

Milwaukee Police Department
Animal Cruelty/Fighting Supplementary Incident Report

M.P.D. INCIDENT #/CITATION #: _____ Date of report: _____

INCIDENT Date: _____ Time: _____ Location: _____

Owner's Name: _____ Address/Phone: _____ D.O.B. _____

Relationship: Owner Caretaker Fostering Family Member Other _____

Parties Present: Victim (Animal) Suspect Children Witness Person who called police

Weapons Used: _____ Evidence Inventory?: Yes # _____ No Why Not?: _____

Check appropriate boxes: Thrown Pushed Grabbed Slapped (open handed) Hit with closed fists

Strangled Used weapon/object Threatened with weapon/object Burned Kicked Bitten Tortured

Neglected Sexually Assaulted Other Animal left in vehicle?: Yes No Animal licensed: Yes No

Approximate weather temperature: _____ Weather condition (e.g., sunny, rain, snow): _____

VICTIM (Animal)
Name: _____ Age: _____
Animal type (e.g., dog, cat, rabbit): _____
Type of breed & description (color, short/long hair, etc.) _____
Approximate Weight: _____ Sex: _____
(as observed by officer)

Animal's demeanor: Whining Fearful Panting
 Snapping Threatening Shaking
 Other _____
Injuries to Animal: Abrasions Lacerations
 Minor Cuts Fractures Bleeding Swelling
 Obvious Limping Bloodshot Eyes Fractures
 Scarring Burning Open Wounds
 Animal located: (e.g., basement, garage) _____

Medical attention: None Refused Self
Conveyed to: _____ By: _____
Veterinarian's Name: _____
Condition: _____

SUSPECT
Name: _____ DOB: _____
Address: _____
Home phone: _____ Work phone: _____
Arrested: Yes No QP: Yes No
Spanish speaking /2nd Language: Yes No
(as observed by officer)

Suspect's demeanor: Angry Crying Fearful
 Nervous Sobbing Threatening Shaking
 Other _____
Intoxicated/Influence of drugs: Yes No
Injuries to Suspect: Complaint of pain Bruises
 Abrasions Lacerations Minor Cuts Fractures
 Redness Swelling

Medical attention: None Refused First Aid at Scene
Conveyed to: _____ By: _____
Condition: _____

CHILDREN *Include Children's Statements in Supplement/Clearance narrative

Children living in home: Yes No Number of Children present during incident (list below):

Name: _____ D.O.B.: _____ Relationship to Suspect: _____

Name: _____ D.O.B.: _____ Relationship to Suspect: _____

Name: _____ D.O.B.: _____ Relationship to Suspect: _____

Children witnessed incident (e.g., hearing/visual): Yes No Child injured during incident: Yes No

Past abuse of children: Yes No Signs of abuse/neglect: Yes No

Child interviewed in field: Yes No Forensic interviewed: Yes No Forensic Scheduled: Yes No Date: _____

EVIDENCE Evidence collected: None DNA from scene DNA from victim (animal) Weapons Other: _____

Number of photos taken: _____ Photos taken by: _____ Squad: _____ Date: _____ Time: _____

Photos depict: Victim injuries Suspect injuries Scene Evidence Weapons Clothing

Other: _____

Location where photos were taken: _____

LANGUAGE: Witness/caller speaks English as a 2nd language?. Yes No

Name of witness/caller: _____ Primary Language: _____

Interpreter Needed: Yes No Translator Used During Investigation: Yes No

Translator's Name and Phone Number: _____

* THIS REMOVABLE TAB IS CONFIDENTIAL *
FOR DISTRICT ATTORNEY'S USE ONLY
DO NOT PHOTOCOPY THIS REMOVABLE TAB

Animal: _____ Animal Owner: _____

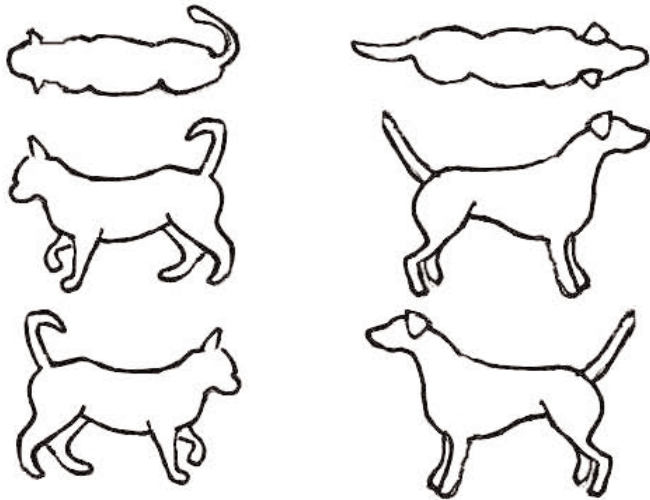
Person who will always know where the animal is located:

