hearing For two (2) Dogs Named Starla and Sapphire Owned By David Benoit At 279 Garnet St.



NEXT PAGE>>>>>>>>>>

Brief Description of Incident:

ATTACHMENT: YES / NO

I was walking my dog about to cross the street when I noticed to my left a big dog coming at me and my dog. I noticed a man at the gate and yelled out for him to get his dog he just stood there. The dog kept coming I tried to grab my dog and shield and the bigger dog snatched my dog up and started fling him around like a stuffed toy. I cried out for someone to help and the man to get the dog he just stood there said he only worked there and couldn't control the dog. He and another man talked and laughed as the dog continued to attack my dog until he was done. I called police; they the owner never came and the worker called for a woman to take the dog and flee the scene.

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

Name: Del Garcis Store and Jessica Navarro (who took dog)

Street Address: 194 Pine st / 92 Somerset st apt 2

Phone: 301 5565 Phone: _____

Email: _____

DOG INFORMATION

Name: Levi Sex: M

Breed: Pom

Primary Color: brown Secondary Color: brown

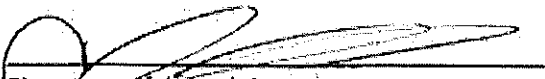
Name: _____ Sex: _____

Breed: _____

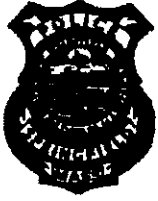
Primary Color: _____ Secondary Color: _____

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

5/6/26
Date of Complaint



Springfield Police Department

Incident Report for 26P037896

Circumstances

NC No Crime

BWC Body Worn Camera

Statute Codes

Offense Codes:

Received By: Macuado, Alex (120175)

Responsible Officer: Calderon, Rafael E. (119287)

Responding Officers: Calderon, Rafael E. (119287)
Ellison, Tasha (106033)

Approving Officer: () - 09:27:54 05/06/26 - APPROV

When Reported: 06:28:45 05/06/26

Occurred Between: 06:20:00 05/06/26 and 07:00:00 05/06/26

Statute Codes:

How Received: 911 Line

Agency: SPD

Location: E2

Address: PINE ST & CENTRAL ST
Springfield MA

Assigned To: ()

Date Assigned: **/**/**

Detail:

Status Date: **/**/**

Status: [No Status
Entered]

Misc Entry:

Clearance: RPT Report

INVOLVED PERSON(S):

HICKS, CHERRELLEA NICOLE
28 FLORENCE ST APT 2
Springfield, MA 01105-1944

F B 36

Height: 5'05"

Body: Medium Build

DOB: 05/07/89

State ID:

Weight: 200

Complexion: Dark Brown

Place of Birth: Springfield,

FBI ID:

Hair: Black

Eyes: Brown

Glasses: No Glasses

Ethnicity: Non-Hispanic

License Number: MA S56002667

Local ID:

FAMILY / EMPLOYMENT INFORMATION

Marital Status: Not Married

Employer/School: STAR DENTAL /

Occupation: DENTAL ASSIST

HICKS, TONIE M

M B 56

28 FLORENCE ST APT 1

Springfield, MA 01105-1510

Height: ' "

Weight: 0

Hair:

Body:

Complexion:

Eyes:

DOB: 02/14/70

Place of Birth: ,

Glasses: No Glasses

State ID:

FBI ID:

Ethnicity: Non-Hispanic

License Number:

Local ID:

FAMILY / EMPLOYMENT INFORMATION

Marital Status:

Employer/School: CHD /

Occupation:

VEHICLES

Vehicle Number: 225934

License Plate: INPX86

State: MA

Vehicle Year: 2022

Make: MERZ Mercedes-Benz

Color: WHI /

Vehicle Type: 01 Passenger Car

Characteristic: SPORU Sport Utility

License Type: PAN Passenger Normal

Expires: **/**/**

VIN: 4JGFF5KEXNA730560

Model: GLS450

Doors: 0

Value: \$40,000.00

Owner:

Last: NAVARRO

First: JESSICA

Mid:

Height: 5'07"

Weight: 240

Eyes: BRO Hair: BRO

DOB: 10/06/85

Dr Lic:

Address: 92 SOMERSET ST APT 2FL

Race: W

Sex: F

Phone:

City: Springfield, MA

Work Phone: [REDACTED] Other Phone(s): [REDACTED]

Agency:

Date Recov/Rcvd: **/**/**

Officer:

Area:

UCR Status: NON None

Wrecker Service:

Local Status:

Storage Location:

Status Date: **/**/**

Release Date: **/**/**

Comments:

Master Record Source: 25-7532-OF

Master Record Merge Criteria: License Plate, VIN

----- Other Note(s) -----

Notes From: 25-7532-OF on 06-26-2025

Type of Loss: Destroyed/Damaged/Vandalized

NIBRS Property Code: Automobiles

Style: Sport Utility

Plate Type: PASSENGER VEH

Original Case Number: 25-7532-OF

Original Case Seq: 1

Notes From: T3169185 on 11-15-2022

Style: Sport Utility

Plate Type: PASSENGER VEH

Narrative

On 05/06/2026 at approximately 0628 hours, I, Officer R. Calderon was dispatched to the intersection of Pine St. and Central St. for an Animal Complaint.

