



# Animal Control

Regular

<http://www.springfieldcityhall.com>

~ Agenda ~

City Clerk

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Thursday, August 15, 2019

4:00 PM

Ante Room

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## I. Call to Order

4:00 PM Meeting called to order on August 15, 2019 at Ante Room, City Hall, Springfield, MA.

## II. Hearing

1. **Dangerous Dog Hearing on a Dog Named "Zeus" who Resides at 1235 Carew Street (Formerly at Adams Street)**
2. **Dangerous Dog Hearing for Two Bulldogs Residing at 31 Nathaniel Street Non-Compliant**
3. **Dangerous Dog Hearing for 1127 Berkshire Avenue: Non-Compliant Dangerous Hearing**
4. **Nuisance Dog Hearing for 76 Derby Dingle for Dog Name Sage" : Non-Compliant Nuisance Hearing Request**

### History regarding "Zeus" of 65 Adams Street

On 9/20/18 "Zeus" ran out his yard at 65 Adams Street, unrestrained, and bit a female neighbor on the right thigh. At the time of the incident "Zeus" was neither current on rabies vaccination or licensed so he was impounded at TJO for the duration of the quarantine. His owners reclaimed him at the end of the quarantine; they declined the neuter package and "Zeus" was given a 1 year Rabies vaccine and city license on 10/1/18 prior to release. It should be noted that due to the extreme aggression "Zeus" exhibited at TJO neither animal care or veterinary staff were able to handle him safely.

On 10/30/18 "Zeus" was loose again on Adams Street and bit two people; the first was a woman exiting her vehicle who sustained a bite injury to her buttocks; the second was a woman was walking to her residence with her mother and sustained a bite on her thigh when "Zeus" charged her, unprovoked. Animal Control and Police responded to the scene but were denied permission to remove "Zeus" to the custody of TJO for the quarantine period. The owner has been advised of the quarantine period and cited a second leash law violation as well as intact violation. He has also been cited for 2 additional unlicensed, unvaccinated dogs (Princess and Phoenix) at his home at 37 Parkwood where he resides with his mother (and her dog Max).

Date of Report: 09/20/2018

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

 1. Bite Number  
 B18-002051

2.1

|                                                                                                                                   |                                                                                                                                                       |                                                                                                                                                                                                        |                    |                           |                                                                                                                                                     |                    |                            |                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|----------------------------------------------------------------------------|
| I. ANIMAL/PERSON BITTEN                                                                                                           | IDENTIFICATION                                                                                                                                        | 2. Name (Last, First)<br>PEREZ-RIVERA, ADRIANA                                                                                                                                                         | 3. ID #<br>P037842 | 4. Sex                    | 5. Age<br>26                                                                                                                                        | DOB<br>[REDACTED]  | 6. Telephone<br>[REDACTED] |                                                                            |
|                                                                                                                                   |                                                                                                                                                       | 7. Address (No. & Street)<br>71 ADAMS ST APT 1L                                                                                                                                                        |                    | (City)<br>SPRINGFIELD, MA | (State)<br>01105                                                                                                                                    | (Zip)              |                            |                                                                            |
|                                                                                                                                   |                                                                                                                                                       | 8. Name of Parent or Guardian (if victim is a minor)                                                                                                                                                   |                    |                           | 9. Address (if different)                                                                                                                           |                    |                            |                                                                            |
|                                                                                                                                   |                                                                                                                                                       | 10. Source of Information<br><i>Adriana</i>                                                                                                                                                            |                    |                           | Victim Telephone - Other                                                                                                                            |                    |                            |                                                                            |
|                                                                                                                                   | EXPOSURE                                                                                                                                              | 11. Place of attack<br>65 ADAMS ST                                                                                                                                                                     |                    |                           | 12. Time and Date of attack<br>September 20, 2018 9:30 pm                                                                                           |                    |                            |                                                                            |
|                                                                                                                                   |                                                                                                                                                       | 13. Circumstances of attack: UNPROVOKED                                                                                                                                                                |                    |                           |                                                                                                                                                     |                    |                            |                                                                            |
|                                                                                                                                   |                                                                                                                                                       | 14. Location and description of wound(s): R THIGH, MOD                                                                                                                                                 |                    |                           |                                                                                                                                                     |                    |                            |                                                                            |
|                                                                                                                                   | TREATMENT                                                                                                                                             | 15. Was wound treated?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: <i>9/20</i>                                                                                        |                    |                           | 16. Wound treated by:<br><input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. <i>EMS</i> Telephone |                    |                            |                                                                            |
|                                                                                                                                   |                                                                                                                                                       | 17. Details of wound treatment<br><input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured                                                                                          |                    |                           | 18. Anti-Rabies Treatment Recommended?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?                              |                    |                            |                                                                            |
|                                                                                                                                   |                                                                                                                                                       | 19. Anti-Rabies Treatment Given?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?                                                                                       |                    |                           | Telephone:                                                                                                                                          |                    |                            |                                                                            |
| MISC.                                                                                                                             | Adriana was walking down the sidewalk. Zeus was in his yard, but not restrained or secured. Ran towards Adriana and bit her on the right thigh.....JS |                                                                                                                                                                                                        |                    |                           |                                                                                                                                                     |                    |                            |                                                                            |
|                                                                                                                                   |                                                                                                                                                       |                                                                                                                                                                                                        |                    |                           |                                                                                                                                                     |                    |                            |                                                                            |
| II. ANIMAL/OWNER                                                                                                                  | IDENTIFICATION                                                                                                                                        | 20. Animal Owner (custodian) MALONE, ERIK                                                                                                                                                              |                    |                           | 21. ID # P037841                                                                                                                                    |                    | Telephone: [REDACTED]      |                                                                            |
|                                                                                                                                   |                                                                                                                                                       | 22. Address (No. & Street)<br>65 ADAMS ST                                                                                                                                                              |                    | (City)<br>SPRINGFIELD, MA | (State)<br>01105                                                                                                                                    | (Zip)              |                            |                                                                            |
|                                                                                                                                   |                                                                                                                                                       | 23. Type of animal MALE, DOG                                                                                                                                                                           |                    | ID # A044184              | <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild                                              | Est. Age: 1 YEAR 2 |                            |                                                                            |
|                                                                                                                                   |                                                                                                                                                       | 24. Description: (Breed, color, etc.)<br>BROWN / BLACK GERM SHEPHERD                                                                                                                                   |                    |                           | 25. License <i>unlicensed</i><br>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?<br>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 checked="" type="checkbox"/> Confined at TJO<br><input type="checkbox"/> Animal Confined - TJO From Date: 09/20/2018 To Date: 09/30/2018   |                    |                           |                                                                                                                                                     |                    |                            |                                                                            |
|                                                                                                                                   |                                                                                                                                                       | 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<br><i>via email 9/21</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<br>Date: By: |                                                                                                                                                       |                                                                                                                                                                                                        |                    |                           |                                                                                                                                                     |                    |                            |                                                                            |
| 38. <input checked="" type="checkbox"/> Case Closed: Date: <i>10/2/18</i> By: <i>SANBORN</i>                                      |                                                                                                                                                       |                                                                                                                                                                                                        |                    |                           |                                                                                                                                                     |                    |                            |                                                                            |
| 39. Officer Completing Form: <i>SANBORN, Julie</i> Telephone: <i>781-1485</i>                                                     |                                                                                                                                                       |                                                                                                                                                                                                        |                    |                           |                                                                                                                                                     |                    |                            |                                                                            |

Communication: Dangerous Dog Hearing on a Dog Named "Zeus" who Resides at 1235 Carew Street (Formerly at Adams Street (Hearing))