Name: _____ Phone #: _____

Address: _____

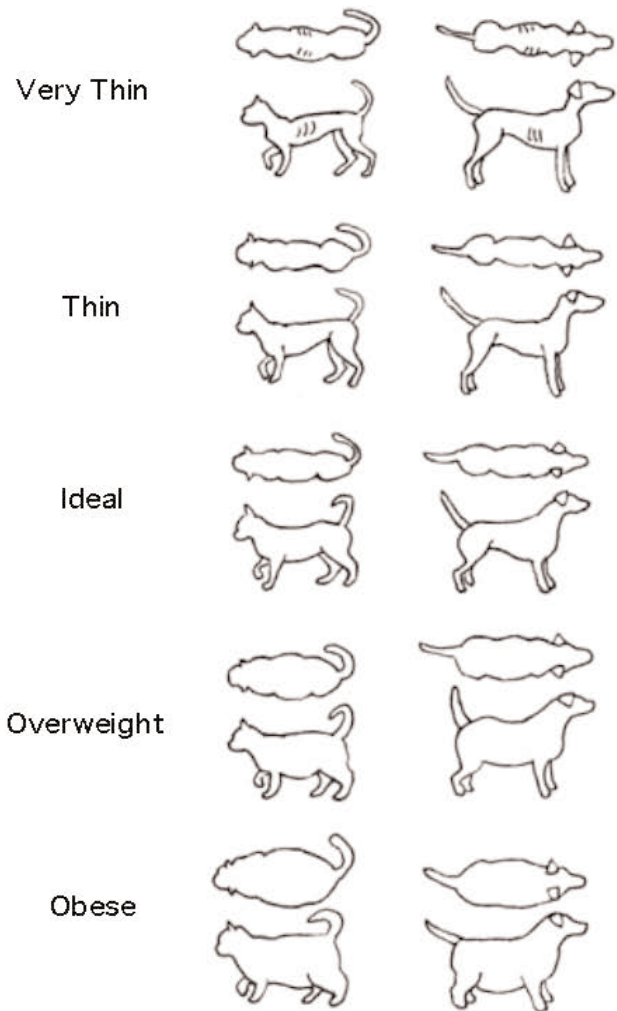
PHYSICAL INJURY/ILLNESS DOCUMENTATION

Mark the area(s) on the diagrams where the animal showed signs of injury, illness, and or scarring:



Type of abuse: Neglect Physical abuse
 Sexual abuse Other _____
 Animal fighting Animal fighting paraphernalia
 Lack of food Lack of water Lack of shelter
 Audio/CAD recording of call(s) obtained?: Yes No
 Did caller indicate any history of abuse with current animals?:
 Yes No
 Did caller indicate any history of abusing other animals?:
 Yes No
 Did caller indicate any history of threats to harm animals?:
 Yes No

BODY CONDITION (as observed by officer)



PRIOR HISTORY OF ANIMAL CRUELTY: City Ordinance: Yes No **State Statute:** Yes No
Prior requests/threats to not report to law enforcement or participate in prosecution?: Yes No

Specific Statements made: _____

Evidence: (e.g., Letters, Cards, Voice Mails, Text Messages, Emails, Parts from Animal) _____

Inventory #: _____ Past violations of court orders: Yes No

WITNESSES	NAME	ADDRESS/PHONE	INTERVIEWED	
			YES	IF NO, EXPLAIN:
Original Caller:	_____	_____	<input type="checkbox"/>	_____
Witness:	_____	_____	<input type="checkbox"/>	_____
Witness:	_____	_____	<input type="checkbox"/>	_____

THREATS MADE BY SUSPECT IN CONNECTION WITH THIS OFFENSE: _____

REPORTING OFFICER

Rank/Name (Signature) _____ Employee I.D. No. (6 digit) _____ Work Location # _____

Supervisor (Signature) _____ Employee I.D. No. (6 digit) _____ Work Location # _____