Upon arrival, I met Ms. Cherrellea Hicks, who stated her dog "Levi" (a brown Pomeranian) was attacked by a black/white German Shepard that belongs to the store owner of Garcia Deli Mini Market located at 194 Pine St.

Ms. Hicks stated she was walking her dog on a leash East bound on Florence St. at the intersection of Florence St. and Pine St. when a dog that appears to be a German Shepard with no leash, attacked her dog. I observed Ms. Hick's dog alert and breathing, suffering by not moving from bite wounds, bleeding, and with a leash wrapped around its neck. I placed Ms. Hick's dog on a dog bed and removed the leash from its neck to be transported to a hospital.

I also noticed the German Shepard sitting outside Garcia Deli Mini Market, with blood stains on the left side of the dog's face. At the time of this incident, the store was closed and an employee that was standing outside with the German Shepard, stated it should be opening at 7am. An employee stated the dog belongs to the store owner of "Garcia Deli Mini Market" and must have escaped through the enclosed fence securing the property.

Shortly thereafter, Ms. Hicks's mother, Ms. Tonie Hicks, took a cell phone picture of a vehicle tag#1NPX86, later identified as a 2022 white Mercedes operated by a female that arrived on scene, had taken possession of the German Shepard and fled the scene with out speaking to me.

Ms. Hicks took possession of her dog and transported the dog to an animal hospital located in West Springfield. Officer could not make contact with the owner at this time.

BWC activated by Officer R. Calderon.
TJO notified,

Date of Report: 05/06/2026

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B26-004392

I. ANIMAL/PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) <u>Levi</u>	3. ID # <u>A070453</u>	4. Sex <u>M</u>	5. Age DOB	6. Telephone	
	EXPOSURE	7. Address (No. & Street) (City) (State) (Zip) <u>28 Florence st Springfield MA</u>					
		8. Name of Parent or Guardian (if victim is a minor) <u>HICKS, CHERRELLE (P060715)</u>					
		9. Address (if different) <u>28 FLORENCE ST, SPRINGFIELD, MA 01105</u>					
		10. Source of Information Victim Telephone - Other					
TREATMENT	11. Place of attack <u>194 PINE ST</u>						
	12. Time and Date of attack <u>May 6, 2026 6:28 am</u>						
	13. Circumstances of attack: <u>UNPROVOKED</u>						
	14. Location and description of wound(s): <u>LEFT RIBS, 6</u>						
MISC.	15. Was wound treated? ☐ No ☒ Yes Date: <u>5/6/26</u>						
	16. Wound treated by: ☐ Self ☐ Parent ☒ Dr. <u>VESH</u> Telephone <u>413-665-4411</u>						
	17. Details of wound treatment ☐ Washed ☐ Sutured						
	18. Anti-Rabies Treatment Recommended? ☒ No ☐ Yes By Whom?						
II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) <u>GARCIA, JOSE</u>					
	21. ID # <u>P057837</u>					Telephone: <u>(413) 301-1226</u>	
	22. Address (No. & Street) (City) (State) (Zip) <u>194 PINE ST SPRINGFIELD, MA 01105</u>						
	23. Type of animal <u>MALE, DOG</u> ID # <u>A064750</u> ☒ Owned ☐ Stray ☐ Wild Est. Age: <u>3 YEARS</u>						
	24. Description: (Breed, color, etc.) <u>NIKO</u>						
QUARANTINE	25. License Tag: Year: Expires:						
	26. Behavior ☒ Unknown ☐ Normal ☐ Abnormal						
	27. Prior Bites? ☒ Yes ☐ No						
	28. Vaccinated against rabies? Vaccination Date Rabies Tag Number ☐ 1 Year Vaccine YES Vet: ☐ 3 Year Vaccine						
III. DISPOSITION OF ANIMAL	REVIEW	29. ☐ Unable to locate animal ☐ Confined at TJO ☒ Animal Confined - HOME From Date: <u>05/06/2026</u> To Date:					
	30. If at owner's home, have quarantine guidelines been explained? ☒ Yes ☐ No						
LABORATORY	31. Cause of Death ☐ Illness ☐ Injury ☐ Euthanasia Date:						
	32. Veterinarian ☐ Did see animal ☐ Did not see animal 33. Head examination is ☐ Requested ☐ Not Warranted						
	34. Remarks:						
	35. Head sent to Lab: DATE BY TELEPHONE						
	36. Results ☐ POSITIVE ☐ NEGATIVE ☐ UNSATISFACTORY						
37. Victim notified by: ☐ Person ☐ Phone ☐ Mail Date: By:							
38. ☐ Case Closed: Date: By:							
39. Officer Completing Form: <u>A0 Zuel Peter O'Connor</u> Telephone: <u>413 781 1484</u>							

