REPORTING REQUIREMENT: EXEMPT-LAW ENFORCEMENT

DOMESTIC ANIMAL CONTROL
CAMP LEJEUNE, NC 28542
PHONE NUMBER (910) 451-2695

CASE NUMBER: _____

CONTINUATION SHEET YES ☐ NO ☐

STRAY / NUISANCE / BITE REPORT

PRIVACY ACT

Information contained on this form is maintained under the Systems of Records Notice NM05580-1 Security Incident System (January 9, 2007, 72 FR 959) **AUTHORITY:** 10 U.S.C. 5013, Secretary of the Navy: 10 U.S.C. 5041, Headquarters, Marine Corps: and E.O. 9397 (SSN). **PRINCIPLE:** Individuals involved in or witnessing or reporting incidents requiring the attention of base, station, or activity security personnel. **PURPOSE:** To track and prosecute offenses, counsel victims, and other administrative actions; to support insurance claims and civil litigation. **ROUTINE USE:** May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a (b)(3). To individuals involved in base incidents, their insurance companies, and/or their attorneys for the purpose of adjudicating a claim, such as personal injury or other damage to property. The release of personal information is limited to that required to adjudicate a claim. **DISCLOSURE** is mandatory.

DATE: _____ TIME: _____ LOCATION: _____ ACO: _____

COMPLAINT RECEIVED BY: ☐ PHONE ☐ IN PERSON ☐ RADIO ☐ PAGER ☐ OTHER

COMPLAINT TAKEN BY: _____ COMPLAINT REFERRED TO: _____

TYPE OF INCIDENT: ☐ BITE ☐ TERMINATION / APPEAL: ☐ OTHER (DESCRIBE) _____

SEE BLOCK BELOW FOR BITE

PERSONS INVOLVED IN INCIDENT

	☐ COMPLAINANT ☐ VICTIM ☐ SUSPECT/OWNER OF ANIMAL ☐ WITNESS ☐ SPONSOR	☐ COMPLAINANT ☐ VICTIM ☐ SUSPECT/OWNER OF ANIMAL ☐ WITNESS ☐ SPONSOR	☐ COMPLAINANT ☐ VICTIM ☐ SUSPECT/OWNER OF ANIMAL ☐ WITNESS ☐ SPONSOR
	WITNESS* SPONSOR*	WITNESS* SPONSOR*	WITNESS* SPONSOR*
LAST NAME			
FIRST NAME			
MIDDLE NAME			
RANL/DEP/CIV/NON-AFF			
SSN			
DOB			
POB			
AGE			
SEX			
RACE			
HEIGHT			
HAIR COLOR			
EYE COLOR			
UNIT ADDRESS			
UNIT PHONE			
HOME ADDRESS			
HOME PHONE			

ANIMAL INVOLVED

TYPE OF ANIMAL INVOLVED ☐ CANINE ☐ FELINE ☐ REPTILE ☐ OTHER _____

BREED _____ COLOR _____ ADDITIONAL IDENTIFIERS _____ SEX MALE ☐ FEMALE ☐

ANIMAL STATUS ☐ ANIMAL OWNED BY COMPLAINANT ☐ STRAY **CAPTURED** YES ☐ NO ☐ KENNEL# _____

ANIMAL OWNED BY OTHER YES ☐ NO ☐ OWNER'S NAME _____ RELATIONSHIP TO VICTIM _____

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VICTIM BITE INFORMATION

VICTIM RECEIVED MEDICAL ATTENTION YES ☐ NO ☐ ☐ U.S. NAVAL HOSPITAL ☐ OTHER _____

TYPE OF INJURIES ☐ MINOR ☐ MAJOR ☐ SEVERE ☐ BROKEN BONES ☐ OTHER _____

LOCATION OF INJURIES / DESCRIPTION _____

INITIAL COMPLAINT NARRATIVE

INITIAL AND FOLLOW-UP INVESTIGATION

DATE:	DAY:	TIME:	INITIALS:	NARRATIVE:

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