Date of Report: 10/30/2018

2.1

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

1. Bite Number:  
B18-002076

|                                                                                                                                   |                                                                                                                                                                                                     |                                                                                                                                                             |  |                                                         |                                                                                                                                          |                              |                                                                                            |                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------|----------------------------|--|
| <b>I. PERSON BITTEN</b>                                                                                                           | <b>IDENTIFICATION</b>                                                                                                                                                                               | 2. Name (Last, First)<br>MERCADO, KAITLYN                                                                                                                   |  | 3. ID #<br>P038293                                      | 4. Sex<br>Female                                                                                                                         | 5. Age<br>22                 | DOB<br>[REDACTED]                                                                          | 6. Telephone<br>[REDACTED] |  |
|                                                                                                                                   |                                                                                                                                                                                                     | 7. Address (No. & Street)<br>71 ADAMS ST                                                                                                                    |  | (City)<br>SPRINGFIELD, MA                               | (State)<br>01105                                                                                                                         | (Zip)                        |                                                                                            |                            |  |
|                                                                                                                                   |                                                                                                                                                                                                     | 8. Name of Parent or Guardian (if victim is a minor)                                                                                                        |  |                                                         |                                                                                                                                          | 9. Address (if different)    |                                                                                            |                            |  |
|                                                                                                                                   |                                                                                                                                                                                                     | 10. Source of Information<br>Kaitlyn                                                                                                                        |  |                                                         |                                                                                                                                          | Victim Telephone - Other     |                                                                                            |                            |  |
|                                                                                                                                   |                                                                                                                                                                                                     | 11. Place of attack<br>ADAMS ST                                                                                                                             |  | 12. Time and Date of attack<br>October 30, 2018 2:00 pm |                                                                                                                                          |                              |                                                                                            |                            |  |
| <b>EXPOSURE</b>                                                                                                                   | 13. Circumstances of attack: UNPROVOKED                                                                                                                                                             |                                                                                                                                                             |  |                                                         |                                                                                                                                          |                              |                                                                                            |                            |  |
|                                                                                                                                   | 14. Location and description of wound(s): R BUTTOCK, MINOR                                                                                                                                          |                                                                                                                                                             |  |                                                         |                                                                                                                                          |                              |                                                                                            |                            |  |
| <b>TREATMENT</b>                                                                                                                  | 15. Was wound treated?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: 10/30                                                                                           |                                                                                                                                                             |  |                                                         | 16. Wound treated by:<br><input checked="" type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone |                              |                                                                                            |                            |  |
|                                                                                                                                   | 17. Details of wound treatment<br><input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured                                                                                       |                                                                                                                                                             |  |                                                         | 18. Anti-Rabies Treatment Recommended?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Dog current on RV |                              |                                                                                            |                            |  |
|                                                                                                                                   | 19. Anti-Rabies Treatment Given?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:                                                                         |                                                                                                                                                             |  |                                                         |                                                                                                                                          |                              |                                                                                            |                            |  |
| <b>MISC.</b>                                                                                                                      | Mercado was getting out of her vehicle and Zeus came running up behind her and bit without provocation. He bit her R buttock. SPD witnessed bite. He was running loose and unattended by his human. |                                                                                                                                                             |  |                                                         |                                                                                                                                          |                              |                                                                                            |                            |  |
| <b>II. ANIMAL/OWNER</b>                                                                                                           | <b>IDENTIFICATION</b>                                                                                                                                                                               | 20. Animal Owner (custodian) MALONE, ERIK                                                                                                                   |  |                                                         | 21. ID # P037841                                                                                                                         | Telephone [REDACTED]         |                                                                                            |                            |  |
|                                                                                                                                   |                                                                                                                                                                                                     | 22. Address (No. & Street)<br>65 ADAMS ST                                                                                                                   |  |                                                         | (City)<br>SPRINGFIELD, MA                                                                                                                | (State)<br>01105             | (Zip)                                                                                      |                            |  |
|                                                                                                                                   |                                                                                                                                                                                                     | 23. Type of animal MALE, DOG                                                                                                                                |  | ID # A044184                                            | <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild                                   | Est. Age: 1 YEAR 3           |                                                                                            |                            |  |
|                                                                                                                                   |                                                                                                                                                                                                     | 24. Description: (Breed, color, etc.)<br>BROWN / BLACK GERM SHEPHERD                                                                                        |  |                                                         | 25. License<br>Tag: L18-5539 Year: Expires: 3/31/19                                                                                      |                              |                                                                                            |                            |  |
|                                                                                                                                   |                                                                                                                                                                                                     | 26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal                                  |  |                                                         | 27. Prior Bites? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                     |                              |                                                                                            |                            |  |
|                                                                                                                                   | <b>QUARANTINE</b>                                                                                                                                                                                   | 28. Vaccinated against rabies?<br>YES Vet: TJO                                                                                                              |  |                                                         | Vaccination Date<br>10/1/18                                                                                                              | Rabies Tag Number<br>R180714 | <input checked="" 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<br><input checked="" type="checkbox"/> Animal Confined - HOME |  |                                                         | From Date: 10/30/2018                                                                                                                    |                              | To Date: 11/06/2018                                                                        |                            |  |
|                                                                                                                                   |                                                                                                                                                                                                     | 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                                                                                        |                              |                                                                                            |                            |  |
|                                                                                                                                   |                                                                                                                                                                                                     |                                                                                                                                                             |  |                                                         |                                                                                                                                          |                              |                                                                                            |                            |  |
|                                                                                                                                   |                                                                                                                                                                                                     |                                                                                                                                                             |  |                                                         |                                                                                                                                          |                              |                                                                                            |                            |  |
| <b>III. DISPOSITION OF ANIMAL</b>                                                                                                 | <b>REVIEW</b>                                                                                                                                                                                       | 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:                                                                                                                                                |  |                                                         |                                                                                                                                          |                              |                                                                                            |                            |  |
|                                                                                                                                   | <b>LABORATORY</b>                                                                                                                                                                                   | 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<br>Date: By: |                                                                                                                                                                                                     |                                                                                                                                                             |  |                                                         |                                                                                                                                          |                              |                                                                                            |                            |  |
| 38. <input type="checkbox"/> Case Closed: Date: By:                                                                               |                                                                                                                                                                                                     |                                                                                                                                                             |  |                                                         |                                                                                                                                          |                              |                                                                                            |                            |  |
| 39. Officer Completing Form: Sanborn, Juler Telephone: 781-442-1111                                                               |                                                                                                                                                                                                     |                                                                                                                                                             |  |                                                         |                                                                                                                                          |                              |                                                                                            |                            |  |

Communication: Dangerous Dog Hearing on a Dog Named "Zeus" who Resides at 1235 Carew Street (Formerly at Adams Street (Hearing))

Date of Report: 10/30/2018

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

 1. Bite Number  
B18-002077

2.1

|                                                                                                                         |                                                                                                                                                   |                                                                                                                                        |                                                                                                                             |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------|--------------------------------------------------------------------------------------------|--|
| <b>I. ANIMAL / PERSON BITTEN</b>                                                                                        | <b>IDENTIFICATION</b>                                                                                                                             | 2. Name (Last, First)<br>VAZQUEZ, YOMARY                                                                                               |                                                                                                                             | 3. ID #<br>P031406                                                                                | 4. Sex                                                                                                 | 5. Age<br>29                               | DOB<br>[REDACTED] | 6. Telephone<br>[REDACTED]                                                                 |  |
|                                                                                                                         |                                                                                                                                                   | 7. Address (No. & Street)<br>18 WINDSOR ST                                                                                             |                                                                                                                             | (City)<br>SPRINGFIELD, MA                                                                         | (State)<br>01105                                                                                       | (Zip)                                      |                   |                                                                                            |  |
|                                                                                                                         |                                                                                                                                                   | 8. Name of Parent or Guardian (if victim is a minor)                                                                                   |                                                                                                                             |                                                                                                   |                                                                                                        | 9. Address (if different)                  |                   |                                                                                            |  |
|                                                                                                                         |                                                                                                                                                   | 10. Source of Information                                                                                                              |                                                                                                                             |                                                                                                   |                                                                                                        | Victim Telephone - Other<br>(413) 693-3422 |                   |                                                                                            |  |
| <b>EXPOSURE</b>                                                                                                         | 11. Place of attack<br>ADAMS ST                                                                                                                   |                                                                                                                                        | 12. Time and Date of attack<br>October 30, 2018 2:00 pm                                                                     |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
|                                                                                                                         | 13. Circumstances of attack: UNPROVOKED                                                                                                           |                                                                                                                                        |                                                                                                                             |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
|                                                                                                                         | 14. Location and description of wound(s): R THIGH, MOD                                                                                            |                                                                                                                                        |                                                                                                                             |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
|                                                                                                                         | 15. Was wound treated?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: 10/30                                         |                                                                                                                                        |                                                                                                                             |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
| <b>TREATMENT</b>                                                                                                        | 16. Wound treated by:<br><input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. Macey ER Telephone |                                                                                                                                        | 17. Details of wound treatment<br><input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured               |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
|                                                                                                                         | 18. Anti-Rabies Treatment Recommended?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?                            |                                                                                                                                        | 19. Anti-Rabies Treatment Given?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone: |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
|                                                                                                                         | Vasquez was walking towards her property. Noted Zeus charging towards them. She pushed her mother out of the way and Zeus bit her right thigh.    |                                                                                                                                        |                                                                                                                             |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
|                                                                                                                         |                                                                                                                                                   |                                                                                                                                        |                                                                                                                             |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
| <b>II. ANIMAL / OWNER</b>                                                                                               | <b>IDENTIFICATION</b>                                                                                                                             | 20. Animal Owner (custodian) MALONE, ERIK                                                                                              |                                                                                                                             |                                                                                                   | 21. ID # P037841                                                                                       | Telephone [REDACTED]                       |                   |                                                                                            |  |
|                                                                                                                         |                                                                                                                                                   | 22. Address (No. & Street)<br>65 ADAMS ST                                                                                              |                                                                                                                             | (City)<br>SPRINGFIELD, MA                                                                         | (State)<br>01105                                                                                       | (Zip)                                      |                   |                                                                                            |  |
|                                                                                                                         |                                                                                                                                                   | 23. Type of animal MALE, DOG                                                                                                           |                                                                                                                             | ID # A044184                                                                                      | <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild | Est. Age: 1 YEAR 3                         |                   |                                                                                            |  |
|                                                                                                                         |                                                                                                                                                   | 24. Description: (Breed, color, etc.)<br>BROWN / BLACK GERM SHEPHERD                                                                   |                                                                                                                             | ZEUS                                                                                              |                                                                                                        | 25. License<br>L18-5539                    |                   | Tag: Year: Expires: 3/31/19                                                                |  |
|                                                                                                                         |                                                                                                                                                   | 26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal             |                                                                                                                             | 27. Prior Bites? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              |                                                                                                        |                                            |                   |                                                                                            |  |
|                                                                                                                         | <b>QUARANTINE</b>                                                                                                                                 | 28. Vaccinated against rabies?<br>YES Vet: TJO                                                                                         |                                                                                                                             | Vaccination Date<br>10/1/18                                                                       |                                                                                                        | Rabies Tag Number<br>R180714               |                   | <input checked="" 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: 10/30/2018 To Date: 11/06/2018  |                   | 11/6/18                                                                                    |  |
|                                                                                                                         |                                                                                                                                                   | 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                                                 |                                                                                                        |                                            |                   |                                                                                            |  |
|                                                                                                                         |                                                                                                                                                   |                                                                                                                                        |                                                                                                                             |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
|                                                                                                                         |                                                                                                                                                   |                                                                                                                                        |                                                                                                                             |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
| <b>III. DISPOSITION OF ANIMAL</b>                                                                                       | <b>REVIEW</b>                                                                                                                                     | 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:                                                                                                                                      |                                                                                                                                        |                                                                                                                             |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |
|                                                                                                                         | <b>LABORATORY</b>                                                                                                                                 | 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: SANBORN, J Telephone: 781-1484                                                             |                                                                                                                                                   |                                                                                                                                        |                                                                                                                             |                                                                                                   |                                                                                                        |                                            |                   |                                                                                            |  |