INVOICE

#807459

Invoice date:
6th May 2026

Customer name:
Hicks, Cherrellea

Customer number:
2584117



Customer address:
28 Florence St
Six Corners
Springfield, Massachusetts, 01105

From:
Veterinary Emergency & Specialty Hospital
141 Greenfield Road South Deerfield, MA, 01373

Animal name:
Levi

Animal DOB:
6th May 2021

Phone:
413-665-4911

Fax:
14136654934

Email:
veshinfo@veshdeerfield.com

Description	Staff Member	Qty	Total
CPR - Level I	Dr. Emily Lowe	1	\$336.98
Cremation - Individual <= 20lbs	Dr. Emily Lowe	1	\$318.36

Total: \$655.34

Subtotal: \$655.34

Including tax: \$655.34

Payment method: CareCredit (Integrated)
: -655.34

Amount paid: \$655.34

Balance: \$0.00

Thank you for choosing Veterinary Emergency & Specialty Hospital

141 Greenfield Road South Deerfield, MA, 01373 • 413-665-4911 • veshinfo@veshdeerfield.com

INVOICE

#807459

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2584117



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veshinfo@veshdeerfield.com

Thank you for choosing Veterinary Emergency & Specialty Hospital

141 Greenfield Road South Deerfield, MA, 01373 • 413-665-4911 • veshinfo@veshdeerfield.com

We value your feedback! Please scan the QR code to leave a review. Your feedback helps us improve and continue providing excellent care. Thank you!





Sales Draft: Customer Copy

Provider: VET EMERGENCY AND SPEC HO
141 GREENFIELD ROAD
SOUTH DEERFIELD, MA 01373

Date/Time: 05/06/2026 09:08 AM ET

Account Number: ****-****-****-3322

Cardholder Name: CHERRELLEA HICKS

Promo Code: 106: 6 Month Deferred/No Interest if Paid in Full

Total: \$655.34

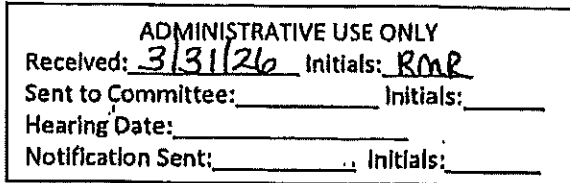
Authorization Code: 006339

Reconciliation Number: 202605063322822822

Patient/Client ID:

Promotion Terms:

No Interest Charges will be assessed if the promotional purchase balance is paid in full within the promotion period, which is in 6 months. If the promotional purchase balance is not paid in full by the end of this promo period, interest will be imposed from the date of purchase at the Annual Percentage Rate of 32.99%. If the word "variable" appears in the previous sentence, that APR will vary with the market based on the prime rate. This means to avoid paying interest on the promotional purchase, you must pay the entire amount of the promotional purchase balance before the end of the promo period. Minimum monthly payments are required. Making only the minimum payments required by your monthly statement may or may not pay off the promotional purchase within the promo period. If you would like to estimate a monthly payment amount that would pay off the full amount of the promotional purchase within the promo period, divide your promotional purchase amount by the number of months in the promo period or visit http://www.carecredit.com/payment_calculator. This estimated monthly payment amount assumes the promotional purchase is the only balance on your account during the entire promo period and you make each payment when due. Regular account terms apply to non-promotional purchases and, after promotion ends, to the promotional balance.



