



# Animal Control

Regular

<http://www.springfieldcityhall.com>

~ Agenda ~

City Clerk

---

Wednesday, March 25, 2020

3:30 PM

Ante Room

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## I. Call to Order

3:30 PM Meeting called to order on March 25, 2020 at Ante Room, City Hall, Springfield, MA.

### *Hearing*

1. **Requesting Early Removal of Dangerous Designation of the Dog Name Taz**
2. **Requesting Early Removal of Dangerous Designation of Tracy**
3. **Nuisance Non-Compliance on 3 Dogs at 219 Morton**
4. **Dangerous Dog Hearing for Nilo from 13 Los Angeles St Regarding a Bite**
5. **Dangerous Dog Hearing 42 Queen St**

4/30/19

To whom it may concern

I michelle Roman  
I'm requesting for my dog Taz  
Roman to be removed from the  
dangerous list. In the past ~~two~~  
years he has not gone into any  
trouble. I have moved to a new  
place there's no kids around only  
kids around are my kids. The new  
place where I have moved to  
has a fence in yard.

So I please ask for taz  
to be removed from the dangerous  
list due to that there has not been  
no complaints about him for the past  
two years after his last incident.  
Thank you

Sincerely

michelle Roman

Animal control information pertaining to "Taz" Pit Bull type dog owned by **Michelle Roman of 129 Lowell St., Springfield, MA 01107:**

7/3/17:

A child was playing in the dog's yard. Child screamed and tried to jump fence. "Taz" grabbed his buttocks. Child fell, suffering minor bite to buttock's and abrasions from fall. ACO Sanborn investigated and the dog was placed in a ten day quarantine at home. Dog is current on rabies vaccination. Dog is not licensed.

10/20/17:

A child was playing in her backyard when neighbor's dog "Taz" got loose from his home and attacked her. Bites were to the left ribs and hip are. Bites were moderate to severe. The child was taken to ER via ambulance.

11/3/17:

The victim's mother (most recent bite) requested copies of animal control reports and requests a hearing to determine if the dog is dangerous.

11/14/17:

Michelle Roman licensed Taz.

5/14/19

To whom it may concern:

I would like to have my dog Tracy taken off of the dangerous dog list. She has never bitten anyone, nor attack another animal. We have said she is a good dog when to strangers so with this note I would appreciate you being taken off the list

Thank you,  
Mr. Leon Luna

August 4, 2017

To Whom It May Concern:

On Wednesday, August 2, I was in front of my residence, 55 Florida Street, with my dog Ebony, a small Shih Tzu. Ebony was on a leash. Two dogs which appeared to be pit bulls came charging at us. I quickly picked Ebony up and ran up to the porch but the dogs were able to get Ebony out of my arms and attack her, resulting in her death.

It is my understanding that these two dogs have been caught by the dog officer and are being held at the Thomas J. O'Connor Animal Shelter.

I am requesting that these two dogs be deemed dangerous and that the necessary steps be taken so that this tragedy does not happen again.

Should you need any further information, please feel free to contact me at 413-231-4560. Thank you.

Sincerely,

Ann Hamer

### 92 Cedar Street history

On August 2, 2017 two dogs named "Rock" and "Tracy" owned by Leon Grice of 92 Cedar Street, Springfield, were loose and attacked and killed a small Shih Tzu dog named "Ebony," owned by Ann Hamer of 55 Florida Street. Hamer is requesting a dangerous dog hearing on "Rock" and "Tracy."

"Rock" and "Tracy" were impounded at TJO after the bite incident. Because the victim of the bite was deceased and no quarantine was required by law, both dogs were released to the custody of Grice. "Tracy" is current on rabies vaccination from Luv My Pet until April 2019 and was issued a 2017 dog license through TJO, tag L17-5383. "Rock" was given a 1 year rabies vaccine at TJO on 8/4/17 prior to release. In error, "Rock" was not issued a 2017 license prior to release. Neither dog is spayed/neutered.

Date of Report: 08/02/2017

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

1. Case Number:  
B17-001755

I. PERSON BITTEN

II. ANIMAL/OWNER

III. DISPOSITION OF ANIMAL

|                |                                                                                                                                                                                                                       |                                                                                                               |                                                                                                              |                                    |         |     |       |              |            |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------|---------|-----|-------|--------------|------------|
| IDENTIFICATION | 2. Name (Last, First)                                                                                                                                                                                                 | Ebony A040084                                                                                                 | 3. Sex                                                                                                       | Female                             | 4. Age  | DOB | 6yrs  | 5. Telephone | [REDACTED] |
|                | 6. Address (No. & Street)                                                                                                                                                                                             | 55 Florida St                                                                                                 | (City)                                                                                                       | SPRFD                              | (State) | MA  | (Zip) | 01109        |            |
|                | 7. Name of Parent or Guardian (if victim is a minor)                                                                                                                                                                  | Anne Hamer                                                                                                    | POA1161                                                                                                      | 8. Address (if different)          |         |     |       |              |            |
|                | 9. Source of Information (Person or Office)                                                                                                                                                                           | Alison Dean, Police                                                                                           | Victim Telephone - Other                                                                                     |                                    |         |     |       |              |            |
| EXPOSURE       | 10. Place of attack                                                                                                                                                                                                   | 55 Florida St                                                                                                 |                                                                                                              |                                    |         |     |       |              |            |
|                | 11. Time and Date of attack                                                                                                                                                                                           | Wednesday, August 02, 2017                                                                                    |                                                                                                              |                                    |         |     |       |              |            |
|                | 12. Circumstances of attack:                                                                                                                                                                                          | Unprovoked                                                                                                    |                                                                                                              |                                    |         |     |       |              |            |
| TREATMENT      | 13. Location and description of wound(s)                                                                                                                                                                              | Died                                                                                                          |                                                                                                              |                                    |         |     |       |              |            |
|                | 14. Was wound treated?                                                                                                                                                                                                | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                      | Date:                                                                                                        | 15. Wound treated by:              |         |     |       |              |            |
|                | 16. Details of wound treatment                                                                                                                                                                                        | <input type="checkbox"/> Washed <input type="checkbox"/> Sutured                                              | 17. Anti-Rabies Treatment Recommended?                                                                       |                                    |         |     |       |              |            |
|                | 18. Anti-Rabies Treatment Given?                                                                                                                                                                                      | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                      | By Whom?                                                                                                     | Telephone:                         |         |     |       |              |            |
| MISC.          | 19. Victim's Date of Birth                                                                                                                                                                                            | Victims SSN:                                                                                                  |                                                                                                              |                                    |         |     |       |              |            |
|                | Anne was walking her dog "Ebony" on leash when she saw 2 pitbull/Bulldog type dogs running loose to her. She tried to hurry and bring "Ebony" inside, but both loose dogs caught "Ebony" on the porch and killed her. |                                                                                                               |                                                                                                              |                                    |         |     |       |              |            |
| IDENTIFICATION | 20. Animal Owner (custodian)                                                                                                                                                                                          | LEON GRICE                                                                                                    | PO111149                                                                                                     | Telephone                          |         |     |       |              |            |
|                | 21. Address (No. & Street)                                                                                                                                                                                            | 92 CEDAR ST                                                                                                   | (City)                                                                                                       | SPRINGFIELD                        | (State) | MA  | (Zip) | 01105        |            |
|                | 22. Type of animal                                                                                                                                                                                                    | MALE DOG                                                                                                      | <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild       | Est. Age:                          |         |     |       |              |            |
|                | 23. Description: (Breed, color, etc.)                                                                                                                                                                                 | ROCK TAN / WHITE ST BERNARD SMTH / PIT BULL                                                                   | A040083                                                                                                      | 24. License Number                 |         |     |       |              |            |
| QUARANTINE     | 25. Behavior                                                                                                                                                                                                          | <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal | 26. Prior Bites?                                                                                             |                                    |         |     |       |              |            |
|                | 27. Vaccinated against rabies?                                                                                                                                                                                        | UNKNOWN NO                                                                                                    | Vet:                                                                                                         | Vaccination Date Rabies Tag Number |         |     |       |              |            |
|                | 28. <input type="checkbox"/> Unable to locate animal                                                                                                                                                                  | <input checked="" type="checkbox"/> Animal Confined - TJO                                                     |                                                                                                              |                                    |         |     |       |              |            |
|                | 29. If at owner's home, has Quarantine Agreement been signed?                                                                                                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                           |                                                                                                              |                                    |         |     |       |              |            |
| REVIEW         | 30. Cause of Death                                                                                                                                                                                                    | <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia          | Date:                                                                                                        |                                    |         |     |       |              |            |
|                | 31. Quarantine released:                                                                                                                                                                                              | Date: 8/5/17                                                                                                  | By: TJO, victim deceased, no quarantine                                                                      |                                    |         |     |       |              |            |
| LABORATORY     | 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 checked="" type="checkbox"/> Not Warranted |                                    |         |     |       |              |            |
|                | 34. Remarks:                                                                                                                                                                                                          | 1 year RV done 8/11/17. Not noted fleas, hot spots 3 year infection                                           |                                                                                                              |                                    |         |     |       |              |            |
|                | 35. Head sent to Lab:                                                                                                                                                                                                 | DATE                                                                                                          | BY                                                                                                           | TELEPHONE                          |         |     |       |              |            |
|                | 36. Results                                                                                                                                                                                                           | <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY   |                                                                                                              |                                    |         |     |       |              |            |
| LABORATORY     | 37. Victim notified by:                                                                                                                                                                                               | <input type="checkbox"/> Person <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Mail       | Date: By: MR                                                                                                 |                                    |         |     |       |              |            |
|                | 38. <input checked="" type="checkbox"/> Case Closed:                                                                                                                                                                  | Date: 8/7/17                                                                                                  | By: TJO                                                                                                      |                                    |         |     |       |              |            |

