

DOCUMENT TYPE	Form or Template
TITLE	PRELIMINARY DOG ATTACK REPORT
NUMBER:	

The following supporting information, along with any supporting evidence.

Please complete, sign and return to Shire of Wyndham East Kimberley via email: mail@swek.wa.gov.au

1. REPORTER			
Full name			
Postal address			
Residential address			
Employment			
Contact number			
Email address		DOB	

2. VICTIM DETAILS (Person)			
Full name			
Postal address			
Residential address			
Contact number			
Email address		DOB	

2.1 VICTIM DETAILS (Animal)				
Species				
Name				
Breed				
Colour		Sex		Registration Number
Microchip Number			DOB	

3. ATTACKING DOG(s) & OWNER DETAILS (if known)	
Owner full name	
Postal address	
Residential address	
Contact number	
Description of attacking dog(s) (Breed, sex, size, colour(s) and distinctive marking)	
Address of where dog(s) reside	

Was the owner in attendance when the attack occurred?	
If no, was the owner notified of the attack?	

4. DETAILS OF THE ATTACK			
Day, date, time and location of the attack			
Briefly describe what happened			
Were there any witnesses? If so, please provide their details below			
1. Full name		Contact number	
Address			
2. Full name		Contact number	
Address			
3. Full name		Contact number	
Address			

Can you supply supporting evidence?	
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If applicable, a secure link from **Axon Evidence** will be sent to your email, allowing you to upload any supporting evidence to our secure database.

Examples of evidence you may provide include:

- Photographs or video footage of the incident
- A screenshot showing the exact location of the alleged attack (e.g., from Google Maps)

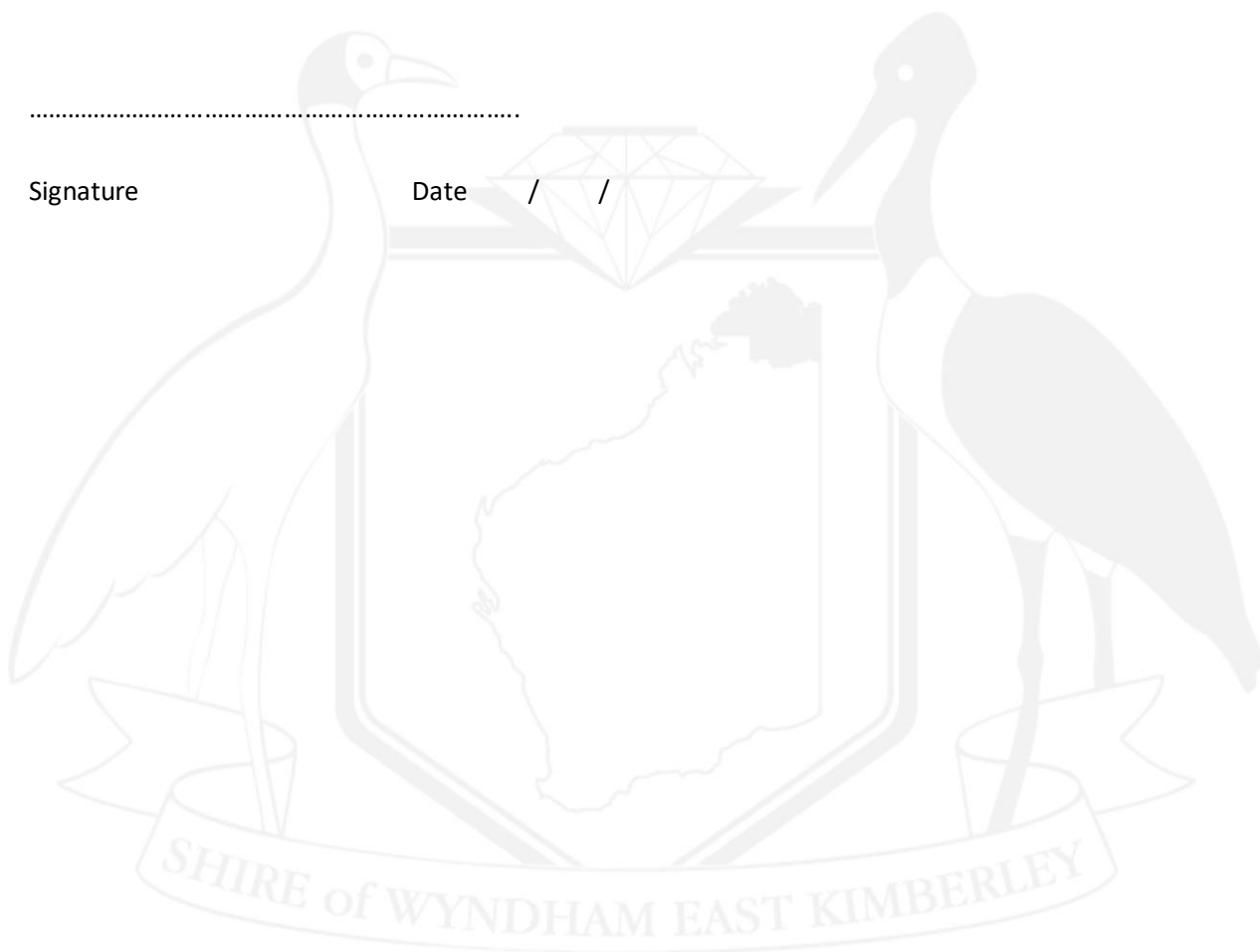
- Medical or veterinary records related to injuries
- Invoices for any treatment or damages incurred

If further evidence is required, a Ranger may contact you to request a formal legal statement as a victim or witness.

I declare that this report is true to the best of my knowledge and has been given of my own free will, without any threats promises or inducements. I believe that I have made this statement knowing that if it is tendered in evidence, I will be guilty of a crime if I have wilfully included in this statement anything which I know to be false or that I do not believe to be true.

.....
Signature

Date / /



OFFICE USE ONLY

Complainant N&A		Record file		Record	
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DOCUMENT AND VERSION CONTROL

Responsible Directorate		
Related Documents		
Version	Date Issued	Date of Next Review