

DETROIT POLICE DEPARTMENT CRIME REPORT

DETROIT POLICE DEPARTMENT

Case No. 1506250298
 Report No. 1506250298.1
 Report Date: 6/25/2015 4:55:00 PM

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Subject 1212-0205 DOG BITE

Case Report Status	A - APPROVED	Date Entered	6/25/2015 6:12:15 PM	Reporting Officer	235069 - DEVON, TARA
County	82 - WAYNE	Entered By	235089 - DEVON, TARA	Assisted By	
City/Township	99 - DETROIT	Date Verified	6/25/2015 9:33:24 PM	Assist Agency	
Occurred On (and Between)	6/25/2015 4:45:00 PM	Verified By	233532 - CARTER, WILLIAM		
Location	20451 KENTUCKY	Date Approved	6/26/2015 1:56:46 PM		
C.SZ		Approved By	233414 - STEPHENS, LARRY		
Census/Geo Code	5353	Connecting Cases			
Grd	116 - SCA 1201	Disposition	ACTIVE		
Call Source		Tactical Actions			
Vehicle Activity		Clearance Reason			
Vehicle Traveling		Date of Clearance			
Cross Street		Reporting Agency	DETROIT POLICE DEPARTMENT		
Means		Division	12TH PRECINCT		
Other Means		Notified			
Motive					
Other Motives					

Report Narrative **PO TARA DEVON #4581 SCT 2-5 DRIVING SCOUT CAR 143059
 PO DAVID DITTBERNER #119**

A. NONE

S. P/R TO 20451 KENTUCKY "ANIMAL BITE"

C. I, PO DEVON AND PARTNER MADE LOCATION AND TALKED TO THE MOTHER SANAY FAULKNER B/F/12-24-1986 OF 2658 CALVERT OF V#2 JAMEER FAULKNER B/M/8 6-5-2007 OF 2658 CALVERT WHO STATED THAT V#2 WENT OVER TO 20467 KENTUCKY TO RETURN A TOY THAT WAS LEFT AT 20451 KENTUCKY. V#2 JAMEER FAULKNER WHILE WALKING UP TO THE PORCH OBSERVED A BROWN/WHITE PITBULL COME OUT OF THE FRONT DOOR. V#2 BEGAN TO RUN AND THE DOG CHASED V#2 AND KNOCKED HIM TO THE GROUND IN F/O 21451 KENTUCKY AND THEN BEGAN TO BITE V#2 ON THE LEFT LEG AND LEFT ARM. V#1 ROBBIE NEECE B/F/63 9-15-1951 OF 20451 KENTUCKY WAS STANDING IN FRONT OF THE LOCATION AND WAS WALKING TOWARDS V#2 (GRANDSON) TO GET THE DOG OFF OF HIM WHEN THE DOG RAN AT HER AND BIT THE V#1 MS. NEECE ON THE RIGHT CALF. MEDICS MADE LOCATION PRIOR TO MY PARTNER AND I, AND CONVEYED BOTH VICTIMS TO GRACE HOSPITAL. I, PO DEVON SPOKE TO THE OWNER OF THE DOG VERONICA SEWARD U/F/10-09-1983 OF 20467 KENTUCKY WHO STATED THAT HER DOG "MAJOR" ACCIDENTLY GOT OUT OF THE HOUSE ALONG WITH HER OTHER DOG "MONROE" BOTH DOGS ARE PITBULLS AND HAVE ALL THEIR SHOTS. WRITER NOTIFIED SGT WILSON VIA PHONE AND WAS ADVISED OF THE SITUATION. DOGS WERE LEFT ON SCENE WITH THE OWNER.

O. I, PO DEVON OBSERVED A 2" BITE MARK ON V#1 MS. NEECE RIGHT CALF AND OBSERVED PUNCTURE MARKS ON V#2 JAMEER FAULKNER LEFT UPPER ARM AND LEFT THIGH, ALSO OBSERVED SEVERAL SCRAPE MARKS ON HIS FACE AND STOMACH

T. NONE

**CHART# FOR JAMEER FAULKNER #280006569998 STABLE CONDITION DR. PATEL
 CHART# FOR ROBBIE NEECE #280006570038 STABLE CONDITION DR. PATEL**