3. Person Completing Form: M.R.

Telephone: 413-781-1484

Report: 08/02/2017

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

 1. Case Number:  
B17-001756

|                            |                |                                                                                                                                                                                                                              |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
|----------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------|------|--------------------------------------------------------------------------------------------|------------|--|
| I. PERSON BITTEN           | IDENTIFICATION | 2. Name (Last, First)                                                                                                                                                                                                        | Ebony A040084                                                                                                 |                                                                                            | 3. Sex                                                                                                 | Female              | 4. Age                                                   | 6yrs | 5. Telephone                                                                               | [REDACTED] |  |
|                            |                | 6. Address (No. & Street)                                                                                                                                                                                                    | 55 Florida St                                                                                                 |                                                                                            | (City)                                                                                                 | SPFD                | (State)                                                  | MA   | (Zip)                                                                                      | 01109      |  |
|                            |                | 7. Name of Parent or Guardian (if victim is a minor)                                                                                                                                                                         | Anne Hamer A024161                                                                                            |                                                                                            | 8. Address (if different)                                                                              |                     |                                                          |      |                                                                                            |            |  |
|                            |                | 9. Source of Information (Person or Office)                                                                                                                                                                                  | Alison Dean, Police                                                                                           |                                                                                            | Victim Telephone - Other                                                                               |                     |                                                          |      |                                                                                            |            |  |
| EXPOSURE                   |                | 10. Place of attack                                                                                                                                                                                                          | 55 Florida St                                                                                                 |                                                                                            | 11. Time and Date of attack                                                                            |                     |                                                          |      |                                                                                            |            |  |
|                            |                | 12. Circumstances of attack:                                                                                                                                                                                                 |                                                                                                               | UNPROVOKED                                                                                 |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
|                            |                | 13. Location and description of wound(s) Died                                                                                                                                                                                |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
| TREATMENT                  |                | 14. Was wound treated?                                                                                                                                                                                                       | <input type="checkbox"/> No <input type="checkbox"/> Yes Date:                                                |                                                                                            | 15. Wound treated by:                                                                                  |                     |                                                          |      |                                                                                            |            |  |
|                            |                | 16. Details of wound treatment                                                                                                                                                                                               |                                                                                                               | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. |                                                                                                        | Telephone           |                                                          |      |                                                                                            |            |  |
|                            |                | <input type="checkbox"/> Washed <input type="checkbox"/> Sutured                                                                                                                                                             |                                                                                                               | <input type="checkbox"/> No <input type="checkbox"/> Yes                                   |                                                                                                        | By Whom?            |                                                          |      |                                                                                            |            |  |
|                            |                | 18. Anti-Rabies Treatment Given?                                                                                                                                                                                             |                                                                                                               | <input type="checkbox"/> No <input type="checkbox"/> Yes                                   |                                                                                                        | By Whom? Telephone: |                                                          |      |                                                                                            |            |  |
| MISC.                      |                | 19. Victim's Date of Birth                                                                                                                                                                                                   |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
|                            |                | Victims SSN:                                                                                                                                                                                                                 |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
|                            |                | Anne was walking her dog "Ebony" on leash when she saw 2 pitbull Bulldog type dogs running loose to her. Anne tried to hurry and bring "Ebony" inside, but both loose dogs caught "Ebony" on the porch and killed her.       |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
|                            |                |                                                                                                                                                                                                                              |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
| II. ANIMAL/OWNER           | IDENTIFICATION | 20. Animal Owner (custodian)                                                                                                                                                                                                 | LEON GRICE A041149                                                                                            |                                                                                            | Telephone [REDACTED]                                                                                   |                     |                                                          |      |                                                                                            |            |  |
|                            |                | 21. Address (No. & Street)                                                                                                                                                                                                   | 92 CEDAR ST                                                                                                   |                                                                                            | (City)                                                                                                 | SPRINGFIELD         | (State)                                                  | MA   | (Zip)                                                                                      | 01105      |  |
|                            |                | 22. Type of animal                                                                                                                                                                                                           | FEMALE, DOG                                                                                                   |                                                                                            | <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild |                     | Est. Age:                                                |      |                                                                                            |            |  |
|                            |                | 23. Description: (Breed, color, etc.)                                                                                                                                                                                        | WHITE / BLACK PIT BULL / BULLDOG A040086                                                                      |                                                                                            | 24. License Number                                                                                     |                     | Date From                                                |      |                                                                                            |            |  |
|                            |                | 25. Behavior                                                                                                                                                                                                                 | <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal |                                                                                            | 26. Prior Bites?                                                                                       |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |                                                                                            |            |  |
|                            |                | 27. Vaccinated against rabies?                                                                                                                                                                                               | UNKNOWN Yes Vet:                                                                                              |                                                                                            | Vaccination Date                                                                                       |                     | Rabies Tag Number                                        |      | <input type="checkbox"/> 1 Year Vaccine <input checked="" type="checkbox"/> 3 Year Vaccine |            |  |
| QUARANTINE                 |                | 28. <input type="checkbox"/> Unable to locate animal                                                                                                                                                                         |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
|                            |                | <input checked="" type="checkbox"/> Animal Confined - TJO From Date: 08/02/2017 To Date: 08/12/2017                                                                                                                          |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
| III. DISPOSITION OF ANIMAL | REVIEW         | 29. If at owner's home, has Quarantine Agreement been signed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                 |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
|                            |                | 30. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:                                                                                                |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
|                            |                | 31. Quarantine released: Date: By:                                                                                                                                                                                           |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
|                            |                | 32. Veterinarian <input type="checkbox"/> Did see animal <input checked="" type="checkbox"/> Did not see animal 33. Head examination is <input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Warranted |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
| LABORATORY                 |                | 34. Remarks: "Tracy" released from TJO 8/2/2017 license                                                                                                                                                                      |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
|                            |                | 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 checked="" type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By: MR                                                                                 |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |
|                            |                | 38. <input checked="" type="checkbox"/> Case Closed: Date: 8/7/17 By: HLO                                                                                                                                                    |                                                                                                               |                                                                                            |                                                                                                        |                     |                                                          |      |                                                                                            |            |  |

39. Person Completing Form: M. R.

Telephone: 413-781-1484

Communication: Requesting Early Removal of Dangerous Designation of Tracy (Hearing)



**THOMAS J. O'CONNOR ANIMAL CONTROL  
AND ADOPTION CENTER**

627 Cottage Street  
Springfield, MA 01104  
413-781-1484

info@tjoconnoradoptioncenter.com

LEON GRICE  
92 CEDAR ST  
SPRINGFIELD, MA 01105

P014149

This is to certify that the person listed above has furnished Thomas J. O'Connor Animal Control with proof the animal described below has been vaccinated against rabies in accordance with the Massachusetts General Laws, and has purchased the required city license tag.