Communication: Dangerous Dog Hearing on a Dog Named "Zeus" who Resides at 1235 Carew Street (Formerly at Adams Street (Hearing))

## Activity Card

A19-053436-1 XTRA SERVE/HEAR OI Priority Level: 4 Total Animals: 3 Animal Type: DOG  
 Activity Address: 28 NATHANIEL ST  
 Activity Comment: REPORT OF 3 DOGS (DECLARED DANGEROUS) FROM #31, CHARGING NEIGHBOR AT #28

## Owner Information:

P008715 CHASTITY LAMPRO  
 31 NATHANIEL ST  
 (413) 330-3759

## Caller Information:

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

## Result Codes:

1 RPRT

Officer: P030355 SANBORN Clerk: 111659

Call Date: 04/16/19 12:00 AM

New Date: 04/16/19 12:00 AM

Dispatch Date:

Working Date: 04/16/19 10:02 AM

Complete Date: 04/16/19 10:11 AM

## Memo:

Responding to Property following a fax from SPD from 4/15/19 @11:38pm.

Spoke with Billy Franco via an interpreter. He is Spanish speaking.

He alleged that he was bringing out the trash last evening and was charged by the 3 dogs living at #31 Nathaniel Street. Franco reported if he did not have the trash bags in his hand, he would have been attacked. I inquired if he sustained any injuries (bite, scratch, etc) and he replied "no." He did provide photos that show 2 bulldog type dogs on the property of #31 where they reside and the gate to the yard was open. Franco expressed fear of the dogs and recanted how their small breed dog, "Benji," was attacked in the past.

He reported to me the Police responded and a report was done. He will provide a copy of the Police report to Animal Control once he retrieves it from them.

Billy Franco-860-8049174

The photos were forwarded to Officer Orenstein.....JS

Communication: Dangerous Dog Hearing for Two Bulldogs Residing at 31 Nathaniel Street Non-Compliant (Hearing)

## Activity Card

A19-053437-1 XTRA SERVE/HEAR OI Priority Level: 4

Total Animals: 3 Animal Type: DOG

Activity Address: 31 NATHANIEL ST

Activity Comment: POSSIBLE HEARING ORDER VIOLATION (DANGEROUS DOG HEARING)....DOGS ACCUSED OF

## Owner Information:

P008715 CHASTITY LAMPRO  
 31 NATHANIEL ST  
 (413) 330-3759

## Caller Information:

## Result Codes:

1 NOTIC

Officer: P030355 SANBORN

Clerk: 111659

Call Date: 04/16/19 12:00 AM

New Date: 04/16/19 12:00 AM

Dispatch Date:

Working Date: 04/16/19 10:12 AM

Complete Date: 04/16/19 10:14 AM

## Memo:

Visited property to speak with Ms. Lampro. Knocked several times. Gate was open but dogs were inside the house. I left a Notice on the side door.

A short time later, Mark Lampro called back. I advised him of the situation and why I was there. He got very defensive and argumentative. I advised that it is being reported the dogs left their property and charged the neighbor and this would indicate a violation of their Dangerous Dog Order of 2016. Lampro was adamant the gate was open to allow his daughter's vehicle to enter the yard, but the dogs never left the property. I reminded Lampro that the dogs were to be in the kennel enclosure whenever they were outside the house. He was very uncooperative throughout the entire conversation.

I advised that per our request the dogs should be surrendered to Animal Control until this matter was resolved and he quickly responded "you are not taking my fucking dogs." I advised that the dogs are his property and we could not forcibly take them from their property but that I was putting him on notice that Animal Control would be notifying the Springfield Court of this recent event and it may now be in the hands of a Magistrate to decide the next course of action. He used multiple profanities throughout our conversation and I advised we would be back in touch. J Sanborn

Communication: Dangerous Dog Hearing for Two Bulldogs Residing at 31 Nathaniel Street Non-Compliant (Hearing)

Jesenia Santiago - 413-474-0304  
 28 Nathaniel St  
 SP41D-WA 01109

4-16-19

On Monday the 15<sup>th</sup> of April at  
 about 11:30 PM I was coming from  
 work me and my Boyfriend were  
 taking our trash barrels out when  
 two of the English Bull Dogs from  
 31 Nathaniel came after us trying  
 to attack us as we had to  
 run and hide behind the barrels.

Their owner Christy Lampio and Daughter  
 Faith Lampio came out and instead  
 of helping they started swearing things  
 when I told them they were to have  
 their dogs inside the fence NOT loose  
 in the street. And also on about  
 February sometime between the hours  
 of 7-8 PM the dogs also came  
 attacking my brother as well as  
 he came to visit me. This is an  
 ongoing situation that they have  
 not been complying with after the  
 incident that our dog almost lost  
 his life due to these dogs.

Something needs to be done  
 because I have 4 small grandchildren  
 that visit often and I don't think  
 its fair that we have to be afraid  
 of these dogs because the owners  
 are not following what they have  
 to do. I would like a hearing  
 please. I also have pictures of  
 the dogs out of the yard fence open  
 wide.

Thank you

Jesenia Santiago  
 413-474-0304

## Activity Card

A19-054781-1

INV/BITE

Priority Level: 2

Total Animals: 2

Animal Type: DOG

Activity Address: 31 NATHANIEL ST

Activity Comment: DOG BITE INCIDENT. TWO BULLDOGS ATTACKED DOG. SEE NOTE

## Owner Information:

P040678 GERRY FLACK  
31 HUMBERT ST  
[REDACTED]

## Caller Information:

P040678 GERRY FLACK  
31 HUMBERT ST  
SPRINGFIELD MA 01109

A047329

## Result Codes:

1 COMP

Officer: P025253 MATEO

Clerk: MATEO

Call Date: 06/23/19 01:23 PM

New Date: 06/23/19 01:23 PM

Dispatch Date:

Working Date: 06/23/19 01:48 PM

Complete Date: 06/23/19 02:18 PM

## Memo:

Jacky Flack was walking her sister's dog Bully when she encountered Ms. Lampro working on a truck parked in front of 31 Nathaniel St. Ms. Lampro started to pet Bully when her two dogs pushed the gate open. Both dogs went straight to attack Bully. Bully suffered a puncture wound on a rear leg. According to the owner Gerry and sister Jacky they also noticed something wrong around the dog's shoulder blade. Once Ms. Lampro was able to contain both dogs in her truck Ms. Lampro invited Jacky inside her house to check on Bully. Ms. Lampro washed Bully's wound and tried to feed him treats and ham.

Once I arrived to Ms. Lampro's residence I noticed Ms. Lampro spouse and son were doing some cleaning around the property. Initially I started talking to the husband who immediately started blaming the neighbors and cursing the neighbors in regard to the situation. Ms. Lampro stepped in and I explained to her once again the reason for my visit.

Ms. Lampro denied everything in regard to the incident, stating her dogs never left her property, there was no bite and her dogs are not considered to be dangerous anymore according to Mayor Sarno. She has also dismantled her kennel.

Ms. Lampro did not allow me to remove the dogs.

Ms. Lampro's involved dogs:

Chevy and Aly. Both dogs are UTD and licensed.

Records indicate her third dog, Penelope, is deceased.

6/24/19-A copy of the report as well as the bite reports and letter from victim's guardian will be forwarded to the Clerks Office. A non-compliance hearing request was submitted earlier this spring but no date has been set by the Clerks Office. Director Pam Peebles will contact Lampro and advise her to put kennel back up ASAP pending a yard check-HLO

Communication: Dangerous Dog Hearing for Two Bulldogs Residing at 31 Nathaniel Street Non-Compliant (Hearing)

