

Town of Corinna

Brewer Vet 989-6267

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ANIMAL BITE REPORT Rabies Management Program

Date: 6-4-16 Dispatch #: _____ Case #: 16-042616

HUMAN (Victim) IDENTIFICATION

Name: Hunter Bragg DOB: 3-31-09 Male Female
Address: _____ Phone: home _____ / work _____
Bangor, Me 04401

If minor, Parent (Guardian) _____ Relationship: _____
Address (if different): _____ Phone: home _____ / work _____

Did victim have a rabies prevention immunization prior to incident? Yes No Unknown

DOMESTIC ANIMAL (Victim) IDENTIFICATION (if animal contact)

Type of animal: Pit Bull "Coda" owned stray wild
Description: Brindle & white male female age: 1 1/2
Owner: Gary Merchant Phone: home _____ work _____
Address: 209 Moodys Mills _____
Date of current rabies vaccination: 5-5-15 Veterinarian: Sea Quest phone: _____
License No.: Exp 12-2015 State: _____ Clinic: _____ Rabies Tag # _____ Exp. Date: 5-5-18

2-3 months in Me.

SUSPECT ANIMAL IDENTIFICATION

Type of animal: _____ owned stray wild
Description: _____ male female age: _____
Owner: _____ Phone: home _____ / work _____
Address: _____
Date of current rabies vaccination: _____ Veterinarian: _____ Phone: _____

all other dogs several times

Amber

License No.: _____ State: _____ Clinic: _____ Rabies Tag # _____ Exp. Date: _____
Date reported: 6-4-16 Reported by: Penobscot Date of bills: 6-4-16
Type of contact: bite scratch other (specify): _____
Body part(s) bitten and/or scratched: Throat
Medical care required? yes no. If yes, hospital & doctor: victim is deceased
Was rabies exposure prophylaxis given to victim? yes no unknown
Has animal been ill, acting strangely, or bitten anyone recently? Yes No
If yes, please explain: _____

Was attack provoked? yes no

Please describe incident: _____

DISPOSITION OF ANIMAL

Owner's possession - Euthanized / sent to HETL for testing - Veterinary Hospital - Unknown -

Animal Shelter - Boarding Kennel - Other (specify): _____

Name of facility & location: Brewer Emergency Vet Brewer 989-6267

Date of Quarantine: N/A Date of release: _____ Veterinary checked? yes no

DISPOSITION OF SUSPECT ANIMAL

Owner's possession - Euthanized / sent to HETL for testing - Veterinary Hospital - Unknown

Animal Shelter - Boarding Kennel - Other (specify): _____

Name of facility & location: _____

Date of Quarantine: _____ Date of release: _____ Veterinary checked? yes no

INVESTIGATING OFFICER

Name: _____ Signature: _____

Enforcement: Rabies Advisory Notice Quarantine Notice Summonses Other _____

diabetic

Appendix C

ANIMAL BITE REPORT (page 1 of 2)
(to be filed with municipality records)

Date: 6-4-16 Case #: 16-042616

VICTIM IDENTIFICATION (if human contact)

Name: Hunter Bragg DOB: 3-31-09 M F

Address: [REDACTED] Telephone (H) [REDACTED] (W) [REDACTED]

If minor, parent/guardian: _____ Relationship: _____

Address, if different: [REDACTED] Telephone (H) [REDACTED] (W) [REDACTED]
Did victim have rabies prevention immunizations prior to this incident? Yes No Unknown

DOMESTIC ANIMAL IDENTIFICATION (IF ANIMAL CONTACT)

Type of Animal: Pit Bull Owned Stray Wild

Description: Brindle w/ white face M F Age: 1 1/2

If owned - owner/keeper: Gary Merchant Telephone (H) [REDACTED] (W) [REDACTED]

Address: 207 Madys Mills Rd Corinna, Me

Date of current rabies vaccination: 5-5-15 Veterinarian: Sea Quest Telephone: [REDACTED]

License #: _____ State: VT Clinic: _____ Tag #: _____ Expiration date: 5-2018

Rabies not confirmed yet - Only from prior owner

SUSPECT ANIMAL

Type of Animal _____ Owned (if Applicable) () STRAY () WILD ()

DESCRIPTION _____ M () F () AGE (IF KNOWN) _____

If owned - owner/keeper _____ Telephone: _____

Address _____

Date of current rabies vaccination _____ Veterinarian _____ Tel. _____

License # _____ State _____ Clinic _____ TAG # _____ EXP. _____
(RABIES) (DATE)

DESCRIPTION OF INCIDENT

Date reported: 6-4-16 Reported by: Penobscot

Date of Bite: 6-4-16 Type of contact: Bite Scratch Other (specify): _____

Body part(s) bitten/scratched: throat Medical care required? Yes No

victim died on scene.

Appendix C

ANIMAL BITE REPORT (page 2 of 2)

Hospital: _____ Doctor: _____

Was rabies exposure prophylaxis given to victim? Yes [] No [X] Unknown []
Date of first prophylaxis immunization: _____ second immunization: _____

Where did incident take place? 207 Moody's Mills Rd Provoked? Yes [] No []

Description of incident: Dog on child left alone, dog attacked, child died on scene.

DISPOSITION OF VICTIM ANIMAL

In owner's possession: [] Euthanized and sent to HETL for testing: [X] Unknown (not captured) []

Veterinary Hospital: [X] Animal Shelter: [] Boarding Kennel: [] Other (specify): _____

Name of facility & location: Eastern Maine Veterinary Clinic
Telephone: 989-6267

Date of quarantine: _____ Date of release: _____ Veterinary exam? Yes [] No []

DISPOSITION OF SUSPECT ANIMAL

In owners possession: () Euthanized and sent to HETL for testing: () Unknown : () Not captured: ()

Veterinary hospital: () Animal shelter: () Boarding kennel: ()

Other (specify): _____

Name of facility & location: _____

Date of quarantine: _____ Date of release: _____ Veterinary exam? Yes () No ()

INVESTIGATING OFFICER

Name (print): William Flagg Signature: William Flagg

Title: Detective Employer: Penobscot County Sheriff's Office

Address: 85 Hammond St. Bangor

Enforcement: Rabies Advisory Notice [] Quarantine Notice [] Civil/Criminal Summons []

Other: Criminal Case Pending

Has animal been ill, acted strangely, or bitten anyone recently? Yes [] No [] If yes, explain: Unknown