ID# A040086 DOG Female WHITE / BLACK, PIT BULL / BULLDOG Date of birth: 8/3/2011 Animal Name: TRACY

**Dog License**

| License number | License Type | Date Issued | License Expiration Date | Receipt Number | Price |
|----------------|--------------|-------------|-------------------------|----------------|-------|
| L17-5383       | LIC SP-515   | 8/3/2017    | 3/31/2018               |                | 25.00 |

**Rabies certificate**

| Vet ID  | Vaccination Date | Vaccine Expires | Vaccine | Serial Number | Certificate Number |
|---------|------------------|-----------------|---------|---------------|--------------------|
| G000015 | 4/23/2016        | 4/23/2019       | BI      | 4150415A      |                    |

**Veterinarian:**

LUV MY PET  
420 MAPLE ST  
MARLBOROUGH, MA 01752  
(508) 481-0580

image data

**Please be advised that all dogs MUST have their city dog license affixed to their collar at all times.  
Dog licenses must be renewed annually to avoid penalty.  
Licenses renewals are from April 1 to April 30 each year.**

Communication: Requesting Early Removal of Dangerous Designation of Tracy (Hearing)

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

City Clerk's Office  
 36 Court Street, Room 123  
 Springfield, MA 01103  
 Office: (413) 787-6095  
 Direct Dial: (413) 787-6589  
 Fax: (413) 787-6502  
 Email: [awilson@springfieldcityhall.com](mailto:awilson@springfieldcityhall.com)



**THE CITY OF SPRINGFIELD, MASSACHUSETTS**

Mr. Leon Grice  
 92 Cedar Street  
 Springfield, MA 01105

Dear Mr. Grice:

After a hearing held on October 26, 2017, in 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 dogs named "Tracy" and "Rock" are dangerous. You are hereby ordered:

1. You must construct a secure, covered chain-link enclosure with a concrete base in which the dogs must be contained when outside and are not otherwise leashed and under the control of the owner. You must follow any recommendations from Animal Control regarding enclosure.
2. You must obtain and maintain animal liability insurance for the dogs in an amount of at least \$100,000.00 for benefit of the public safety and you must file a copy of the insurance policy with the City Clerk Office.
3. Your dogs must be on a secure harness or leash, and muzzled at all times when off the property owned by you.
4. The dogs must be surgically sterilized (spayed/neutered.)
5. The dogs must be microchipped with the chips indicating the City of Springfield as a contact.
6. You must maintain up to date licensing of "Tracy and Rock" each April, as well as license them as dangerous dogs for 2017.
7. The dog must be turned over to animal control until compliance with the above requirements is attained.

If You do not fully comply with the City's Code and this Order or Order from TJO within two (2) weeks of issuance of this letter, the City shall issue an order that the dogs shall be euthanized.

You are to meet with TJO Director Pam Peebles (or designee) of the TJ O'Connor Animal Control & Adoption Center (TJO) to ascertain what steps that are needed to comply with the Code.

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,

Communication: Requesting Early Removal of Dangerous Designation of Tracy (Hearing)

**NOTICE OF HEARING**

September 13, 2017

The Special Dog Advisory Hearing Committee will conduct a Hearing on **Wednesday, September 13, 2017 at 3:30 P.M** in the Ante Room (second floor) City Hall, 36 Court Street, Springfield, MA. You as the Dog Owner is/are hereby commanded to appear and give testimony and review evidence relative to a determination as to whether dog(s) owned by you is/are potentially vicious or vicious dog(s).

If you are the Complainant/Victim or Witness you are also commanded to appear and give testimony and review evidence relative to a determination as to whether dog(s) that caused the incident should be deemed potentially vicious or vicious dog.

As the Dog Owner if you fail to appear the Committee may still find that the Dog(s) is/are potentially vicious or vicious and/or issued an order for the dog(s) to be euthanized.

The 2 dogs in question are named “Rock” and “Tracy” and are owned by **Leon Grice** who resides at **92 Cedar Street, Springfield, MA .**

**Note: Please notify the City Clerk’s Office at 787-6096 at least 48 hours, if you are unable to attend.**

Communication: Requesting Early Removal of Dangerous Designation of Tracy (Hearing)

M19-018102

A19-051914

ACTIVITY\_1

02/19/19

NOTE

103711

1.3

Extra1

Extra2

Extra3

Extra4

Extra5

Memo Text

Templates

A R

2/19/19-Recieved order from Clerks Office last week. I spoke with Correa over the phone today to follow up; he stated he is appealing the order because he doesn't want to spay or neuter his dogs (although he said he also has no plans to breed them). I advised Correa he only has a limited amount of time under state law to appeal and it has already been 16 business days since the hearing, so he should get to the district court sooner than later to appeal. I emailed City Attorney Alesia Days regarding follow up measure-HLO

3/5/19-Correa came to TJO, provided updated RV certs for Chopper and Nova and also licensed Harley, so now all 3 dogs are UTD and lic (see Tracker). He stated he is willing to build a kennel but is opposed to neutering Chopper (Harley and Nova are already spayed per River Valley Vet RV certs). I advised him to move forward with appeal and if he has complied will other pieces of order court will likely be sympathetic. I did advised him he is likely well past the permitted appeal date but he could inquire about that at court house as well. -HLO

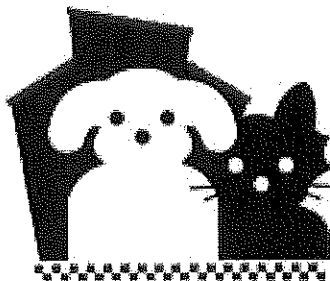
NOVA, SF-RV TAG 190025, EXP 3/3/22. 3 YEAR GIVEN 3/4/19 AT RIVER VALLEY ANIMAL CENTER IN SUFFIELD CT.

HARLEY, SF-RV TAG 190023, EXP 3/3/22. 3 YEAR GIVEN 3/4/19 AT RIVER VALLEY ANIMAL CENTER IN SUFFIELD CT.

CHOPPER, IM-RV TAG 190024, EXP 3/3/22. 3 YEAR GIVEN 3/4/19 AT RIVER VALLEY ANIMAL CENTER IN SUFFIELD CT.

5/13/19-Mailed compliance letter to O as recommended by city attys. (see copy in share drive with DDH files). No reply by 5/28/19, email city atty's Days and Sfranski for next steps.

| Memo No    | Memo Date    | Memo Type | Subtype | Memo Text                              |
|------------|--------------|-----------|---------|----------------------------------------|
| M19-018102 | 02/19/19 00: | NOTE      |         | 2/19/19-Recieved order from Clerks Off |
|            |              |           |         |                                        |
|            |              |           |         |                                        |
|            |              |           |         |                                        |
|            |              |           |         |                                        |



## Thomas J. O'Connor Animal Control & Adoption Center

May 13, 2019

Benny Correa  
219 Morton Street  
Springfield MA 01119

Dear Mr. Correa,

A hearing held at City Hall on 1/24/19 determined that your three dogs are considered Nuisance for unrestrained behaviors. The below orders have been placed on your dogs/property. Please contact this office no later than 5/27/19 to provide proof of compliance. Failure to do so will result in citations and an additional hearing on the status of your dogs.

1. Your dogs must be kept current on rabies vaccinations and licensed, and said licenses must be renewed annually; (all 3 dogs are listed as current on rabies vaccinations but 2018 licenses have expired)
2. Your dogs shall be surgically sterilized and microchipped, with the Thomas J. O'Connor Animal Control & Adoption Center listed as an alternate contact on the microchips. (Nova and Harley are listed as spayed, Chopper is listed as an intact male)
3. You must build and maintain a secure outdoor enclosure within two weeks of the date of the hearing in compliance with City Ordinance 110-8 and MGL 140.157. The secure enclosure will be subject to inspection and approval by an Animal Control Officer from the Thomas J. O'Connor Animal Control and Adoption Center.
4. Your dogs must be humanely restrained with a leash and muzzled at all times when off the property owned by you. Your dogs may not be walked by anyone under the age 18. Your dogs must be confined securely in your residence or in the secure enclosure outdoors; your dogs are prohibited from roaming loose in your yard at any time and must be walked on-leash from your residence to the secure enclosure when outdoors.
5. You must obtain and maintain personal liability insurance for the dogs in an amount of at least \$100,000.00 for benefit of the public safety and you must file a copy of the insurance policy with the City Clerk Office.
6. Ownership of your dogs may not be transferred unless transfer of ownership is to an adult residing in the same residence and the dogs remain housed solely at that residence.

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



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

City Clerk's Office  
 36 Court Street, Room 123  
 Springfield, MA 01103  
 Office: (413) 787-6095  
 Direct Dial: (413) 787-6589  
 Fax: (413) 787-6502  
 Email: [awilson@springfieldcityhall.com](mailto:awilson@springfieldcityhall.com)



**THE CITY OF SPRINGFIELD, MASSACHUSETTS**

Benny Correa  
 219 Morton Street  
 Springfield, MA 01119

2/4/19

Dear Mr. Correa:

After a hearing held on 1/24/19, in accordance with Chapter 110, Section 10 of the Code of the City of Springfield, 2012, as amended, it was determined that your 3 dogs were deemed a Nuisance for unrestrained behaviors.

1. Your dogs must be kept current on rabies vaccinations and licensed, and said licenses must be renewed annually;
2. Your dogs shall be surgically sterilized and microchipped, with the Thomas J. O'Connor Animal Control & Adoption Center listed as an alternate contact on the microchips.
3. You must build and maintain a secure outdoor enclosure within two weeks of the date of the hearing in compliance with City Ordinance 110-8 and MGL 140.157. The secure enclosure will be subject to inspection and approval by an Animal Control Officer from the Thomas J. O'Connor Animal Control and Adoption Center.
4. Your dogs must be humanely restrained with a leash and muzzled at all times when off the property owned by you. Your dogs may not be walked by anyone under the age 18. Your dogs must be confined securely in your residence or in the secure enclosure outdoors; your dogs are prohibited from roaming loose in your yard at any time and must be walked on-leash from your residence to the secure enclosure when outdoors.
5. You must obtain and maintain personal liability insurance for the dogs in an amount of at least \$100,000.00 for benefit of the public safety and you must file a copy of the insurance policy with the City Clerk Office.
6. Ownership of your dogs may not be transferred unless transfer of ownership is to an adult residing in the same residence and the dogs remain housed solely at that residence.