Date of Report: 06/23/2019

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

1. Bite Number:  
B19-002273

|                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----|----------------------------|--|
| I. ANIMAL/PERSON BITTEN                                                                                                     | IDENTIFICATION                                                                                                                                                                                                                                                                                                 | 2. Name (Last, First)<br><i>Bully - Dog</i>                                                                                                                                                                                                         | 3. ID #<br><i>A04734</i>                                                                                                                 | 4. Sex<br><i>M</i>                                                                                     | 5. Age<br><i>7</i>                                                         | DOB | 6. Telephone<br><i>413</i> |  |
|                                                                                                                             | EXPOSURE                                                                                                                                                                                                                                                                                                       | 7. Address (No. & Street)<br><i>31 Humbert St</i>                                                                                                                                                                                                   |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 8. Name of Parent or Guardian (if victim is a minor)<br>FLACK, GERRY (P040678)                                                                                                                                                                      |                                                                                                                                          |                                                                                                        | 9. Address (if different)<br>31 HUMBERT ST, SPRINGFIELD, MA 01109          |     |                            |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 10. Source of Information<br><i>Person</i>                                                                                                                                                                                                          |                                                                                                                                          |                                                                                                        | Victim Telephone - Other                                                   |     |                            |  |
| TREATMENT                                                                                                                   | EXPOSURE                                                                                                                                                                                                                                                                                                       | 11. Place of attack<br>NATHANIEL ST                                                                                                                                                                                                                 |                                                                                                                                          | 12. Time and Date of attack<br>June 23, 2019 12:30 pm                                                  |                                                                            |     |                            |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 13. Circumstances of attack: UNPROVOKED                                                                                                                                                                                                             |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 14. Location and description of wound(s): REAR LEG, LIGHT                                                                                                                                                                                           |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |
|                                                                                                                             | TREATMENT                                                                                                                                                                                                                                                                                                      | 15. Was wound treated?<br><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>EM</i> Date: <i>6/23/19</i>                                                                                                             | 16. Wound treated by:<br><input checked="" type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone |                                                                                                        |                                                                            |     |                            |  |
| 17. Details of wound treatment<br><input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured               |                                                                                                                                                                                                                                                                                                                | 18. Anti-Rabies Treatment Recommended?<br><input type="checkbox"/> No <input type="checkbox"/> Yes By Whom?                                                                                                                                         |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |
| 19. Anti-Rabies Treatment Given?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone: |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |
| MISC.                                                                                                                       | Jacky Flack was walking her sister's dog Bully when she encounters Ms. Lampro doing something to a truck parked outside, right in front of 31 Nathaniel St. Ms. Lampro started to pet Bully, when all of sudden her two dogs, push the gate open.<br><i>owner Refused to allow ACE to inspect dogs for TRG</i> |                                                                                                                                                                                                                                                     |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |
| II. ANIMAL/OWNER                                                                                                            | IDENTIFICATION                                                                                                                                                                                                                                                                                                 | 20. Animal Owner (custodian) LAMPRO, CHASTITY                                                                                                                                                                                                       |                                                                                                                                          |                                                                                                        | 21. ID # P008715                                                           |     | Telephone                  |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 22. Address (No. & Street)<br>31 NATHANIEL ST                                                                                                                                                                                                       |                                                                                                                                          |                                                                                                        | (City) (State) (Zip)<br>SPRINGFIELD, MA 01109                              |     |                            |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 23. Type of animal SPAYED FEMALE, DOG                                                                                                                                                                                                               | ID # A035138                                                                                                                             | <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild | Est. Age: 6 YEARS                                                          |     |                            |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 24. Description: (Breed, color, etc.)<br>FAWN / WHITE ENG BULLDOG                                                                                                                                                                                   |                                                                                                                                          |                                                                                                        | 25. License: <i>3453</i> <i>2019</i> <i>7/30/20</i><br>Tag: Year: Expires: |     |                            |  |
| QUARANTINE                                                                                                                  | IDENTIFICATION                                                                                                                                                                                                                                                                                                 | 26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal                                                                                                                          | 27. Prior Bites? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                     |                                                                                                        |                                                                            |     |                            |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 28. Vaccinated against rabies?<br>YES Vet: <i>2nd Chance</i> Vaccination Date: Rabies Tag Number: <i>R16-010249</i> <input checked="" type="checkbox"/> 1 Year Vaccine <input checked="" type="checkbox"/> 3 Year Vaccine<br>Expires: <i>5/6/22</i> |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO<br><input checked="" type="checkbox"/> Animal Confined - HOME From Date: 06/23/2019 To Date: 07/03/2019                                               |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 30. If at owner's home, have quarantine guidelines been explained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                              |                                                                                                                                          | 31. Date sent to Animal Inspector/Board of Health<br><i>6/24/19</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                                                                                                                  | REVIEW                                                                                                                                                                                                                                                                                                         | 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<br>Date: By:                                                                                                                   |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                | 38. <input type="checkbox"/> Case Closed: Date: By:                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |
| 39. Officer Completing Form: <i>EM</i> Telephone: <i>781-1484</i>                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     |                                                                                                                                          |                                                                                                        |                                                                            |     |                            |  |

Communication: Dangerous Dog Hearing for Two Bulldogs Residing at 31 Nathaniel Street Non-Compliant (Hearing)

Date of Report: 06/23/2019

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

1. Bite Number:  
B19-002274

## I. ANIMAL/PERSON BITTEN

## IDENTIFICATION

|                                                                                       |                           |                    |                                                                          |     |                            |
|---------------------------------------------------------------------------------------|---------------------------|--------------------|--------------------------------------------------------------------------|-----|----------------------------|
| 2. Name (Last, First)<br><b>Bully - Dog</b>                                           | 3. ID #<br><b>AC47329</b> | 4. Sex<br><b>M</b> | 5. Age<br><b>7</b>                                                       | DOB | 6. Telephone<br><b>413</b> |
| 7. Address (No. & Street)<br><b>31 Humbert St</b>                                     |                           |                    |                                                                          |     |                            |
| (City) (State) (Zip)<br><b>Springfield MA 01109</b>                                   |                           |                    |                                                                          |     |                            |
| 8. Name of Parent or Guardian (if victim is a minor)<br><b>FLACK, GERRY (P040678)</b> |                           |                    | 9. Address (if different)<br><b>31 HUMBERT ST, SPRINGFIELD, MA 01109</b> |     |                            |
| 10. Source of Information<br><b>Person</b>                                            |                           |                    | Victim Telephone - Other                                                 |     |                            |

## EXPOSURE

|                                                                  |                                                              |
|------------------------------------------------------------------|--------------------------------------------------------------|
| 11. Place of attack<br><b>NATHANIEL ST</b>                       | 12. Time and Date of attack<br><b>June 23, 2019 12:30 pm</b> |
| 13. Circumstances of attack: <b>UNPROVOKED</b>                   |                                                              |
| 14. Location and description of wound(s): <b>REAR LEG, LIGHT</b> |                                                              |

## TREATMENT

|                                                                                                                             |  |                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 15. Was wound treated?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: <b>6/23/19</b>          |  | 16. Wound treated by:<br><input checked="" type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone: |  |
| 17. Details of wound treatment<br><input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured               |  | 18. Anti-Rabies Treatment Recommended?<br><input type="checkbox"/> No <input type="checkbox"/> Yes By Whom?                               |  |
| 19. Anti-Rabies Treatment Given?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone: |  |                                                                                                                                           |  |

## MISC.

Jacky Flack was walking her sister's dog Bully when she encounters Ms. Lampro doing something to a truck parked outside, right in front of 31 Nathaniel St. Ms. Lampro started to pet Bully, when all of sudden her two dogs, push the gate open.

**Lampro refused to let ACC up and dogs for (3 or 4 hrs)**

## II. ANIMAL/OWNER

## IDENTIFICATION

|                                                                                                                                                                                                        |                         |                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 20. Animal Owner (custodian) <b>LAMPRO, CHASTITY</b>                                                                                                                                                   | 21. ID # <b>P008715</b> | Telephone                                                                                                                       |
| 22. Address (No. & Street)<br><b>31 NATHANIEL ST</b>                                                                                                                                                   |                         |                                                                                                                                 |
| (City) (State) (Zip)<br><b>SPRINGFIELD, MA 01109</b>                                                                                                                                                   |                         |                                                                                                                                 |
| 23. Type of animal <b>NEUTERED MALE, DOG</b>                                                                                                                                                           | ID # <b>A035093</b>     | <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild Est. Age: <b>4 YEARS</b> |
| 24. Description: (Breed, color, etc.)<br><b>CHEVY</b>                                                                                                                                                  |                         | 25. License: <b>3A5A</b> Year: <b>2019</b> Expires: <b>3/30/20</b>                                                              |
| 26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal                                                                             |                         | 27. Prior Bites? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                            |
| 28. Vaccinated against rabies?<br>YES Vol: <b>VIP Petcare</b> Vaccination Date Rabies Tag Number <input checked="" 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                                          | Rabies Expire <b>5/31/22</b>                            |                                                                     |
| <input checked="" type="checkbox"/> Animal Confined - HOME                                                                             | From Date: <b>06/23/2019</b> To Date: <b>07/03/2019</b> |                                                                     |
| 30. If at owner's home, have quarantine guidelines been explained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                         | 31. Date sent to Animal Inspector/Board of Health<br><b>6/24/19</b> |

## 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

Telephone: **781-1484**

Today is Sunday June 23, 2019

I was walking my sister's dog a black & white Chihuahua named Bully and the lady was fixing her back tire on her trail and started petting the dog and his two ball dogs came out of the fence literally pushed it open and started attacking my sister's dog. She brought the dog my sister cleaned her back out and vommitted to wash him off cause I said he was bleeding and also tried to give him some dog kush and a piece of ham.

Then it left her house off by the way she had put the dogs in her truck when she was going in her house to wash off Bully.

The Red Truck was at the end of her driveway.

It happened right in front of her house in the street a lady in black a car seen it, Now he is suffering a puncture wound on the left leg and I cleaned it with peroxide.

Jaquelyn Slack

**1127 Berkshire Avenue History since DDH 7/18/18**

7/18/18-Chase declared Dangerous

10/1/18-Dangerous order received and message left for owner regarding compliance.

10/4/18 & 10/18-Spoke with owner regarding kenneling requirements.

11/1/18-Left message for owner regarding kennel inspection.

11/5/18-No reply from owner; citation for non-compliance sent.

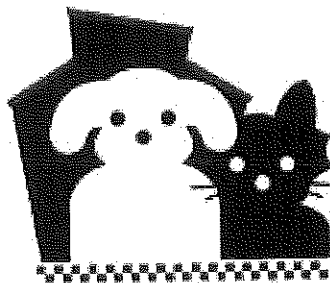
11/7/18 & 11/9/18-Owner called, working on kennel.

11/19/18-Spoke with owner; kennel inspection scheduled.