Offense Detail: 5560 - DOG LAW VIOLATIONS

Offense Description	5560 - DOG LAW VIOLATIONS	Location	20 - RESIDENCE/HOME	No Prem Entered	
IBR Code	90Z - ALL OTHER OFFENSES	Offense Completed?	YES	Entry Method	
IBR Group	B	Hate Bias	00 - NONE (NO BIAS)	Type Security	
Crime Against		Domestic Violence	NO	Tools Used	
Offense F3e Class	55000 - HEALTH AND SAFETY				
PACC					
Local Code					
Using					
Criminal Activity					
Weapons					

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Suspect S1: SEWARD, VERONICA

Suspect Number	S1	DOB	10/9/1983	Place of Birth	
Name	SEWARD, VERONICA	Age	31	SSN	
AKA		Sex	F - FEMALE	DLN	
Alert(s)		Race	U - UNKNOWN	DLN State	
Address	20467 Kentucky	Ethnicity	U - UNKNOWN	DLN Country	
CSZ		Ht		Occupation/Grade	
Home Phone	248 825-1528	Wt		Employer/School	
Work Phone		Eye Color		Employer Address	
Email Address		Hair Color		Employer CSZ	
		Hair Style		Res County	
		Hair Length		Res Country	
		Facial Hair		Resident Status	R - RESIDENT OF THE COMMUNITY, CITY, OR TOWN WHERE THE OFFENSE OCCURRED
		Complexion			
		Build			
		Teeth			
Scars/Marks/Tattoos					
Suspect MO					
Other MO					
Attre					
Habitual Offender Status					
Suspect Notes	OWNER OF THE DOGS				

Victim V1: 9151

Victim Code	V1	Victim Of	5560 - DOG LAW VIOLATIONS		
Victim Type	I - INDIVIDUAL				
Name	9151	DOB	9/15/1951	Place of Birth	
AKA		Age	63	SSN	
Alert(s)		Sex	F - FEMALE	DLN	
Address	20451 Kentucky	Race	B - BLACK	DLN State	
CSZ		Ethnicity	U - UNKNOWN	DLN Country	
Home Phone	313 454-6591	Ht		Occupation/Grade	
Work Phone		Wt		Employer/School	
Email Address		Eye Color		Employer Address	
		Hair Color		Employer CSZ	
		Facial Hair		Res County	
		Complexion		Res Country	
				Resident Status	R - RESIDENT OF THE COMMUNITY, CITY, OR TOWN WHERE THE OFFENSE OCCURRED
Injury Circumstances		Justifiable Homicide Circumstances		Testify	

Law Enforcement Officer Killed or Assaulted Information	Type Assignment Activity Other ORI
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Justifiable Homicide Circumstances	
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Victim Offender Relationship
 Offender **S1** Relationship **20 - VICTIM WAS ACQUAINTANCE**

Victim Notes

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Victim V2: FAULKNER, JAMEER

Victim Code	V2	Victim Of	5560 - DOG LAW VIOLATIONS	
Victim Type	I - INDIVIDUAL			
Name	FAULKNER, JAMEER	DOB	6/5/2007	Place of Birth
AKA		Age	08	SSN
Alert(s)		Sex	M - MALE	DLN
		Race	B - BLACK	DLN State
Address	2658 Calvert	Ethnicity	U - UNKNOWN	DLN Country
CSZ		Ht		Occupation/Grade
		Wt		Employer/School
Home Phone	313 622-8168	Eye Color		Employer Address
Work Phone		Hair Color		Employer CSZ
Email Address		Facial Hair		Res County
		Complexion		Res Country
Abre				Resident Status
				R - RESIDENT OF THE COMMUNITY, CITY, OR TOWN WHERE THE OFFENSE OCCURRED
Injury Circumstances				Testify

Law Enforcement Officer Killed or Assaulted Information	Type Assignment
	Activity
	Other ORI

Justifiable Homicide Circumstances	
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Victim Offender Relationships

Offender	Relationship
S1	20 - VICTIM WAS ACQUAINTANCE

Victim Notes

Witness W1: FAULKNER, SANAY

Witness Code	W1	DOB	12/24/1986	Place of Birth
Name	FAULKNER, SANAY	Age	28	SSN
AKA		Sex	F - FEMALE	DLN
Alert(s)		Race	B - BLACK	DLN State
		Ethnicity	U - UNKNOWN	DLN Country
Address	2658 Calvert	Ht		Occupation/Grade
CSZ		Wt		Employer/School
Home Phone	313 622-8168	Eye Color		Employer Address
Work Phone		Hair Color		Employer CSZ
Email Address		Facial Hair		Res County
		Complexion		Res Country
Abre				Resident Status
				Testify