If you do not fully comply with the City's Code and this Order within two (2) weeks of the date of the hearing, the City may seek progressive action and/or issue an order that your dogs shall be impounded at the Thomas J. O'Connor Animal Control & Adoption Center.

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.

Communication: Nuisance Non-Compliance on 3 Dogs at 219 Morton (Hearing)

### 219 Morton Street 2018 History

7/23/18-3 dogs from 219 Morton street were loose. Upon arrival the ACO made contact with the owner, advised him of the leash law.

9/19/18-2 dogs from 219 Morton Street were reported as being loose earlier in the day and had been brought inside by the owner. Upon arrival the ACO made contact with the owner and issued a verbal warning and ordered the dogs be vaccinated and licensed by the end of the month.

9/21/18-3 dogs from 219 Morton were loose. ACO made contact with the owner and owner was cited for 3 loose dogs.

RP states that multiple additional calls have been made to police department regarding the dogs at 219 Morton Street.

As of 9/27/18 there are no dogs currently vaccinated or licensed at 219 Morton Street.

Communication: Nuisance Non-Compliance on 3 Dogs at 219 Morton (Hearing)

## Activity Card

A12-022116-1

INV

Priority Level: 3

Total Animals: 1

Animal Type: DOG

Activity Address: 219 MORTON ST

Activity Comment: LADY SAYING THIS WOMENS DOGS ARE ALWAYS LOOSE TALKED TO OWNER ALL UP TO DA1

## Caller Information:

P018510

CANDIDA WRIGHT

219 MORTON ST

SPRINGFIELD MA 01119

## Result Codes:

1 NOTIC

Officer:

Clerk: EMV

Call Date: 09/06/12 08:25 AM

New Date: 09/06/12 08:25 AM

Dispatch Date:

Working Date:

Complete Date:

Memo:

Communication: Nuisance Non-Compliance on 3 Dogs at 219 Morton (Hearing)

## Activity Card

A13-025456-1 INV/BARK

Priority Level: 3

Total Animals: 1

Animal Type: DOG

Activity Address: 219 MORTON ST

Activity Comment: DOG WHINING FOR 30MIN. ON ARRIVAL NO WHINE HEARD ON MORTON OR ROSEWELL

## Caller Information:

P021320 ANGIE UNKNOWN  
211 ROSEWELL ST  
SPRINGFIELD MA 01109  
[REDACTED]

## Result Codes:

1 COMP

Officer: P012480 ROBICHAUD

Clerk: LAC

Call Date: 09/13/13 11:27 PM

New Date: 09/13/13 11:27 PM

Dispatch Date: 09/13/13 11:37 PM

Working Date: 09/13/13 11:37 PM

Complete Date: 09/13/13 11:37 PM

Memo:

Communication: Nuisance Non-Compliance on 3 Dogs at 219 Morton (Hearing)

## Activity Card

A15-032566-1    STRAY/ROAM    Priority Level: 3    Total Animals: 1    Animal Type: DOG

Activity Address: 219 MORTON ST  
Activity Comment: DOG ATTACKING MAN AND GRANDSON, NO BITE, SCRATCHES

## Caller Information:

## Result Codes:

1 GOA

Officer: P012480 ROBICHAUD    Clerk: TRIGA

Call Date: 09/04/15 11:02 AM

New Date: 09/04/15 11:02 AM

Dispatch Date:

Working Date: 09/04/15 11:15 AM

Complete Date: 09/04/15 11:20 AM

Memo:

Communication: Nuisance Non-Compliance on 3 Dogs at 219 Morton (Hearing)

## Activity Card

A18-048632-1

STRAY/ROAM

Priority Level: 3

Total Animals: 3

Animal Type: DOG

Activity Address: 219 MORTON ST

Activity Comment: THREE DOGS SCARED A WOMEN WALKING WITH HER SON.

## Owner Information:

P037136 BENNY CORREA  
219 MORTON ST  
[REDACTED]

## Caller Information:

## Result Codes:

1 MC  
1 WARN

Officer: P025253 MATEO

Clerk: MATEO

Call Date: 07/23/18 03:15 PM

New Date: 07/23/18 03:15 PM

Dispatch Date:

Working Date: 07/23/18 05:00 PM

Complete Date: 07/23/18 05:15 PM

Memo:

Communication: Nuisance Non-Compliance on 3 Dogs at 219 Morton (Hearing)

## Activity Card

A18-049787-1 STRAY/ROAM

Priority Level: 3

Total Animals: 3

Animal Type: DOG

Activity Address: 219 MORTON ST

Activity Comment: 2 DOGS LOOSE EARLIER, OWNER BROUGHT THEM INSIDE. MC W O RE: DOGS AND LICENCI

## Owner Information:

P037136 BENNY CORREA  
219 MORTON ST  
[REDACTED]

## Caller Information:

## Result Codes:

1 MC

Officer: P025253 MATEO

Clerk: MATEO

Call Date: 09/19/18 11:26 AM

New Date: 09/19/18 11:26 AM

Dispatch Date:

Working Date: 09/19/18 11:26 AM

Complete Date: 09/19/18 11:26 AM

Memo:

Communication: Nuisance Non-Compliance on 3 Dogs at 219 Morton (Hearing)

## Activity Card

A18-049788-1 STRAY/ROAM

Priority Level: 3

Total Animals: 3 Animal Type: DOG

Activity Address: 219 MORTON ST

Activity Comment: THREE DOGS CHASED AND SURROUNDED WOMAN THEN CHASED HER GRANDSON

## Owner Information:

P037136 BENNY CORREA  
219 MORTON ST  
[REDACTED]

## Caller Information:

## Result Codes:

1 MC  
1 CITE

Officer: P025253 MATEO

Clerk: MATEO

Call Date: 09/21/18 07:00 AM

New Date: 09/21/18 07:00 AM

Dispatch Date:

Working Date: 09/21/18 07:20 AM

Complete Date: 09/21/18 08:00 AM

## Memo:

Talked to Benny Correa in regard to second call this week about his dogs being loose. He states his dogs were in his front yard with him and never left his property. His front yard is not fenced in. The woman was walking and three dogs came (two pit bull looking dogs and a small one) and surrounded her while growling. I explained to Correa that his dogs need to be on a leash since his front yard is not fenced in and dogs like to wander and are scaring citizens. Correa replied "fuck them." I had been there before for the same reason. I gave Correa until the end of the month to get his dogs licensed when I talked to him on 9/19/18. Today I cited him for three loose dogs.

Debra Watson (209-6644) from 209 Morton St was today's victim. EM

Communication: Nuisance Non-Compliance on 3 Dogs at 219 Morton (Hearing)

September 26, 2018

To whom it may concern:

from the **neighbors of Morton Street**, Pine point section of Springfield, Ma 01119. We as a neighborhood would like to be heard regarding **Nuisance Dogs** that live in the neighborhood at **219 Morton Street**. I would like to also address the fact that this is also a newly constructed neighborhood as well. We have all attended a neighborhood meeting at the **Independence House 1475 Roosevelt Ave**, this past **Tuesday 25, of September**, about our issues regarding the safety of our neighborhood. We would like to see this problem get resolved for a lot of us are new to the neighborhood, and some aren't. However this is a serious problem that has been ongoing for a good while now. Some of the new neighbors have been dealing with this situation recently, and some from the past as well. We are in fear of our lives, and don't feel comfortable with loose dogs getting out the house, and not having any proper fencing to keep them away from the public. We are afraid to walk around our own neighborhood, if we wanted to take a walk. Our children can't even walk to school, and from without feeling anxiety of being attacked. There was a recent attack on **9/22/18** regarding my neighbor, she was attacked by 3 pit bulls, while my husband witness from the

Communication: Nuisance Non-Compliance on 3 Dogs at 219 Morton (Hearing)

front porch, this woman in horror. My mother and aunt in the month of early August were attacked just walking from around the corner, back to the house she lives in. There were no reports made because I thought the dog just got out by accident. But after having my husband witness my neighbor get attacked I knew that something had to be done about these vicious dogs. My name is Terry Riley, and I love to go for walks in the neighborhood, but feels like a prisoner in my own home these days! I feel like I have to personally carry a weapon with me, in case I was to get attacked by my neighbor's vicious dogs. I'm just simply asking that something be done about this situation, for no one should have to live, day to day with constant fear of being bit or **terrorized by nuisance/dangerous dogs! Please help us fix this problem!!** The neighborhood would also like to request **Officer Sanborn** at the hearing, since she was there for the first neighborhood meeting.