11/27/18-Kennel inspection completed. Chase has been neutered, is current on rabies vaccination, owner has obtained a muzzle and leash. Owner still needs to provide proof of insurance and locks for kennel.

12/13/18-Insurance and locks no provided by owner; citation sent.

5/29/19-Bear and Lola found roaming loose and impounded by ACO. On arrival to home ACO found Chase tethered in his yard, not in the kennel as required by the DDH order. Chase has also not been licensed for 2019 and rabies expired 4/26/19.



# Thomas J. O'Connor

## Animal Control & Adoption Center

November 5, 2018

Rebecca Schunk  
1127 Berkshire Avenue  
Springfield MA 01151

You are receiving this citation in accordance with **MGL 140.157A for Failure to Comply with a Hearing Order. On July 18 2018 your dog "Chase" was declared Dangerous and The Dog Hearing Committee ordered the following- (please see attached).** Per our prior phone conversations, a kennel and compliance inspection which had been scheduled for 10/18/18 was to be rescheduled two weeks later. A phone call and message left on your voicemail last week has not been returned regarding this inspection. If you have complied with the order measures and built a kennel in accordance with the order please contact this office to schedule an inspection.

Thank you,

Hannah Orenstein  
Animal Control Supervisor  
413-781-1484 X 1Phone  
413-781-5331 Fax

Communication: Dangerous Dog Hearing for 1127 Berkshire Avenue: Non-Compliant Dangerous Hearing (Hearing)

## Activity Card

A18-048642-1 HEARING/AGGRESSIV Priority Level: 4

Total Animals: 1 Animal Type: DOG

Activity Address: 1127 BERKSHIRE

Activity Comment: DDH 7/18/18, SEE NOTE

**Owner Information:**

P023408 REBECCA SCHUNK  
1127 BERKSHIRE AVE  
(413) 530-7029

**Caller Information:**

P999916 HANNAH ORENSTEIN  
627 COTTAGE  
SPRINGFIELD MA  
(413) 209-7140

A042162

**Result Codes:**

1 COMP

Officer: P999916 ORENSTEIN

Clerk: 103711

Call Date: 07/18/18 03:30 PM

New Date: 07/18/18 03:30 PM

Dispatch Date: 07/18/18 03:30 PM

Working Date: 07/18/18 03:30 PM

Complete Date: 07/18/18 05:30 PM

**Memo:**

DDH on 7/18/18; Chase declared Dangerous and full order in place. Per owner, already installed 4ft extension over top of fence and only have 4 adults on site. -HLO

10/1/18-Just rec'd corrected DDH order from Clerks Office 9/30. LM for O this afternoon re compliance. -HLO

10/4/18-Owner in process of constructing kennel. FU in 2 weeks to schedule inspection. -HLO

10/18-SW O, has not built kennel; daughter in hospital. FU in 2 weeks. If not done cite for noncompliance w DDH-H

11/5/18-LM for O last week (11/1) re inspection; has not replied. Letter and \$500 citation sent-HLO

11/7/18-O called and LM saying she has kennel; has questions about floor per JS-HLO

11/9/18-I SW O; bought kennel that has deck flooring attached; is working on putting it up and building a cover. Will call in a week or so for inspection. Ticket voided pending completion-HLO

11/19/18-Kennel inspection sch. for Tues 11/27/18 6:30PM-HLO

Communication: Dangerous Dog Hearing for 1127 Berkshire Avenue: Non-Compliant Dangerous Hearing (Hearing)

## Activity Card

**A18-050976-1 YARD CHK**

Priority Level: 3

Total Animals: 1 Animal Type: DOG

Activity Address: 1127 BERKSHIRE AVE

Activity Comment: KENNEL INSPECTION; APPROVED. SEE DDH PPW FILE FOR DETAILS.

**Caller Information:**

P023408 REBECCA SCHUNK  
 1127 BERKSHIRE AVE  
 SPRINGFIELD MA 01151  
 (413) 530-7029

A042162

**Result Codes:**

1 COMP

Officer: P99991 ORENSTEIN

Clerk: 103711

Call Date: 11/27/18 06:30 PM

New Date: 11/27/18 06:30 PM

Dispatch Date: 11/27/18 06:30 PM

Working Date: 11/27/18 06:30 PM

Complete Date: 11/27/18 07:00 PM

**Memo:**

10 x 10 x 6 kennel in yard has wire top tied to sides with wire; base and edges reinforced with cinderblocks. One door on kennel is sealed shut, other has locking mechanism to be put on. Owner has also neutered, vaccinated, licensed and chipped dog. Owner has obtained muzzle, leash, and will provide copy of insurance ppw. Letter sent to provide proof by 12/11/18-HLO

12/13/18-No proof of locks or insurance provided despite calls and letter to owner. Cited \$500 12/13/18-HLO

Communication: Dangerous Dog Hearing for 1127 Berkshire Avenue: Non-Compliant Dangerous Hearing (Hearing)

## Activity Card

A19-054274-2      STRAY/ROAM      Priority Level: 3      Total Animals: 1      Animal Type: DOG

Activity Address: BERKSHIRE AVE  
Activity Comment: LOOSE DOG

**Owner Information:**

P023408      REBECCA SCHUNK  
1127 BERKSHIRE AVE  
(413) 530-7029

**Caller Information:**

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

A046965

Officer: P030355 SANBORN      Clerk: 111659

Call Date:      05/29/19 07:55 PM

New Date:      05/29/19 07:55 PM

Dispatch Date:

Working Date:      05/29/19 08:03 PM

Complete Date:      05/29/19 08:14 PM

**Result Codes:**

1 IMPND

**Memo:**

Two of Rebecca Schunk's dogs loose on Berkshire Ave. Eventually they ran in to their own yard; nobody home. Bear and Lola impounded at TJO.

In the back yard, just tethered, was Chase who was declared dangerous. The fence is broken and not secure at all. It was dark and he was lunging on his tether. I had to put a city barrel in front of the breach in the fence in case he broke free.

-Above notes from ACO JS.

Communication: Dangerous Dog Hearing for 1127 Berkshire Avenue: Non-Compliant Dangerous Hearing (Hearing)

### Summary of Events at 1127 Berkshire Avenue

1/14/18-TJO received a dog bite complaint about "Chase," a Belgian Malinois owned by Rebecca Schunk of 1127 Berkshire Avenue. "Chase" and other dogs from this property were roaming loose when "Chase" bit the victim who was walking to work. "Chase" was impounded at TJO for quarantine.

4/16/18-TJO received a complaint that the dogs from 1127 Berkshire Avenue were acting aggressively and charging the fence line.

6/2/18-TJO received a video via email from a neighbor who wishes to remain anonymous. The video depicts the dogs from 1127 Berkshire Avenue charging him on his property. The individual can be seen kicking at the dogs in self-defense. The video was taken at approximately 7PM on 6/2/18 and will be available for viewing at the hearing.

As of 6/7/18 only one dog, "Chase," is listed as licensed and rabies vaccinated at 1127 Berkshire Avenue.

## Activity Card

A18-046631-1

INV/BITE

Priority Level: 2

Total Animals: 4

Animal Type: DOG

Activity Address: 1127 BERKSHIRE AVE

Activity Comment: MAN WAS BIT BY GSD TYPE DOG THAT WAS WITH 3 OTHER DOGS. WENT TO HOME TO GET

## Owner Information:

P023408 REBECCA SCHUNK  
1127 BERKSHIRE AVE

## Caller Information:

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

A042162

## Result Codes:

1 IMPND  
1 WARN  
1 COMP

Officer: P027726 SIMPSON

Clerk: DTS

Call Date: 04/14/18 11:24 AM

New Date: 04/14/18 11:24 AM

Dispatch Date:

Working Date: 04/14/18 11:39 AM

Complete Date: 04/14/18 12:26 PM

Memo:

Spoke to Rebecca Schunk who has 5 dogs as follows that are all scheduled 5/5/18 spay and neuter with Dakin. The puppies are going to the homes of her childrens teachers so she will only have 2 shortly.

Chase-1 year old Malinois, male

Bella-age unk, gray and white pitbull, female

Three 5 month old puppies-Bear, Lola, and Maui.

let Schunk know we could possibly take the puppies as surrenders if she does not find homes shortly due to the dog limit. DTS

ACO Robichaud to notify victim that Chase survived Quarantine. 4/25/18 DTS

Communication: Dangerous Dog Hearing for 1127 Berkshire Avenue: Non-Compliant Dangerous Hearing (Hearing)

**City of Springfield**  
**Office of the City Clerk**  
**2018 Dog License**

Date: 04/26/2018

Invoice #: 35556

**REBECCA SCHUNK**  
**1127 BERKSHIRE AVE**  
**SPRINGFIELD, MA 01151**

Tag #: **5168** Dog Name: **CHASE**  
 Gender: **NEUTERED** Breed: **BELGIAN MALINOIS**  
 Age: **1.0** Color: **B/BROWN**  
 Phone: [REDACTED] Rabies Exp: **04/26/2019**

***This License expires on 03/31/2019***

|              |             |
|--------------|-------------|
| License Fee  | 5.00        |
| Late Fee     | 0.00        |
|              | 0.00        |
| <b>Total</b> | <b>5.00</b> |

In accordance with provisions of Massachusetts General Laws Chapter 140 and the City of Springfield Code, 2012, as amended, Chapter 110 a license is hereby issued to the person named above to keep the dog herein described for one (1) year from the first day of April of each year. Each dog is numbered and registered as required by said laws, for which the required payment has been paid

### RABIES

**RABIES** - Rabies is a disease caused by a germ in the saliva of a "Mad" dog. The germs enter the body through the wound made when a rabid animal bites another animal or person.

