



File Number **09/08/0001** Job Number.....

Town of Port Hedland Dog Attack Report Form

*The information outlined below is to be used as a guide only. It is designed to assist the complainant/victim and should not be regarded as advice or coercion of the facts of this incident as **YOU** know them to be.*

PLEASE MAKE YOUR STATEMENT CLEARLY ON THE ATTACHED FORM AS INDICATED

On **(date and time of attack)**, I was walking, running, cycling, working, etc. inside/outside of **(location of attack)** when a dog(s) appeared running/chasing/attacking/growling/jumped over the fence towards me, controlled/uncontrolled from the verge/car/park/footpath/street or road/reserve/premises of **(address)**.

The dog, a **(breed, sex, colour(s), collar, tags, any distinctive markings)** to the best of my knowledge, came from/returned to **(location if known)**.

The dog inflicted a wound/scratch with its teeth/claws to my left/right, upper/lower, leg/arm/torso/hand/foot, etc.

The location of the attack was on private property **(address)** or public property, verge/street/road/park/reserve, etc.

Please indicate with an illustration where the attack occurred – indicate movements of victim and dog, property lines, street/road, verge/footpath, where any witnesses may have been located.

The injury inflicted on me did/didn't require medical attention from a doctor. **If medical attention was necessary please indicate name of the doctor, surgery, and details of treatment given.**

Damage was caused to my bicycle/walking stick/clothing as a result of the attack – **estimate value of damage.**

Please indicate whether you returned to the scene of the attack for the purpose of identifying the dog(s) in question, and if in the company of any other person(s) and if so what occurrences took place.

**IMPORTANT – please complete your statement with the following
“To the best of my knowledge, I believe this to be a true and correct statement”
PLEASE SIGN AND DATE YOUR STATEMENT.**

PLEASE NOTE – when you have completed the statement notify Ranger Services on 9158 9741

STATEMENT FORM

To be completed by Complainant / Witness
(Tick One)

NAME:	DATE OF BIRTH:
ADDRESS:	PHONE: (H) (W) (M)

STATES:

Signature

Date