Sincerely,

T. Riley.

413-244-6308  
(195 Morton)

X Jasmine Thomas

X Althea Carter

X Tyronne R. [unclear]

X Alberta Williams

X Debra [unclear] (WATSON)  
X Rebekah + Robert Carter  
X Michael A. Riley  
X Lora [unclear]  
X Sherry Smith - [unclear]  
X Jametta [unclear]  
X [unclear]  
X Mary Hill  
X Fred Shubert

Communication: Nuisance Non-Compliance on 3 Dogs at 219 Morton (Hearing)

July 18, 2019

To whom it may concern,

I am requesting a copy of your investigation from your department regarding the attack on my dog Luke, the morning of July 5, 2019 @ 13 Los Angeles Street, Springfield, MA. At this time, I would also like to also request a dangerous hearing on these dogs, which were off leash and unsupervised, and who entered my property and attacked my dog Luke who was tethered and defenseless.

Thank you,

Gavin E. McRobbie

*Gavin E McRobbie*  
7-18-19

Hx

- "Nilo" loose + upanded @ TJO ~ 2018
- "Nilo" loose + bite incident, @ TJO 2019  
loose w/ "Nova" (also upnd @ TJO)

Vox Hx

- "Nilo", RV done @ TJO ~ 2018, I/M, I/d @ RTO
- "Nova", RV done in Bridgeport CT ~ 2019, I/F, I/d @ RTO

Communication: Dangerous Dog Hearing for Nilo from 13 Los Angeles St Regarding a Bite (Hearing)

Date of Report: 07/05/2019

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

1. Bite Number:  
B19-002280

|                                                                                                                                 |                |                                                                                                                                                                                                                                                |                                                                                                    |                |                 |     |              |                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------|-----------------|-----|--------------|-------------------------------------------------------------------------------|
| I. ANIMAL/PERSON BITTEN                                                                                                         | IDENTIFICATION | 2. Name (Last, First)<br>McRobbie, Luke                                                                                                                                                                                                        | 3. ID #<br>A047311                                                                                 | 4. Sex<br>Male | 5. Age<br>3 yrs | DOB | 6. Telephone |                                                                               |
|                                                                                                                                 | EXPOSURE       | 7. Address (No. & Street)<br>(City) (State) (Zip)                                                                                                                                                                                              | 8. Name of Parent or Guardian (if victim is a minor)<br>MCROBBIE, JEANNETTE (P027182) (L EAR/L EY) |                |                 |     |              | 9. Address (if different)<br>13 LOS ANGELES ST APT 2ND, SPRINGFIELD, MA 01107 |
|                                                                                                                                 |                | 10. Source of Information<br>Jeannette / SPN                                                                                                                                                                                                   | 11. Place of attack<br>13 LOS ANGELES ST                                                           |                |                 |     |              | 12. Time and Date of attack<br>July 5, 2019 10:15 am                          |
|                                                                                                                                 |                | 13. Circumstances of attack: UNPROVOKED                                                                                                                                                                                                        |                                                                                                    |                |                 |     |              |                                                                               |
| TREATMENT                                                                                                                       | MISC.          | 14. Location and description of wound(s): L FACE, MODERATE                                                                                                                                                                                     |                                                                                                    |                |                 |     |              |                                                                               |
|                                                                                                                                 |                | 15. Was wound treated?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: 7/5/19                                                                                                                                     |                                                                                                    |                |                 |     |              |                                                                               |
|                                                                                                                                 |                | 16. Wound treated by:<br><input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. Gandy, Vet Telephone: 413 467-9280                                                                              |                                                                                                    |                |                 |     |              |                                                                               |
|                                                                                                                                 |                | 17. Details of wound treatment<br><input checked="" type="checkbox"/> Washed <input type="checkbox"/> Sutured                                                                                                                                  |                                                                                                    |                |                 |     |              |                                                                               |
| II. ANIMAL/OWNER                                                                                                                | IDENTIFICATION | 20. Animal Owner (custodian) GUERRA, AIDA                                                                                                                                                                                                      |                                                                                                    |                |                 |     |              |                                                                               |
|                                                                                                                                 |                | 21. ID # P037885 Telephone                                                                                                                                                                                                                     |                                                                                                    |                |                 |     |              |                                                                               |
|                                                                                                                                 |                | 22. Address (No. & Street)<br>103 ATHOL ST (City) (State) (Zip)<br>SPRINGFIELD, MA 01104                                                                                                                                                       |                                                                                                    |                |                 |     |              |                                                                               |
|                                                                                                                                 |                | 23. Type of animal MALE, DOG ID # A044225 <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild Est. Age: 1 YEAR 5                                                                            |                                                                                                    |                |                 |     |              |                                                                               |
| QUARANTINE                                                                                                                      | REVIEW         | 24. Description: (Breed, color, etc.)<br>BL BRINDLE PIT BULL NILO                                                                                                                                                                              |                                                                                                    |                |                 |     |              |                                                                               |
|                                                                                                                                 |                | 25. License Tag: 114-5471 Year: 2014 Expires: 3/31/20                                                                                                                                                                                          |                                                                                                    |                |                 |     |              |                                                                               |
|                                                                                                                                 |                | 26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal                                                                                                                     |                                                                                                    |                |                 |     |              |                                                                               |
|                                                                                                                                 |                | 27. Prior Bites? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                      |                                                                                                    |                |                 |     |              |                                                                               |
| III. DISPOSITION OF ANIMAL                                                                                                      | LABORATORY     | 28. Vaccinated against rabies?<br><input checked="" type="checkbox"/> Yes Vet: KENNETH ELLIOT Vaccination Date: 9/20/18 Rabies Tag Number: R16-0694 <input checked="" type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine |                                                                                                    |                |                 |     |              |                                                                               |
|                                                                                                                                 |                | 29. <input type="checkbox"/> Unable to locate animal <input checked="" type="checkbox"/> Confined at TJO                                                                                                                                       |                                                                                                    |                |                 |     |              |                                                                               |
|                                                                                                                                 |                | 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>via email 7/12/19                                                                                                                                                                         |                                                                                                    |                |                 |     |              |                                                                               |
| 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                            |                |                                                                                                                                                                                                                                                |                                                                                                    |                |                 |     |              |                                                                               |
| 34. Remarks: Sent Home with Owner on 7/6/19 current on Rab                                                                      |                |                                                                                                                                                                                                                                                |                                                                                                    |                |                 |     |              |                                                                               |
| 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 checked="" type="checkbox"/> Phone <input type="checkbox"/> Mail |                |                                                                                                                                                                                                                                                |                                                                                                    |                |                 |     |              |                                                                               |
| 38. <input checked="" type="checkbox"/> Case Closed: Date: 7/16/19 By: M.R.                                                     |                |                                                                                                                                                                                                                                                |                                                                                                    |                |                 |     |              |                                                                               |
| 39. Officer Completing Form: M.R. Telephone: 413 781-1484                                                                       |                |                                                                                                                                                                                                                                                |                                                                                                    |                |                 |     |              |                                                                               |

Activity - 103711 at SHELTER

File Windows Commands Procedures Reports Extras Help

☐ Modified Fields

Activity No: A19-05497, 2 Seq Type: INV Subtype: BITE Priority: 2 Danger: 2 Total Type: DOG Tag No: 4 Extra: 1

Phone: 413 827-930. P: 413

Caller: 413

No: 13 Sfx: Dr: Name: LOS ANGELES Type: Qdt: Apt: ST

SPRINGFIELD MA 01107

Common Place Name: Gross Street Low: Gross Street High:

Comment: 2 LOOSE PIT BULLS RAN INTO YARD AT 13 LOS ANGELES AND ATTACKED THEIR DOG. 1 DOG BIT, 1 DOG WATCHED

Geo: Jurisdiction: SPRINGFIELD Map Page: Extra2: Extra3: Extra4: Extra5:

Animal ID: A044225 Animal Description: MAX BR BRINDLE M PIT BULL

Owner ID: P040858 Owner Description:

| Activity No | Seq | Type  | Caller ID | Phone No | Owner ID | Animal ID | No | Dr | Street    | St Type | Apt | City        | Zip   | Color | Breed            |
|-------------|-----|-------|-----------|----------|----------|-----------|----|----|-----------|---------|-----|-------------|-------|-------|------------------|
| A19-054976  | 2   | INV   |           | 8279301  | P040858  | A044225   | 13 |    | LOS ANGEL | ST      |     | SPRINGFIELD | 01107 | BL    | BRINDLE PIT BULL |
| A19-054976  | 1   | INV   |           | 8279301  | P040858  | A047509   | 13 |    | LOS ANGEL | ST      |     | SPRINGFIELD | 01107 | BL    | BRINDLE PIT BULL |
| A19-053624  | 1   | STRAY | P039920   | 2219914  | P034743  | A046493   | 41 |    | LOS ANGEL | ST      |     | SPRINGFIELD | 01107 | BLACK | DOMESTIC         |
| A18-046916  | 1   | OWNED | P019642   | 7770626  | P019642  | A042344   | 41 |    | LOS ANGEL | ST      |     | SPRINGFIELD | 01107 | BLACK | GERMAN SHEPHERD  |
| A18-046345  | 1   | STRAY | P000203   |          | P035779  | A041997   | 15 |    | LOS ANGEL | ST      |     | SPRINGFIELD | 01107 | BRN   | TAB DOMESTIC     |
| A18-046343  | 1   | STRAY | P000203   |          | P035779  | A041997   | 15 |    | LOS ANGEL | ST      |     | SPRINGFIELD | 01107 | BRN   | TAB DOMESTIC     |