**SYMPTOMS** - Rabies may appear in either the dumb or the furious form. The symptoms are not constant, but as a rule dogs with **DUMB RABIES** are very **RESTLESS**. The eyes taken on a peculiarly bright appearances, with dilated pupils. The dogs may be more **AFFECTIONATE** than usual. The throat and jaws gradually become paralyzed so that **MOUTH HANGS OPEN**, saliva **DROOLS** out, and the tongue seems to be in the way. There is difficulty in swallowing. Frequently these symptoms lead to the mistake of thinking the animal has a **BONE CAUGHT** in the throat. The dog may snap at imaginary objects.

Dogs affected with the **FURIOUS** form of **RABIES** become **IRRITABLE** and restless, **SNAPPING** at people or other animals. They will chew up foreign material such as rugs, pieces of clothing, or wood. They try to get out of the house to run. If confined, they will **TEAR** at objects and, if they break loose, will **RUN AIMLESSLY** for miles, snapping and biting at any moving objects crossing their path.

In both forms of rabies, there is a peculiar high pitched and **HOUND LIKE HOWL**. The end comes when the dog is exhausted, the legs become paralyzed, and the dog dies in a stupor. **RABIES NEVER APPEAR AS SUDDEN CONVULSIONS OR FITS.**

**IF A DOG BITES A PERSON** - Do NOT kill it. Confine the dog and call a veterinarian. The dog should be kept under observation. If it remains well, there is no danger of rabies to animals or persons bitten; if it has rabies, definite symptoms and death will occur within the two weeks' period of restraint that is required. If the dog is killed at once, you may never know whether or not it was rabid.

**ALL PERSONS BITTEN BY OR INTIMATELY EXPOSED TO RABID ANIMALS SHOULD BE GIVEN ANTI-RABIC TREATMENT**

### City of Springfield Regulations of Dogs

1. The license period shall be from April 1 of each year to March 31 of the next year, for all dogs' six (6) months of age. **COST: Male/Female \$25 - Neutered/Spayed \$5**
2. The City Clerk shall not grant such license for any dog unless the owner thereof provides the City Clerk with either a Rabies Certificate or has been certified exempt from such provision as outlined in MGL c. 140 § 137 or 137A. See also Chapter 110-2. All the license fee shall be increased by five dollars (\$5) on the first day of June and each succeeding month.
3. Restraint (leash) law is 24 hours. All Animals, with the exception of sterilized cats, shall be kept under restraint when in public. Dogs must be on a leash not more than 6 feet long, except in cases where the dog is under voice control of that person and that the person has a leash in his possession or a fenced-in area or pen. **FINE \$50**
4. All Kennels shall be licensed by the City Clerk on April 1 of each year and shall be limited to the numbers as set forth in Chapter 110-3.
5. Keeper of dog who refuses to answer or answer falsely to having a dog on the City Census. **FINE \$25**
6. Owner or Keeper of dog who refuses to remove waste or fecal matter. Owner or Keeper of dog who refuses to turn over to dog officer any dog that has not been licensed after April 1st of any year; or for any dog that a fine has not been paid or hearing requested within 21 days. **FINE \$50 per day**

**PENALTIES - ANIMAL WASTE Violation - Non-Criminal**

|                                            |       |
|--------------------------------------------|-------|
| 1st Offense in calendar year               | \$50  |
| 2nd Offense in calendar year               | \$100 |
| 3rd or subsequent offense in calendar year | \$300 |

Massachusetts Department of Public Health  
 250 Washington Street - Boston, MA 02108  
 617-624-6000

"The owner or keeper of a licensed dog shall cause it to wear around its neck or harness... to which shall be securely attached a tag..."

If a dog is permanently removed to another town a transfer license must be secured in such town. Every dog six months or over must be licensed and tagged.

This license is granted subject to conditions that the dog herein described shall be controlled and restrained from chasing or harassing live stock or fowl.

Communication: Dangerous Dog Hearing for 1127 Berkshire Avenue: Non-Compliant Dangerous Hearing (Hearing)

Date of Report: 04/14/2018

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

1. Bite Number:  
B18-001903

|                                                                                                                                                       |                                                                                                                                              |                                                                                                                            |                                                                                                                                          |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------|--|
| <b>I. ANIMAL/PERSON BITTEN</b>                                                                                                                        | <b>IDENTIFICATION</b>                                                                                                                        | 2. Name (Last, First)<br>NORTON, BEN                                                                                       |                                                                                                                                          | 3. ID #<br>P035908                                                                                | 4. Sex<br>M                                                                                            | 5. Age<br>Unk                                                          | DOB              | 6. Telephone<br>[REDACTED]                                                         |  |
|                                                                                                                                                       |                                                                                                                                              | 7. Address (No. & Street)<br>18 HANCOCK ST                                                                                 |                                                                                                                                          | (City)<br>WESTFIELD, MA                                                                           | (State)<br>01085                                                                                       | (Zip)                                                                  |                  |                                                                                    |  |
|                                                                                                                                                       |                                                                                                                                              | 8. Name of Parent or Guardian (if victim is a minor)                                                                       |                                                                                                                                          | 9. Address (if different)                                                                         |                                                                                                        |                                                                        |                  |                                                                                    |  |
|                                                                                                                                                       | <b>EXPOSURE</b>                                                                                                                              | 10. Source of Information<br>Person                                                                                        |                                                                                                                                          | 11. Place of attack<br>PAGE AND BERKSHIRE                                                         |                                                                                                        |                                                                        |                  |                                                                                    |  |
|                                                                                                                                                       |                                                                                                                                              | 12. Time and Date of attack<br>April 14, 2018 11:30 am                                                                     |                                                                                                                                          | 13. Circumstances of attack: UNPROVOKED                                                           |                                                                                                        |                                                                        |                  |                                                                                    |  |
| 14. Location and description of wound(s): CALVES, MODERATE                                                                                            |                                                                                                                                              |                                                                                                                            |                                                                                                                                          |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
| <b>TREATMENT</b>                                                                                                                                      | 15. Was wound treated?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date:                                          |                                                                                                                            | 16. Wound treated by:<br><input checked="" type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
|                                                                                                                                                       | 17. Details of wound treatment<br><input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured                                |                                                                                                                            | 18. Anti-Rabies Treatment Recommended?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?                   |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
|                                                                                                                                                       | 19. Anti-Rabies Treatment Given?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?                             |                                                                                                                            | Telephone:                                                                                                                               |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
| <b>MISC.</b>                                                                                                                                          | While walking to work he was chased by 4 dogs and Chase was biting calves. Mr Norton declined any medical. Dog impounded for quarantine. DTS |                                                                                                                            |                                                                                                                                          |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
|                                                                                                                                                       |                                                                                                                                              |                                                                                                                            |                                                                                                                                          |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
| <b>II. ANIMAL/OWNER</b>                                                                                                                               | <b>IDENTIFICATION</b>                                                                                                                        | 20. Animal Owner (custodian): SCHUNK, REBECCA                                                                              |                                                                                                                                          | 21. ID # P023408                                                                                  | Telephone: [REDACTED]                                                                                  |                                                                        |                  |                                                                                    |  |
|                                                                                                                                                       |                                                                                                                                              | 22. Address (No. & Street)<br>1127 BERKSHIRE AVE                                                                           |                                                                                                                                          | (City)<br>SPRINGFIELD, MA                                                                         | (State)<br>01151                                                                                       | (Zip)                                                                  |                  |                                                                                    |  |
|                                                                                                                                                       |                                                                                                                                              | 23. Type of animal MALE, DOG                                                                                               |                                                                                                                                          | ID # A042162                                                                                      | <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild |                                                                        | Est. Age: 1 YEAR |                                                                                    |  |
|                                                                                                                                                       |                                                                                                                                              | 24. Description: (Breed, color, etc.)<br>BLACK / BROWN BELG MALINOIS                                                       |                                                                                                                                          | CHASE                                                                                             |                                                                                                        | 25. License<br>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              |                                                                                                        |                                                                        |                  |                                                                                    |  |
|                                                                                                                                                       | <b>QUARANTINE</b>                                                                                                                            | 28. Vaccinated against rabies?<br>NO Vet:                                                                                  |                                                                                                                                          | Vaccination Date                                                                                  |                                                                                                        | Rabies Tag Number                                                      |                  | <input type="checkbox"/> 1 Year Vaccine<br><input type="checkbox"/> 3 Year Vaccine |  |
|                                                                                                                                                       |                                                                                                                                              | 29. <input type="checkbox"/> Unable to locate animal <input checked="" type="checkbox"/> Confined at TJO                   |                                                                                                                                          |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
|                                                                                                                                                       |                                                                                                                                              | <input type="checkbox"/> Animal Confined - ANIMAL CON                                                                      |                                                                                                                                          | From Date: 04/14/2018                                                                             |                                                                                                        | To Date: 04/24/2018                                                    |                  |                                                                                    |  |
|                                                                                                                                                       |                                                                                                                                              | 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<br>022/14/18 4/15/18 |                  |                                                                                    |  |
|                                                                                                                                                       |                                                                                                                                              |                                                                                                                            |                                                                                                                                          |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
| <b>III. DISPOSITION OF ANIMAL</b>                                                                                                                     | <b>REVIEW</b>                                                                                                                                | 31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia    |                                                                                                                                          | Date:                                                                                             |                                                                                                        |                                                                        |                  |                                                                                    |  |
|                                                                                                                                                       |                                                                                                                                              | 32. Veterinarian <input checked="" 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 |                                                                                                        |                                                                        |                  |                                                                                    |  |
|                                                                                                                                                       | <b>LABORATORY</b>                                                                                                                            | 34. Remarks:<br>Survived Quarantine                                                                                        |                                                                                                                                          |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
|                                                                                                                                                       |                                                                                                                                              | 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 checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Mail |                                                                                                                                              | made multiple tries to contact AS                                                                                          |                                                                                                                                          |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
| 38. <input checked="" type="checkbox"/> Case Closed: Date: 4/25/18                                                                                    |                                                                                                                                              | By: ACO Robichaud<br>By: ACO Simpson                                                                                       |                                                                                                                                          |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |
| 39. Officer Completing Form: ACO Simpson Telephone: 781-1484                                                                                          |                                                                                                                                              |                                                                                                                            |                                                                                                                                          |                                                                                                   |                                                                                                        |                                                                        |                  |                                                                                    |  |