City of Springfield
Hearing Request for Dangerous or Nuisance Dogs

City of Springfield Ordinances: Chapter 110-10 Dangerous Dogs and Nuisance Dogs

Any person may file a complaint in writing to the Advisory and Hearing Committee within 30 days of incident occurrence that a dog owned or kept in the City is a nuisance dog or a dangerous dog. To consider declaring a dog a nuisance dog or a dangerous dog, an Animal Control Officer of the City may initiate a special hearing before the Advisory and Hearing Committee to consider any evidence collected and take charge of and impound the animal. The Animal Control Center shall notify the owner of the dog by certified letter, or Sheriff's Department hand delivery of such special hearing, and the owner may attend and have an opportunity to be heard. Special hearings under this section shall be public meetings under the laws of the Commonwealth of Massachusetts. At this special hearing, the Advisory and Hearing Committee will determine whether to declare such dog a nuisance dog or a dangerous dog, based on the facts presented and the definition of the terms "dangerous dog" and "nuisance dog" in § 110-1.

COMPLAINANT INFORMATION

Email: moneybags45@icloud.com

NEXT PAGE>>>>>>>>>

Brief Description of Incident:

ATTACHMENT: YES / NO

On Aug. 6 2025 I came out the house on my steps and 3 dogs ~~attacked~~ attacked me, biting my leg. the last incident with ~~proof~~ proof was on 3/04/24. On that day I was having carpet installed in my home and the dog was off the leash barking & sniping at the workers trying to do the job

RESPONDENT INFORMATION

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

Name: _____

Street Address: ^(146 possible) Elmore Ave Springfield MA (across from my home)

Phone: _____ Phone: _____

Email: _____

DOG INFORMATION

Name: _____ Sex: _____

Breed: ~~Bulldog~~ Chihuahua

3X Dogs*

Primary Color: Brown Secondary Color: white

Name: Chihuahua Sex: _____

Breed: ~~Bulldog~~

Primary Color: Brown Secondary Color: white

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.

Seuk Morrison
Signature of Complainant

3/31/26
Date of Complaint



Activity Card
A25-086060-1

A25-086060-1 **INV/BITE** **Priority Level: 1** **Total Animals: 2** **Animal Type: DOG**

Activity Address: 147 ELMORE AVE

Activity Comment: Rprt of dog bite on humane. Victim leaving prop when two loose small breeds was on their front lawn, and both dogs started jumping on victim resulting a brown chihuahua sh type dog biting victim L calf. HQ x 10d

Caller Information:

P000203 SPRINGFIELD POLICE
SPRINGFIELD, MA 01105
130 PEARL ST 4TH
(413) 787-6302

Owner Information:

P053061 ROBERTO MORAT
SPRINGFIELD, MA 01119
150 ELMORE AVE
355-6497

Animal Information:

A068410 Luna - Female Brown Chihuahua Sh

Officer: P999921	LAZU	Clerk: 118454	Results:
Call Date:	08/06/25 04:51 PM		1 MC
New Date:	08/06/25 04:51 PM		1 EDUC
Dispatch Date:			1 HQUAR
Working Date:	08/06/25 05:02 PM		1 RPRT
Complete Date:	08/06/25 05:14 PM		



Activity Card
A23-076257-1

A23-076257-1 **STRAY/ROAM** **Priority Level: 3** **Total Animals: 3** **Animal Type: DOG**

Activity Address: 29 THETFORD ST

Activity Comment: Two loose dogs. Encounter one on arrival and ran home. Spoke with owner in regard to leash law. Owners moving soon, unsure if they will keep dogs. Provide Dakin and us as option to surrender in case is needed.

Owner Information:

P053061 ROBERTO MORAT
SPRINGFIELD, MA 01119
150 ELMORE AVE
355-6497

Animal Information:

"PRINCE" MALE, CHIHUAHUA, "DIVA" FEMALE, 2 YEARS, "LUNA" CREAM, 3 YEARS

Officer: P025253	MATEO	Clerk: MATEO	Results:
Call Date:	05/22/23 10:42 AM		1 MC
New Date:	05/22/23 10:42 AM		
Dispatch Date:			
Working Date:	05/22/23 10:55 AM		
Complete Date:	05/22/23 11:15 AM		