MR 2019-07-05 09:55:03 097

Status: COMPLETED

Call: 07/05/19 08:3

New: 07/05/19 08:3

Dispatch: 07/05/19 08:4

Animal: 07/05/19 08:4

Complete: 07/05/19 08:5

Clerk ID: MR

Officer ID: P026961

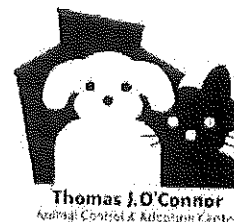
Cancel By: Reason: Charalet:

Qty Result: 2 IMPND

Qty Result:

Mile:

Thomas J. O'Connor Animal Control and Adoption Center  
 627 Cottage Street  
 Springfield, MA 01104  
 413-781-1484 TTY 413-787-6745 Fax 413-781-5331  
 www.tjoconnoradoptioncenter.com



## CERTIFICATE OF RABIES VACCINATION

### ADOPTER

LUIS MERCADO

PERSON ID  
 P040858

### ADDRESS

103 ATHOL ST  
 SPRINGFIELD, MA 01107

### PHONE

(413) 219-5910

| Animal ID | Type        | ANIMAL INFORMATION     |           |  | Name |
|-----------|-------------|------------------------|-----------|--|------|
|           |             | Description            | Age       |  |      |
| A044225   | MALE<br>DOG | PIT BULL<br>BL BRINDLE | 1.4 years |  | NILO |

### RABIES VACCINE

Vaccination Date: 9/26/2018  
 Expiration Date: 9/26/2019  
 Tag Number: R18-1593  
 Producer: MER  
 Lot Number: 4150447A  
 K/MLV: KILLED

Veterinarian:  
 KAREN FOLLETT - LIC # 4450

627 COTTAGE ST  
 SPRINGFIELD, MA 01104  
 (413) 781-1484

Communication: Dangerous Dog Hearing for Nilo from 13 Los Angeles St Regarding a Bite (Hearing)

# City of Springfield

## 2019 Dog License

Date: 09/27/2018

AIDA GUERRA  
103 ATHOL ST  
SPRINGFIELD, MA 01104

Phone: 413-219-7679

Tag #: L18-5532

Tag Exp: 03/31/2019

Rabies Vac: 09/26/2018

Rabies Exp: 09/26/2019

Dog Name: NILO (A044225)

Age: 1Y 5M

Gender: MALE

Breed: PIT BULL

Color: BI Brindle

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

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

### Rabies

**RABIES**-Rabies is a viral infection which affects the central nervous system (brain and spinal cord) of mammals. The virus enters the body through a wound made when a rabid animal bites another animal or person. It is nearly always fatal if not treated before symptoms begin.

**SYMPTOMS**-Rabies may appear in either the dumb or furious form. The symptoms are not constant, but as a rule dogs with dumb rabies are very restless. The eyes take on a bright appearance with dilated pupils. The infected dog may be more affectionate than usual. The throat and jaws gradually become paralyzed so that the mouth hangs open. The dog often has difficulty swallowing and salivates; this may be mistaken for an object stuck in the throat. The dog may snap at imaginary objects. Dogs affected by the furious form of rabies become irritable and restless, snapping at people or other animals. They may chew up foreign objects or try to get out of the house to run. If confined they will often tear at objects and pace or run aimlessly, snapping and biting at moving objects in their path. In both forms of rabies there is a high pitched howl. Symptoms exhibited prior to death can include exhaustion and limb paralysis. Rabies does not appear as sudden convulsions or fits.

**If a dog bites person do not destroy it;** confine the dog and contact a veterinarian or your local Animal Control Officer. Per Massachusetts rabies regulations, the dog should be kept under quarantine and observation for a designated amount of time. If the animal remains well through that period there is no danger of rabies transmission to the animal or person bitten. If the animal under observation has rabies, definite symptoms and death will occur during the quarantine period. Alternately, an owner may elect to have a licensed veterinarian perform humane euthanasia and rabies testing on the suspected rabid dog.

**ALL PERSONS BITTEN BY OR EXPOSED TO A RABID OR SUSPECTED RABID ANIMAL SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY.**

Massachusetts Department of Public Health-Epidemiology  
305 South Street, Jamaica Plain, MA 02130  
Tel: (617) 983-6550

### City of Springfield Chapter 110

**LICENSING AND RABIES VACCINATION**- Each owner of a dog, cat or ferret that is three months of age or older shall cause such dog, cat or ferret to be vaccinated against rabies by a licensed veterinarian. Unvaccinated dogs, cats or ferrets acquired or moved into the Commonwealth shall be vaccinated within thirty days after the acquisition or arrival of such Animal into the Commonwealth or upon reaching the age of three months, whichever occurs last.

**DOG LICENSES**-Applications for dog licenses shall be made to the Licensing Authority. If not revoked, licenses for the keeping of dogs shall be for a period of one year, running from April 1 to March 31. Reapplication for a license may be made up to thirty days prior to April 1. Application for a license must be made within thirty days after obtaining a dog over six months of age or within thirty days after moving a dog into the City. This requirement will not apply to a nonresident keeping a dog within the City for fewer than sixty days. License fees are as follows-

Unneutered/Unspayed dog: \$25.

Neutered/Spayed dog: \$5.

Dog that has been declared a Dangerous Dog or a Nuisance Dog: \$100.

Failure to license and vaccinate dogs as required may result in fines of \$50 and \$100.

**RESTRAINT**-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 six feet long, except in cases where the dog is confined in a fenced-in area or pen or when the dog is in a dog park. Failure to comply with the leash law may result in fines up to \$300.

The owner of a reproductively whole dog or cat over the age of six months found to be at large shall be subject to a fine of \$100 per violation.

**ANIMAL WASTE**-The owner or person in possession of any Animal shall be responsible for the removal of any fecal matter deposited by such Animal(s) on public walks, recreation areas or private property. Failure to comply may result in fines of \$50, \$100 and \$300.

Communication: Dangerous Dog Hearing for Nilo from 13 Los Angeles St Regarding a Bite (Hearing)

# City of Springfield

## 2019 Dog License

Date: 07/08/2019

LUIS MERCADO  
103 ATHOL ST  
SPRINGFIELD, MA 01107

Phone: 413-219-5910

Tag #: U19-006627

Tag Exp: 03/31/2020

Rabies Vac: 11/20/2018

Rabies Exp: 11/20/2019

Dog Name: NOVA (A047509)

Age: 1Y 4M

Gender: FEMALE

Breed: PIT BULL

Color: Br Brindle

*This License expires on 03/31/2020*

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

### Rabies

**RABIES**-Rabies is a viral infection which affects the central nervous system (brain and spinal cord) of mammals. The virus enters the body through a wound made when a rabid animal bites another animal or person. It is nearly always fatal if not treated before symptoms begin.

**SYMPTOMS**-Rabies may appear in either the dumb or furious form. The symptoms are not constant, but as a rule dogs with dumb rabies are very restless. The eyes take on a bright appearance with dilated pupils. The infected dog may be more affectionate than usual. The throat and jaws gradually become paralyzed so that the mouth hangs open. The dog often has difficulty swallowing and salivates; this may be mistaken for an object stuck in the throat. The dog may snap at imaginary objects. Dogs affected by the furious form of rabies become irritable and restless, snapping at people or other animals. They may chew up foreign objects or try to get out of the house to run. If confined they will often tear at objects and pace or run aimlessly, snapping and biting at moving objects in their path. In both forms of rabies there is a high pitched howl. Symptoms exhibited prior to death can include exhaustion and limb paralysis. Rabies does not appear as sudden convulsions or fits.

If a dog bites person do not destroy it; confine the dog and contact a veterinarian or your local Animal Control Officer. Per Massachusetts rabies regulations, the dog should be kept under quarantine and observation for a designated amount of time. If the animal remains well through that period there is no danger of rabies transmission to the animal or person bitten. If the animal under observation has rabies, definite symptoms and death will occur during the quarantine period. Alternately, an owner may elect to have a licensed veterinarian perform humane euthanasia and rabies testing on the suspected rabid dog.

**ALL PERSONS BITTEN BY OR EXPOSED TO A RABID OR SUSPECTED RABID ANIMAL SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY.**

Massachusetts Department of Public Health-Epidemiology  
305 South Street, Jamaica Plain, MA 02130  
Tel: (617) 983-6550

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Communication: Dangerous Dog Hearing for Nilo from 13 Los Angeles St Regarding a Bite (Hearing)

To whom it may concern,  
I've been having problems with  
a pitbull name (future), he has jumped  
in my yard and attacked my dog  
Max. Max has several wounds do to  
the bites from Future. I am  
concerned of the safety of my  
childrens and the community. If  
any questions or concern please  
contact me at 413-523-6201.  
He also is loose most of the time.