Communication: Dangerous Dog Hearing for 1127 Berkshire Avenue: Non-Compliant Dangerous Hearing (Hearing)

## Activity Card

A18-046663-1 INV/BARK Priority Level: 3 Total Animals: 1 Animal Type: DOG

Activity Address: 1127 BERKSHIRE AVE  
Activity Comment: BARKING/NUISANCE DOGS

## Owner Information:

P023408 REBECCA SCHUNK  
1127 BERKSHIRE AVE

## Caller Information:

## Result Codes:

1 RPRT  
1 NOTIC

Officer: P030355 SANBORN Clerk: 111659

Call Date: 04/16/18 12:00 AM  
New Date: 04/16/18 12:00 AM  
Dispatch Date:  
Working Date: 04/16/18 12:02 PM  
Complete Date: 04/16/18 12:12 PM

memo:

Asked by my Supervisor, Officer Orenstein to visit this property due to a concerned caller's complaint of barking dogs and one in particular acting aggressively. Caller was concerned the dog would get over the fence and cause harm to someone. Caller reports there are 2 dogs on this property.

Upon arrival I knocked a few times and did not hear any dogs barking. I walked down the driveway and knocked on the fence. No dogs were present in the yard. I did see pawprints on the front lawn in the fresh snow that fell last evening. A Notice was left in the front door.

Checked Tracker and found 2 dogs registered to this address. They are as follows:

Puppa, 14yr old mixed breed, NM. RV expiration is 11/28/18

Chichi, 6yr old white chi, female. Her RV expiration is 3/9/19

Neither dog is licensed. I will speak to Rebecca Schunk and allow her 1 week to comply, since she now has a dog that bit someone. I suspect this may have been the dog in question.

Addendum:

Currently we have a dog in our custody belonging to Rebecca Schunk. "Chase", a 1 yr old Malinois that was loose and bit someone on 4/14. He is not RV and was taken in to custody. "Chase" is not listed in Tracker at all.....JS

7pm, Spoke with Rebecca Schunk. She no longer has Puppa and Chichi. Puppa died recently from an abdominal tumor and Chichi was killed by a vehicle in front of their house. She now has Bella, 2yr old female blue/white pit that recently gave birth to 3 puppies. They were sired by Chase, her Malinois. Currently 3 puppies remain in the home. She has rehomed 10 of them and plans to rehome the remaining 3.....JS

Communication: Dangerous Dog Hearing for 1127 Berkshire Avenue: Non-Compliant Dangerous Hearing (Hearing)

**Anthony I. Wilson, Esq.**  
**City Clerk**

City Clerk's Office  
 36 Court Street, Room 123  
 Springfield, MA 01103  
 Office: (413) 787-6095  
 Fax: (413) 787-6502



**THE CITY OF SPRINGFIELD, MASSACHUSETTS**

August 31, 2018

Rebecca Schunkt  
 1127 Berkshire Ave  
 Springfield, MA

Dear Ms. Scott:

After a hearing held on July 18, 2018, for which you appeared and in accordance with Chapter 110, Section 10 of the Code of the City of Springfield, 2012, as amended, it was determined that your dog(s) named "Chase" was . **Dangerous.**

The Committee imposed the following conditions on the animal:

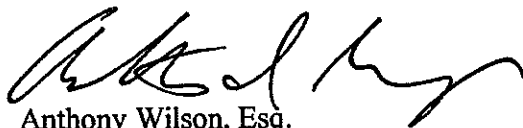
1. That the dog be humanely restrained;
2. That the dog be confined to the premises of the owner of the dog; provided, however, that "confined" shall mean securely confined indoors or confined outdoors in a securely enclosed and locked pen or dog run area upon the premises of the owner; provided however, that such confinement shall comply with § 110-8 of the Revised Ordinances of the City of Springfield;
3. That whenever the dog is removed from the premises of the owner, the dog shall be securely and humanely muzzled and restrained with a leash having a minimum tensile strength of 300 pounds and not exceeding three feet in length;
4. That the animal shall be surgically sterilized and microchipped with the microchip registered to the City, with all costs associated with these services to be borne by the owner;
5. That the owner construct, within two weeks from the date of decision, a secure enclosure to house the dog when it is in the owner's yard. The Advisory and Hearing Committee may order that, during the construction period, the dog be publicly impounded at an animal shelter or a private veterinary hospital until the secure enclosure is constructed. The effectiveness of the secure enclosure shall be subject to approval and periodic inspections by an Animal Control Officer, as deemed necessary. The fee for said inspection shall be \$75. If the owner is found violating the secure enclosure requirements, immediate public impoundment of the dog shall be done by the animal control center during the time the violation continues to exist, and the owner shall bear all cost(s) for such public impoundment. The fine for such violation shall be \$200 per day;

6. That ownership of the dog may not be transferred unless the transfer of ownership is to an adult residing within the same residence and said dog shall remain housed solely at that residence;
7. That the owner obtain a one-hundred thousand dollar (\$100,000) insurance policy on the dog with the city named as an additional insured.

You are to meet with representatives from the Thomas J. O'Connor Animal Control & Adoption Center to ascertain what steps that are needed to comply with the Code, which was handed to you at the hearing.

Any appeal of this decision may be filed in District Court in according with Chapter 140, Section 157(a) (4) (d) of the Massachusetts General Laws. Further information may be obtained from the Thomas J. O'Connor Animal Control Center, 627 Cottage Street, Springfield, Massachusetts, 413-781-1484.

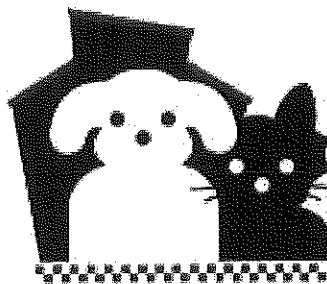
Sincerely,



Anthony Wilson, Esq.  
City Clerk

Enclosures

cc: Animal Control  
Police Department



# Thomas J. O'Connor

## Animal Control & Adoption Center

December 13, 2018

Rebecca Schunk  
1127 Berkshire Avenue  
Springfield MA 01151

Dear Ms. Schunk,

A kennel inspection was performed at your property on 11/27/18. Per this inspection and a Dangerous Dog Order on your dog "Chase," you were to provide **proof of kennel locks and \$100,000 liability insurance** to this office no later than **12/11/18**. No paperwork has been provided and the following citation has been issued. If you have obtained locks and insurance as required you may provide proof either in-person or via email to [horenstein@springfieldcityhall.com](mailto:horenstein@springfieldcityhall.com). If you have any questions please feel free to contact me.

Thank you,

Hannah Orenstein  
Animal Control Supervisor  
413-781-1484 X 1Phone  
413-781-5331 Fax

Communication: Dangerous Dog Hearing for 1127 Berkshire Avenue: Non-Compliant Dangerous Hearing (Hearing)

After a hearing held on July 18, 2018, for which you appeared and in accordance with Chapter 110, Section 10 of the Code of the City of Springfield, 2012, as amended, it was determined that your dog(s) named "Chase" was . **Dangerous**.

The Committee imposed the following conditions on the animal:

1. That the dog be humanely restrained;
2. That the dog be confined to the premises of the owner of the dog; provided, however, that "confined" shall mean securely confined indoors or confined outdoors in a securely enclosed and locked pen or dog run area upon the premises of the owner; provided however, that such confinement shall comply with § 110-8 of the Revised Ordinances of the City of Springfield;
3. That whenever the dog is removed from the premises of the owner, the dog shall be securely and humanely muzzled and restrained with a leash having a minimum tensile strength of 300 pounds and not exceeding three feet in length;
4. That the animal shall be surgically sterilized and microchipped with the microchip registered to the City, with all costs associated with these services to be borne by the owner;
5. That the owner construct, within two weeks from the date of decision, a secure enclosure to house the dog when it is in the owner's yard. The Advisory and Hearing Committee may order that, during the construction period, the dog be publicly impounded at an animal shelter or a private veterinary hospital until the secure enclosure is constructed. The effectiveness of the secure enclosure shall be subject to approval and periodic inspections by an Animal Control Officer, as deemed necessary. The fee for said inspection shall be \$75. If the owner is found violating the secure enclosure requirements, immediate public impoundment of the dog shall be done by the animal control center during the time the violation continues to exist, and the owner shall bear all cost(s) for such public impoundment. The fine for such violation shall be \$200 per day;
6. That ownership of the dog may not be transferred unless the transfer of ownership is to an adult residing within the same residence and said dog shall remain housed solely at that residence;
7. That the owner obtain a one-hundred thousand dollar (\$100,000) insurance policy on the dog with the city named as an additional insured.