Witness Notes MOTHER OF VICTIM#2 JAMEER FAULKNER

Witness W2: NEECE, VERONICA

Witness Code	W2	DOB	12/4/1972	Place of Birth
Name	NEECE, VERONICA	Age	42	SSN
AKA		Sex	F - FEMALE	DLN
Alert(s)		Race	B - BLACK	DLN State
		Ethnicity	U - UNKNOWN	DLN Country
Address	20451 Kentucky	Ht		Occupation/Grade
CSZ		Wt		Employer/School
Home Phone	313 454-8591	Eye Color		Employer Address
Work Phone		Hair Color		Employer CSZ
		Facial Hair		Res County

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Email Address

Completion

Res. Country

Attire

Resident Status

Tesahy

Witness Notes

Detroit Animal Control Bite Report

Bite Information

BITE NUMBER: B15-004330
DATE OF BITE: 06/25/15
QUARANTINE DATE: 6/29/2015
QUARANTINE END: 7/6/2015
QUARANTINE LOCATION: 30

Animal Information

ANIMAL ID: A104290
MAJOR, 1 YEAR 11 MONTHS OLD, MALE DOG
TAN AND WHITE, PIT BULL / MIX
VALID VACCINATION: UNKNOWN

Victim Information

JAMEER FAULKNER
2658 CALVERT ST
DETROIT, MI 48206
PHONE: (313) 622-8168

VICTIM AGE: 8 YEARS
SEVERITY: STOMACH PART OF BODY BITTEN: ARM/THIGH
CIRCUMSTANCE OF BITE:

Owner Information

VERONICA SEWARD
20467 KENTUCKY ST
DETROIT, MI 48221
PHONE: (248) 825-1526

Comments

06/29/15

ONE OF THREE DOGS LRG TAN MALE BITE MS NEESE AND HER GRANDSON. BOTH REQUIRE STITCHES AND DOG WAS LOOSE AT TIME OF BITE. TPM

Detroit Animal Control Bite Report

Bite Information

BITE NUMBER: B15-004329
DATE OF BITE: 06/25/15
QUARANTINE DATE: 6/29/2015
QUARANTINE END: 7/6/2015
QUARANTINE LOCATION: 30

Animal Information

ANIMAL ID: A104290
MAJOR, 1 YEAR 11 MONTHS OLD, MALE DOG
TAN AND WHITE, PIT BULL / MIX
VALID VACCINATION: UNKNOWN

Victim Information

ROBBIE NEESE
20451 KENTUCKY ST
DETROIT, MI 48221
PHONE: (313) 978-3714

VICTIM AGE: 63 YEARS
SEVERITY: PART OF BODY BITTEN: R LEG
CIRCUMSTANCE OF BITE:

Owner Information

VERONICA SEWARD
20467 KENTUCKY ST
DETROIT, MI 48221
PHONE: (248) 825-1526

Comments

06/29/15

ONE OF THREE DOGS LRG TAN MALE BITE MS NEESE AND HER GRANDSON. BOTH REQUIRE STITCHES
AND DOG WAS LOOSE AT TIME OF BITE. TPM

Animal Control & Care
 3511 W. Jefferson, Detroit, MI 48216
 (313) 224-7128 (313) 224-7131 FAX

Receipt Number: R15-009402

Receipt Date: Tuesday, July 07, 2015

Person Information: VERONICA SEWARD
 20467 KENTUCKY ST
 DETROIT, MI 48221

PID: P061174

Received From: VERONICA SEWARD Check No: Phone: (248) 825-1526

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
LIC	A104290	S15-013836	\$15.00	1	\$15.00
RABIES	A104290		25.00	1	25.00
IMP QUARANTIN	A104290		250.00	1	250.00

Total Fees Due: **\$290.00**

Payments: Cash: \$290.00
 Check: \$0.00
 Credit Card: \$0.00

Total Payments Received: **\$290.00**

Thank You!

Change: \$0.00
 Balance Due: \$0.00

Animal Information:

A104290 MAJOR - 1 YEAR 11 MONTHS OF AGE, MALE, PIT BULL/MIX, TAN AND WHITE DOG

License Information:

Tag Number:	Expires:	Animal#	Vacc Date:	Term:	Expires:	Type:
013836	07/07/16	A104290	07/07/15	12	07/07/16	LIC

Kennel Information:

Animal ID:	Activity No:	Intake:	Outcome:	In Type:	Kennel #	Out Type:
A104290		06/29/15	7/7/15	CONFISCATE	030	RTO

Shelter Hours Monday - Saturday 10:30AM - 3:30PM / CLOSED Sundays and Holidays

Microchipping increases the chances of your pet being returned to you in the event it is lost or stolen. A microchip is a small implant that contains a unique registration number that is entered onto a database.