Sincerely,

Iris x Burgos-Rios

(Rec'd by AC - 9/20/19)

### Summary of activities at 42 Queen Street, Springfield

#### 2019

September 7, 2019-Complaint from Springfield Police Department about loose dog from 42 Queen Street; Animal Control unable to locate dog.

Approximately 30 minutes later on the same date call about loose dog and a bite on Queen Street. "Future" from 42 Queen Street and "Max" from 34 Queen Street were both loose in the street when "Future" bit "Max" on the head, resulting in 2 punctures to r-front leg. "Future" was removed from the scene by owner and refused to allow animal control to confiscate the dog for quarantine.

September 11, 2019-Complaint that "Future" was loose again despite needing to be quarantined. Owner again non-compliant; male party in the home hostile and threatening towards Animal Control Officer. Citations issued.

September 20, 2019-"Future" jumped the fence of his yard at 42 Queen Street into yard at 34 Queen Street and again attacked "Max," resulting in 2 punctures to his head. Owner non-compliant.

TJO has no vaccine or license history for "Future."

#### Prior History

TJO has extensive history at 42 Queen Street with Rebecca Morales, owner of "Future". In 2019 TJO received a call about a loose dog from 42 Queen Street. In 2015 and 2016 there were 2 calls each year for loose dogs from this property. In 2016 Animal Control did a well-being check at the home for a complaint about a dog tied out excessively, and in 2018 another well-being check regarding a complaint for a dog being beaten. During these calls Animal Control found at least 3 different dogs at the home, "Bojer," "Army" and "Fuchia." It is unknown where these dogs currently reside.

## Activity Card

A19-056333-1

STRAY/ROAM

Priority Level: 3

Total Animals: 1

Animal Type: DOG

Activity Address: 42 QUEEN ST

Activity Comment: LOOSE DOG

## Caller Information:

P000203

SPRINGFIELD POLICE

130 PEARL ST

SPRINGFIELD MA 01105

(413) 787-6302

## Result Codes:

1 UTL

Officer: P030355 SANBORN

Clerk: 111659

Call Date: 09/07/19 05:14 PM

New Date: 09/07/19 05:14 PM

Dispatch Date:

Working Date: 09/07/19 05:40 PM

Complete Date: 09/07/19 05:50 PM

Memo:

Communication: Dangerous Dog Hearing 42 Queen St (Hearing)

## Activity Card

A19-056335-1 INV/BITE

Priority Level: 2

Total Animals: 1 Animal Type: DOG

Activity Address: 42 QUEEN ST

Activity Comment: SECOND CALL FOR LOOSE DOG, THIS TIME A BITE OCCURRED. BOTH OWNER'S DOGS WEF

## Owner Information:

P009311 REBECCA MORALES  
42 QUEEN ST  
[REDACTED]

## Caller Information:

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

A048437

## Result Codes:

1 COMP  
1 RPRT

Officer: P030355 SANBORN

Clerk: 111659

Call Date: 09/07/19 06:22 PM

New Date: 09/07/19 06:22 PM

Dispatch Date:

Working Date: 09/07/19 07:42 PM

Complete Date: 09/07/19 07:59 PM

Memo:

Communication: Dangerous Dog Hearing 42 Queen St (Hearing)

Date of Report: 09/07/2019

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

1. Bite Number:  
B19-002348

| I. ANIMAL/BITEEN BITTEN    |  | IDENTIFICATION                                                                                                                                                                                                                                            |                                                                                                                     |
|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
|                            |  | 2. Name (Last, First)<br>BURGOS, "Max"                                                                                                                                                                                                                    | 3. ID #<br>A044245                                                                                                  |
|                            |  | 4. Sex<br>male                                                                                                                                                                                                                                            | 5. Age<br>2YR                                                                                                       |
|                            |  | 6. Telephone<br>[REDACTED]                                                                                                                                                                                                                                |                                                                                                                     |
|                            |  | 7. Address (No. & Street)<br>34 QUEEN ST, SPRINGFIELD, MA 01109                                                                                                                                                                                           |                                                                                                                     |
|                            |  | 8. Name of Parent or Guardian (if victim is a minor)<br>BURGOS, IRIS (P037904)                                                                                                                                                                            |                                                                                                                     |
|                            |  | 9. Address (if different)<br>34 QUEEN ST, SPRINGFIELD, MA 01109                                                                                                                                                                                           |                                                                                                                     |
|                            |  | 10. Source of Information<br>Iris Burgos                                                                                                                                                                                                                  |                                                                                                                     |
|                            |  | 11. Place of attack<br>QUEEN ST                                                                                                                                                                                                                           |                                                                                                                     |
|                            |  | 12. Time and Date of attack<br>September 7, 2019 7:00 pm                                                                                                                                                                                                  |                                                                                                                     |
|                            |  | 13. Circumstances of attack:<br>provoked                                                                                                                                                                                                                  |                                                                                                                     |
|                            |  | 14. Location and description of wound(s):<br>2 punctures @ front leg                                                                                                                                                                                      |                                                                                                                     |
|                            |  | 15. Was wound treated?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: 9/7/19                                                                                                                                                |                                                                                                                     |
|                            |  | 16. Wound treated by:<br><input type="checkbox"/> Self <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone: 8945                                                                                                            |                                                                                                                     |
|                            |  | 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:                                                                                                                               |                                                                                                                     |
|                            |  | Both Max and Future were unrestrained on the street and Future attacked Max. Both dogs are intact males and Max is Unvaccinated. Future was not injured. Max has 2 minor punctures to R front forearm. Owner of Future has hidden him from Animal Control |                                                                                                                     |
| II. ANIMAL/OWNER           |  | IDENTIFICATION                                                                                                                                                                                                                                            |                                                                                                                     |
|                            |  | 20. Animal Owner (custodian) MORALES, REBECCA                                                                                                                                                                                                             | 21. ID # P009311                                                                                                    |
|                            |  | 22. Address (No. & Street)<br>42 QUEEN ST                                                                                                                                                                                                                 | Telephone: [REDACTED]                                                                                               |
|                            |  | (City) (State) (Zip)<br>SPRINGFIELD, MA 01109                                                                                                                                                                                                             |                                                                                                                     |
|                            |  | 23. Type of animal MALE, DOG                                                                                                                                                                                                                              | ID # A048437                                                                                                        |
|                            |  | <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild                                                                                                                                                    | Est. Age: 2 YEARS                                                                                                   |
|                            |  | 24. Description: (Breed, color, etc.)<br>BLACK / WHITE PIT BULL                                                                                                                                                                                           | FUTURE                                                                                                              |
|                            |  | 25. License<br>Tag: unlicensed                                                                                                                                                                                                                            | Expires:                                                                                                            |
|                            |  | 26. Behavior <input checked="" type="checkbox"/> Unknown <input 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 |
|                            |  | 29. <input checked="" type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO                                                                                                                                                  | dog being hidden                                                                                                    |
|                            |  | <input type="checkbox"/> Animal Confined - HOME                                                                                                                                                                                                           | From Date: 09/07/2019 To Date: 09/17/2019                                                                           |
|                            |  | 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>31A fax 9/19/19                                                |
| 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:                                                                                                                                                                                                                                              |                                                                                                                     |
|                            |  | 35. Head sent to Lab: DATE BY TELEPHONE                                                                                                                                                                                                                   |                                                                                                                     |
|                            |  | 36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY                                                                                                                                   |                                                                                                                     |
|                            |  | 37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail                                                                                                                                      |                                                                                                                     |
|                            |  | Date: By:                                                                                                                                                                                                                                                 |                                                                                                                     |
|                            |  | 38. <input type="checkbox"/> Case Closed: Date: By:                                                                                                                                                                                                       |                                                                                                                     |
|                            |  | 39. Officer Completing Form: [Signature] Telephone: 781-1485                                                                                                                                                                                              |                                                                                                                     |

## Activity Card

A19-056339-1 INV/BITEF

Priority Level: 2

Total Animals: 1

Animal Type: DOG

Activity Address: 42 QUEEN ST

Activity Comment: UTMIC WITH MORALES. WE HAD AN APPOINTMENT TODAY FOR ME TO SEE PROOF OF RV (S

## Owner Information:

P009311 REBECCA MORALES

42 QUEEN ST  
[REDACTED]

## Caller Information:

P009311 REBECCA MORALES

42 QUEEN ST

SPRINGFIELD MA 01109  
[REDACTED]

A048437

Officer: P030355 SANBORN

Clerk: 111659

Call Date: 09/08/19 11:00 AM

New Date: 09/08/19 11:00 AM

Dispatch Date:

Working Date: 09/08/19 11:40 AM

Complete Date: 09/08/19 11:47 AM

## Result Codes:

1 UTMIC

Memo:

Communication: Dangerous Dog Hearing 42 Queen St (Hearing)

## Activity Card

A19-056404-1

INV/BITEF

Priority Level: 2

Total Animals: 1

Animal Type: DOG

Activity Address: 42 QUEEN ST

Activity Comment: FUTURE RUNNING LOOSE...VIDEO PROOF (SEE NOTES)

## Owner Information:

P009311 REBECCA MORALES

42 QUEEN ST

[REDACTED]

## Caller Information:

A048437

Officer: P030355 SANBORN

Clerk: 111659

Call Date: 09/11/19 05:26 PM

New Date: 09/11/19 05:26 PM

Dispatch Date:

Working Date: 09/11/19 06:50 PM

Complete Date: 09/11/19 06:58 PM

## Result Codes:

1 CITE

1 RPRT

## Memo:

Concerned caller reporting that Future was running loose on Queen street despite Animal Control being informed he was "being hidden" so he would not be confiscated. The caller supplied Officer Sanborn with photos and videos confirming he is loose and still in the neighborhood. Caller reported Future went after another small dog today and her grand daughter.