**Anthony I. Wilson, Esq.**  
City Clerk

City Clerk's Office  
36 Court Street, Room 123  
Springfield, MA 01103  
Office: (413) 787-6095  
Fax: (413) 787-6502  
Email:  
[awilson@springfieldcityhall.com](mailto:awilson@springfieldcityhall.com)



### THE CITY OF SPRINGFIELD, MASSACHUSETTS

March 9, 2018

Madison Pellegrino  
76 Derby Dingle Street  
Springfield, MA 01107

Dear Ms Pellegrino:

After a hearing held on March 8, 2018, in which you were represented by Attorney Raipher Pellegrino, and in accordance with Chapter 110, Section 10 of the Code of the City of Springfield, 2012, as amended, it was determined that your dog named "Sage" was a Nuisance.

The Committee imposed the following conditions on the animal:

1. That Animal Control be notified whenever the dog enters the city limits of the City of Springfield.
2. That the dog be confined to the interior of the home unless escorted by an adult.
3. That whenever the dog is removed from the premises of the owner, the dog shall be securely and humanely muzzled and restrained with a leash having a minimum tensile strength of 300 pounds and not exceeding three feet in length;
4. That the animal shall be surgically sterilized and microchipped with the microchip registered to the City, with all costs associated with these services to be borne by the owner;
5. The Owner must obtain and maintain animal liability insurance for Sage in an amount of at least \$100,000.00 for the benefit of public safety and the owner must file a copy of the insurance policy with the City Clerk Office.

Any appeal of this decision may be filed in District Court in according with Chapter 140, Section 157(a) (4) (d) of the Massachusetts General Laws. Further information may be obtained from the Thomas J. O'Connor Animal Control Center, 627 Cottage Street, Springfield, Massachusetts, (413)781-1484.

Date of Report: 07/08/2019

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

 1. Bite Number:  
**B19-002287**

|                                                                                         |                                                                                                                                                              |                                                                                                                                                                                                                                                |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------|
| <b>I. ANIMAL/PERSON BITTEN</b>                                                          | <b>IDENTIFICATION</b>                                                                                                                                        | 2. Name (Last, First)<br>ELMASSIAN, JANET                                                                                                                                                                                                      | 3. ID #<br>P040857 | 4. Sex<br>Female                                                                     | 5. Age<br>DOB                                                                                                            | 6. Telephone<br>(413) 348-3713                                                                    |                           |
|                                                                                         | <b>EXPOSURE</b>                                                                                                                                              | 7. Address (No. & Street) (City) (State) (Zip)<br>28 PINE GROVE DR SOUTH HADLEY, MA 01075                                                                                                                                                      |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         |                                                                                                                                                              | 8. Name of Parent or Guardian (if victim is a minor)                                                                                                                                                                                           |                    |                                                                                      | 9. Address (if different)                                                                                                |                                                                                                   |                           |
|                                                                                         |                                                                                                                                                              | 10. Source of Information<br><i>Janet Elmassian</i>                                                                                                                                                                                            |                    |                                                                                      | Victim Telephone - Other                                                                                                 |                                                                                                   |                           |
|                                                                                         |                                                                                                                                                              | 11. Place of attack<br>76 DERBY DINGLE ST                                                                                                                                                                                                      |                    |                                                                                      | 12. Time and Date of attack<br>June 15, 2019 12:00 am                                                                    |                                                                                                   |                           |
| <b>TREATMENT</b>                                                                        | 13. Circumstances of attack: UNPROVOKED                                                                                                                      |                                                                                                                                                                                                                                                |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         | 14. Location and description of wound(s): L BREAST, SEVERE                                                                                                   |                                                                                                                                                                                                                                                |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         | 15. Was wound treated?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: <i>6/15/19</i>                                           |                                                                                                                                                                                                                                                |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         | 16. Wound treated by:<br><input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. <i>Baystate ER</i> Telephone: |                                                                                                                                                                                                                                                |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
| <b>MISC.</b>                                                                            | 17. Details of wound treatment<br><input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured                                                |                                                                                                                                                                                                                                                |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         | 18. Anti-Rabies Treatment Recommended?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:                            |                                                                                                                                                                                                                                                |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         | 19. Anti-Rabies Treatment Given?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:                                  |                                                                                                                                                                                                                                                |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
| <b>II. ANIMAL/OWNER</b>                                                                 | <b>IDENTIFICATION</b>                                                                                                                                        | 20. Animal Owner (custodian) PELLIGRINO, MADISON                                                                                                                                                                                               |                    |                                                                                      |                                                                                                                          | 21. ID # P024915                                                                                  | Telephone: (413) 244-7578 |
|                                                                                         |                                                                                                                                                              | 22. Address (No. & Street) (City) (State) (Zip)<br>138 GRAND CENTRAL PKWY QUEENS, NY 11432 - <i>Not current address</i>                                                                                                                        |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         |                                                                                                                                                              | 23. Type of animal FEMALE, DOG                                                                                                                                                                                                                 |                    | ID # A030456                                                                         | <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild Est. Age: 5 YEARS |                                                                                                   |                           |
|                                                                                         |                                                                                                                                                              | 24. Description: (Breed, color, etc.)<br>WHITE / BLACK PIT BULL SAGE                                                                                                                                                                           |                    |                                                                                      |                                                                                                                          | 25. License<br>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 type="checkbox"/> No |                                                                                                                          |                                                                                                   |                           |
|                                                                                         | <b>QUARANTINE</b>                                                                                                                                            | 28. Vaccinated against rabies?<br>YES - <i>per owner</i> Vet: <i>UNKNOWN</i>                                                                                                                                                                   |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         |                                                                                                                                                              | 29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO<br><input checked="" type="checkbox"/> Animal Confined - UNKNOWN From Date: 06/15/2019 To Date: 06/25/2019                                       |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         |                                                                                                                                                              | 30. If at owner's home, have quarantine guidelines been explained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                         |                    |                                                                                      |                                                                                                                          | 31. Date sent to Animal Inspector/Board of Health                                                 |                           |
|                                                                                         |                                                                                                                                                              | 32. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:                                                                                                                  |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         |                                                                                                                                                              | 33. 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 |                           |
| <b>III. DISPOSITION OF ANIMAL</b>                                                       | <b>REVIEW</b>                                                                                                                                                | 34. Remarks:                                                                                                                                                                                                                                   |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         |                                                                                                                                                              |                                                                                                                                                                                                                                                |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
|                                                                                         | <b>LABORATORY</b>                                                                                                                                            | 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 checked="" type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail<br>Date: <i>7/8/19</i> By: <i>RMR</i> <i>all info from Janet at time of reporting - see notes in activity.</i> |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
| 38. <input checked="" type="checkbox"/> Case Closed: Date: <i>7/8/19</i> By: <i>RMR</i> |                                                                                                                                                              |                                                                                                                                                                                                                                                |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |
| 39. Officer Completing Form: <i>Renae Robiche</i> Telephone: <i>413 781 1484</i>        |                                                                                                                                                              |                                                                                                                                                                                                                                                |                    |                                                                                      |                                                                                                                          |                                                                                                   |                           |

## Activity Card

A19-055040-1 INV/BITE

Priority Level: 1

Total Animals: 1 Animal Type: DOG

Activity Address: 76 DERBY DINGLE ST

Activity Comment: MADISON PELLIGRINO'S DOG "SAGE" WAS AT THE HOUSE 6/15/19 AND SEVERELY ATTACKED

**Caller Information:**

P040857 JANET ELMASSIAN  
 28 PINE GROVE DR  
 SOUTH HADLEY MA 01075  
 (413) 348-3713

A030456

**Result Codes:**

1 RPRT

Officer: P01248 ROBICHAUD

Clerk: REN

Call Date: 07/08/19 01:48 PM

New Date: 07/08/19 01:48 PM

Dispatch Date:

Working Date: 07/08/19 01:48 PM

Complete Date: 07/08/19 02:23 PM

**Memo:**

On July 8, 2019 Janet Elmassian came into TJO to report a past bite incident. I, Officer Renee Robichaud, met with Ms. Elmassian to discuss the incident.

She started with some back story. Approximately 1.5 years ago, a white pitbull type dog bit her right hand while she was visiting her friend Lisa Pelligrino. Lisa's daughter Madison owns Sage. Sage had previously met Janet, without incident. This bite was unprovoked and resulted in joint damage to her right pinkie finger. Madison was visiting from Boston at this time.

After this bite, there was an incident with a mail carrier that resulted in a "court order" that the dog couldn't be there, according to Janet. Our records indicate that there was a Nuisance Hearing in March of 2018, but that the dog didn't reside in Springfield any longer. According to Janet, this dog has bit six times and this family knows she is prone to biting.

On June 15, 2018 Janet was visiting Lori's home for a baby shower. The event was winding down and Janet went to leave when she heard screaming. The next thing she knew Sage had jumped up and grabbed her by the left breast. The dog was not letting go. Janet's memory is foggy about exact details, likely as a result of shock, but she ended up on the ground and someone was able to get Sage off of her. No one called for an ambulance, she suspects because they knew Sage was not supposed to be there.

Janet called the ER herself and then asked Lori to bring her to the hospital.

The pictures of this bite were graphic. They could be made available upon request of Janet.

Janet hesitated on reporting this event to our office because she is good friends with the family. She is also aware that Mr. Pelligrino is a prominent legal figure in the area. She has been dwelling on this for a couple weeks, but is worried that the next time it could be a child or someone else who is unable to defend themselves.

Madison Pelligrino recently claimed to Janet that Sage has been shipped to California. No proof of this was provided.

RMR

Communication: Nuisance Dog Hearing for 76 Derby Dingle for Dog Name Sage" : Non-Compliant Nuisance Hearing Request (Hearing)