Date of Report: 08/08/2025		ANIMAL BITE REPORT Rabies Control Investigation Thomas J. O'Connor Animal Control				1. Bite Number: B25-004190		
I. ANIMAL/PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) MORRISON, SILK		3. ID # P058888	4. Sex	5. Age DOB	6. Telephone (413) 310-4543	
		7. Address (No. & Street) 147 ELMORE AVE		(City) SPRINGFIELD, MA	(State) MA	(Zip) 01119		
		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 147 ELMORE AVE			12. Time and Date of attack August 8, 2025 4:51 pm			
		13. Circumstances of attack: UNPROVOKED						
		14. Location and description of wound(s): L CALF, LVL 3						
	TREATMENT	15. Was wound treated? ☐ No ☐ Yes Date:			16. Wound treated by: ☐ Self ☐ Parent ☐ Dr. Telephone			
		17. Details of wound treatment ☐ Washed ☐ Sutured			18. Anti-Rabies Treatment Recommended? ☐ No ☐ Yes By Whom?			
		19. Anti-Rabies Treatment Given? ☐ No ☐ Yes By Whom?			Telephone:			
MISC.	Rpt of dog bite on humane. Victim leaving prop when two loose small breeds was on their front lawn, and both dogs started jumping on victim resulting a brown chihuahua sh type dog biting victim L calf. HQ x 10d							
II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) MORAT, ROBERTO			21. ID # P053081	Telephone: 355-8497		
		22. Address (No. & Street) 150 ELMORE AVE		(City) SPRINGFIELD, MA	(State) MA	(Zip) 01119		
		23. Type of animal FEMALE, DOG		ID # A068410	☐ Owned ☐ Stray ☐ Wild	Est. Age: NO AGE		
		24. Description: (Breed, color, etc.) BROWN CHIHUAHUA SH			25. License Tag: Year: Expires:			
		26. Behavior ☐ Unknown ☐ Normal ☐ Abnormal			27. Prior Bites? ☒ Yes ☒ No			
		28. Vaccinated against rabies? NO Vet:			Vaccination Date Rabies Tag Number ☐ 1 Year Vaccine ☐ 3 Year Vaccine			
	QUARANTINE	29. ☐ Unable to locate animal ☐ Confined at TJO ☐ Animal Confined - HOME From Date: 08/06/2025 To Date: 08/16/2025						
		30. If at owner's home, have quarantine guidelines been explained? ☐ Yes ☐ No					31. Date sent to Animal Inspector/Board of Health	
III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death ☐ Illness ☐ Injury ☐ Euthanasia Date:						
		32. Veterinarian ☐ Did see animal ☐ Did not see animal			33. Head examination is ☐ Requested ☐ Not Warranted			
	34. Remarks:							
	LABORATORY	35. Head sent to Lab: DATE BY TELEPHONE						
		36. Results ☐ POSITIVE ☐ NEGATIVE ☐ UNSATISFACTORY						
37. Victim notified by: ☐ Person ☐ Phone ☐ Mail Date: By:								
38. ☐ Case Closed: Date: By:								
39. Officer Completing Form: Telephone:								

Gladys Oyola-Lopez
City Clerk
City Clerk's Office
36 Court Street, Room 123
Springfield, MA 01103



THE CITY OF SPRINGFIELD, MASSACHUSETTS

October 8, 2025

David Benoit
279 Garnet St.
Springfield, MA 01129

Dear David Benoit:

On September 25, 2025, a nuisance dog hearing was held by the Animal Control Advisory and Hearing Committee, in accordance with c. 110 §§ 9-10 of the Code of the City of Springfield (hereinafter called the "Code"), as amended October 17, 2016, for your dog's **Starla** and **Sapphire**. The Committee voted to deem both **Starla** and **Sapphire** **Nuisance Dogs**, as defined in c. 110 § 1 and in accordance with c. 110 §§ 9-10 of the Code.

After review of the hearing testimonies and the Thomas J. O'Connor Animal Control and Adoption Center reports, the Committee has imposed the following conditions:

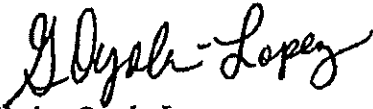
1. That all four (4) dogs in your household be licensed and vaccinated, in accordance with c. 110 § 2 of the Code;
2. That all four (4) dogs in your household be spayed or neutered, in accordance with c. 110 § 3(B) of the Code; and
3. That **Starla** and **Sapphire** be humanely restrained when outdoors, in accordance with c. 110 §§ 5(A) and 10(B)(1) of the Code.

Failure to comply with this order may result in a fine of up to five hundred dollars (\$500.00) or imprisonment for up to sixty (60) days, under Massachusetts General Law (M.G.L.) c. 140 § 157A(a). Please note that transferring ownership or possession of **Starla** or **Sapphire** is prohibited under c. 110 § 10(B)(6) of the Code.

An appeal of this decision may be filed in the Springfield District Court within 21 days of receiving this notice, per c. 110 § 13(E) of the Code. Further information regarding the requirement may be obtained from the Thomas J. O'Connor Animal Control and Adoption Center, 627 Cottage Street, Springfield, Massachusetts, 413-781-1484.

Sent regular and certified mail receipt no. 9589-0710-5270-0564-8241-25

Sincerely,

A handwritten signature in cursive script, reading "Gladys Oyola-Lopez". The signature is written in black ink and is positioned above the printed name.

Gladys Oyola-Lopez
City Clerk

GO/C Nelson Campbell