Upon arrival, I spoke with Rebecca Morales and advised her that because she failed to provide proof of Rabies and the fact that Future was running loose within the 10 days following a bite incident, I was there to bring him in to Animal Control for the remainder of the Quarantine. She advised me that his new owner was just over visiting with him and they have left the street. I reminded her of her story on 9/7/19 in which she claimed to be the owner of Future and he was in fact current on RV. I inquired why she was not there as planned 9/8/19. I again reminded her we had an appointment. She had no response. I also advised Morales that Future should have never left the property when she knew he had bitten another dog on 9/7/19. At this time, I advised Morales that I would be issuing her a Citation as the owner of Future. I gave her my card and strongly advised her to call me Thursday 9/12/19 and provide the name and address where Future is now living. I further advised her she is the owner of record and unless she provides supplemental information, the burden would be hers to bear with regards to Future's aggressive nature and frequently loose episodes on Queen st. I am going to issue Citations and if she reaches out with new owner information, she can appeal, but at this point she is interfering with an Animal Control Officer and allowing Future to run loose knowing full well how aggressive he is. While I was there, the AA male with the limb deformity came out screaming profanities and ordering me off the FN street. I advised him to back up as I was discussing the situation with Morales. This man is DANGEROUS.....JS

Communication: Dangerous Dog Hearing 42 Queen St (Hearing)

## Activity Card

A19-056565-1

INV/BITE

Priority Level: 2

Total Animals: 1

Animal Type: DOG

Activity Address: 34 QUEEN ST

Activity Comment: MAX ATTACKED IN HIS OWN YARD BY FUTURE FROM #42 QUEEN ST//SECOND BITE IN 2 WEI

## Owner Information:

P037904 IRIS BURGOS

34 QUEEN ST

[REDACTED]

## Caller Information:

P037904 IRIS BURGOS

34 QUEEN ST

SPRINGFIELD MA 01109

[REDACTED]

A044245

Officer: P030355 SANBORN

Clerk: 111659

Call Date: 09/20/19 12:00 PM

New Date: 09/20/19 12:00 PM

Dispatch Date:

Working Date: 09/20/19 12:13 PM

Complete Date: 09/20/19 12:16 PM

Memo:

## Result Codes:

1 RPRT

Communication: Dangerous Dog Hearing 42 Queen St (Hearing)

Date of Report: 09/19/2019

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

 1. Bite Number:  
B19-002355

| I. ANIMAL/PERSON BITTEN                                                       |                                                                                                                                                                                                                                                             | II. ANIMAL/OWNER          |                                                                                                                                          | III. DISPOSITION OF ANIMAL                                                                             |                          |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------|
| IDENTIFICATION                                                                | 2. Name (Last, First)<br><i>Burgos, Max</i>                                                                                                                                                                                                                 | 3. ID.#<br><i>A044245</i> | 4. Sex<br><i>Male</i>                                                                                                                    | 5. Age<br><i>2 yrs</i>                                                                                 | DOB                      |
|                                                                               | 7. Address (No. & Street)                                                                                                                                                                                                                                   | (City)                    | (State)                                                                                                                                  | (Zip)                                                                                                  | 6. Telephone             |
|                                                                               | 8. Name of Parent or Guardian (if victim is a minor)<br><i>BURGOS, IRIS (P037904)</i>                                                                                                                                                                       |                           | 9. Address (if different)<br><i>34 QUEEN ST, SPRINGFIELD, MA 01109</i>                                                                   |                                                                                                        |                          |
|                                                                               | 10. Source of Information<br><i>Iris Burgos</i>                                                                                                                                                                                                             |                           | Victim Telephone - Other                                                                                                                 |                                                                                                        |                          |
|                                                                               | 11. Place of attack<br><i>34 QUEEN ST</i>                                                                                                                                                                                                                   |                           | 12. Time and Date of attack<br><i>September 19, 2019 1:00 pm</i>                                                                         |                                                                                                        |                          |
| EXPOSURE                                                                      | 13. Circumstances of attack:<br><i>unprovoked - in his own fenced yard</i>                                                                                                                                                                                  |                           |                                                                                                                                          |                                                                                                        |                          |
|                                                                               | 14. Location and description of wound(s):                                                                                                                                                                                                                   |                           |                                                                                                                                          |                                                                                                        |                          |
| TREATMENT                                                                     | 15. Was wound treated?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: <i>9/19/19</i>                                                                                                                                          |                           | 16. Wound treated by:<br><input type="checkbox"/> Self <input checked="" 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? <i>N/A</i>                   |                                                                                                        |                          |
|                                                                               | 19. Anti-Rabies Treatment Given?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? <i>N/A</i>                                                                                                                                 |                           | Telephone:                                                                                                                               |                                                                                                        |                          |
|                                                                               | 19. Anti-Rabies Treatment Given?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? <i>N/A</i> Telephone:                                                                                                                      |                           |                                                                                                                                          |                                                                                                        |                          |
| MISC.                                                                         | Max was inside his fenced yard. Future jumped over the 4 foot chain link and attacked Max. Puncture wound to skull. Burgos was a witness. Future's owner jumped fence as well to contain Future and then carried him back to #42 Queen St. Uncooperative O. |                           |                                                                                                                                          |                                                                                                        |                          |
| IDENTIFICATION                                                                | 20. Animal Owner (custodian) <i>MORALES, REBECCA</i>                                                                                                                                                                                                        |                           | 21. ID # <i>P009311</i>                                                                                                                  |                                                                                                        | Telephone:               |
|                                                                               | 22. Address (No. & Street)<br><i>42 QUEEN ST</i>                                                                                                                                                                                                            |                           | (City)                                                                                                                                   | (State)                                                                                                | (Zip)                    |
|                                                                               | 23. Type of animal <i>MALE, DOG</i>                                                                                                                                                                                                                         |                           | ID # <i>A048437</i>                                                                                                                      | <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild | Est. Age: <i>2 YEARS</i> |
|                                                                               | 24. Description: (Breed, color, etc.)<br><i>BLACK / WHITE PIT BULL</i>                                                                                                                                                                                      |                           | 25. License <i>unlicensed</i>                                                                                                            |                                                                                                        |                          |
|                                                                               | 26. Behavior <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal                                                                                                                                  |                           | 27. Prior Bites? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                     |                                                                                                        |                          |
| QUARANTINE                                                                    | 28. Vaccinated against rabies?<br><i>NO</i> Vet: <i>no proof provided</i>                                                                                                                                                                                   |                           | Vaccination Date Rabies Tag Number <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine                       |                                                                                                        |                          |
|                                                                               | 29. <input checked="" type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO<br><input type="checkbox"/> Animal Confined - <i>42 QUEEN ??</i>                                                                                   |                           | From Date: <i>09/19/2019</i> To Date: <i>09/28/2019</i>                                                                                  |                                                                                                        |                          |
|                                                                               | 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>11/6/19 fax 9/22/19</i>                                                          |                                                                                                        |                          |
|                                                                               | 31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:                                                                                                                               |                           |                                                                                                                                          |                                                                                                        |                          |
| REVIEW                                                                        | 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:                                                                                                                                                                                                                                                |                           |                                                                                                                                          |                                                                                                        |                          |
|                                                                               | 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                                                                                                                                        |                           |                                                                                                                                          |                                                                                                        |                          |
| LABORATORY                                                                    | Date: By:                                                                                                                                                                                                                                                   |                           |                                                                                                                                          |                                                                                                        |                          |
|                                                                               | 38. <input type="checkbox"/> Case Closed: Date: By:                                                                                                                                                                                                         |                           |                                                                                                                                          |                                                                                                        |                          |
| 39. Officer Completing Form: <i>SANBORN, Juler</i> Telephone: <i>781-1435</i> |                                                                                                                                                                                                                                                             |                           |                                                                                                                                          |                                                                                                        |                          |