The Michigan Department of Agriculture's dog tattoo program helps reunite dog owners to their lost dogs. Individuals interested in having their dog tattooed should contact Tina Moreno at (517) 241-2748. Detroit Animal Control and Care does not microchip or tattoo at this time.

Clerk: RHODES

Transaction Date: 07/07/15

Print Date: 07/13/15

Ticket No. **804-803-15** Victim Involved

Incident No. _____ Dept. No. _____

Local Use/Arrest No. _____ Offense Code **6-1-6a**

BAC _____

THE UNDERSIGNE... MONTH DAY YEAR

AND ON OTHER DAYS... MONTH DAY YEAR AT 10:45 P.M.

Name (First, Middle, Last) **Veronica A Seward**

Street (Do not use P.O. Box) **2467 Kentucky**

City **Detroit** State **MI** Zip Code **48221**

Driver's License Number **MI 5 609 075 OB 777** Date of Birth **10 09 83**

Race Sex Height Weight Hair Eyes Owner/Agent/Occupant/Person in Control

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Type

THE PERSON NAMED ABOVE, in violation of **6-1-6a**

City Ordinance State Law

UPON **Veronica A Seward**

AT OR NEAR **20467 Kentucky**

WITHIN THE CITY OF DETROIT, COUNTY OF WAYNE, DID THE FOLLOWING:

- Failure to Appear For Municipal Civil Infraction Citation
 Animal Control Ordinance
 License Ordinance
 Nuisance Ordinance
 Sign, Lighting & Display Ordinance
 Other

Harboring a dog.

FOR INFORMATION AND INSTRUCTIONS

YOU OF YOUR COURT DATE

COURT

complaint upon the defendant.
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Signature of Officer: Crosby, Date: 07 08 15

Agency Name: Animal Control

CITY'S COPY

EASE PRESS HARD AN ORIGINAL AND THREE (3) COPIES

MISDEMEANOR COMPLAINT

Ticket No. **804-801-15** Victim Involved

Incident No. _____ Dept. No. _____

Local Use/Arrest No. _____ Offense Code **6-2-6a,b**

BAC _____

THE UNDERSIGNE... MONTH DAY YEAR

AND ON OTHER DAYS... MONTH DAY YEAR AT 10:45 P.M.

Name (First, Middle, Last) **Veronica A Seward**

Street (Do not use P.O. Box) **20467 Kentucky**

City **Detroit** State **MI** Zip Code **48221**

Driver's License Number **MI 5 609 075 OB 777** Date of Birth **10 09 83**

Race Sex Height Weight Hair Eyes Owner/Agent/Occupant/Person in Control

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Type

THE PERSON NAMED ABOVE, in violation of **6-2-6a,b**

City Ordinance State Law

UPON **Veronica A Seward**

AT OR NEAR **20467 Kentucky**

WITHIN THE CITY OF DETROIT, COUNTY OF WAYNE, DID THE FOLLOWING:

- Building Code
 Boiler/Pressure Vessel Code
 Electrical Code
 Elevator Code
 Fire Code
 Mechanical Code
 Plumbing Code
 Failure to Appear For Municipal Civil Infraction Citation
 Animal Control Ordinance
 License Ordinance
 Nuisance Ordinance
 Sign, Lighting & Display Ordinance
 Other

First Offense Repeat Offender

Describe/Remarks: Fail to provide a leash and/or responsible person for a dog off the owners property

SEE REVERSE OF COMPLAINT FOR INFORMATION AND INSTRUCTIONS

COURT WILL NOTIFY YOU OF YOUR COURT DATE

IN THE 36TH DISTRICT COURT

Court address and telephone number: 421 MADISON AVENUE DETROIT, MICHIGAN 48226 (313) 965-8700

I personally served a copy of the complaint upon the defendant.
 I served a copy of the complaint upon the owner/occupant by sending a copy to the owner/occupant by first class mail at the last known address.

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Signature of Officer: Tamarie Crosby, Date: 07 08 15

Agency Name: Animal Control

CITY'S COPY

PLEASE PRESS HARD YOU ARE CREATING AN ORIGINAL AND THREE (3) COPIES

Ticket No. 804-803-15 Name Crosby Case No.

Ticket No. 804-801-15 Name Name Case No.