| LEE COUNTY DOMESTIC ANIMAL SERVICES<br>5600 Banner Drive, Ft. Myers FL 33912 Phone (239) 533-7387  |                           |  |                    |  |                 |  |
|--|---------------------------|--|--------------------|--|-----------------|--|
| Activity #: Po   | Police Report #:          |  | Date of Statement: |  |                 |  |
| PERSON <u>MAKING STATEMENT</u> (Last name, first name, MI):  |                           |  | WORK PHONE         |  | HOME PHONE      |  |
| STREET ADDRESS & CITY OF PERSON  | I <u>MAKING STAT</u>      | IAKING STATEMENT   |                    | E  | ZIP             |  |
| OWNER OF ANIMAL (Last name, first name)   STREET/CITY/ZIP OF WHERE OWNER OF ANIMAL LIVES   |                           |  |                    |  |                 |  |
| Date of_Incident Time of Incident<br>AM / PM Exact Location of Incident:   |                           |  |                    |  |                 |  |
| Were you an eyewitness to offense?<br>Yes / No   | court? Yes                |  | n                  | Are you able to describe the actions of the dog(s)? Yes / No |                 |  |
| Was the animal running at large?<br>Yes / No   | Was the anir<br>Yes / No  | nal off its property?  |                    | Are you familiar with the animal(s)?<br>Yes / No / NA        |                 |  |
| Were there any other witnesses?<br>Yes / No (Please provide in statement)  | How long ha<br>animal(s)? | How long has the Defendant owned the<br>animal(s)?List any injuriesYearsMonths |                    |  | <u>6</u> ?      |  |
| BREED OF ANIMAL  | COLO                      | R/MARKINGS   | MAL                | E FEMALE   | Photo ID/Known? |  |
|  |                           |  |                    |  |                 |  |
|  |                           |  |                    |  |                 |  |
| WODN AFEIDAWIT, T  |                           | 1.1  |                    |  |                 |  |
| SWORN AFFIDAVIT: I,, do hereby <u>VOLUNTARILY</u> make the following statement, without threat, coercion, offer of benefit or favor by any persons whomsoever: |                           |  |                    |  |                 |  |
|  |                           |  |                    |  |                 |  |
|  |                           |  |                    |  |                 |  |
|  |                           |  |                    |  |                 |  |
| (Continued on Back Yes/No?)  |                           |  |                    |  |                 |  |
| I SWEAR OR AFFIRM THAT THE ABOVE STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.<br>SIGNATURE DATE                                       |                           |  |                    |  |                 |  |
| I,, hereby affirm that I have translated from Spanish to English the verbal statement of   |                           |  |                    |  |                 |  |
| Signature  |                           |  |                    |  |                 |  |
| STATE OF FLORIDA, COUNTY OF LEE<br>The foregoing instrument was acknowledged before me of $\Box$ Physical presence or $\Box$ Online notarization this          |                           |  |                    |  |                 |  |
| this, day of, 20,  |                           |  |                    |  |                 |  |
| <i>by</i> ""   |                           |  |                    |  |                 |  |
| (Notary Seal), Notary Public, State of Florida<br>(Notary Signature)   |                           |  |                    |  |                 |  |

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|---|------------------|--------------------|--|--|--|--|
| Activity #:   | Police Report #: | Date of Statement: |  |  |  |  |
| (CONTINUED FROM OTHER SIDE)   |                  |                    |  |  |  |  |
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