I! - L! t	EII							
Victim's name	Full name							
Postal address ⊠	Street or PO							
	Town/Locality						Postcode	
Daytime contact details	Phone				Mobile			
Please provide:	Date of birth	/ /	W	hat is your occ	upation?			
2 Description of	f attacking	j dog						
What is the breed of the dog?	P Breed			5	Sex	M F	Colour	
What is the approximate age	of the dog?		Any other	identifying feat	ures?			
Address of attacking dog	No. and Street				Town/	locality		
3 Details of the	attack							
Location or address where attack took place	Street							
andon toon place		Town/locality						
When did the attack happen?	Time of attack		Da	y and date of a	attack			
What were you doing at the time of the attack?								
Who was with you?								
What direction were you goin	ıg?							
What injuries did you suffer?								
Were you seen by a doctor?		No No	∕es →If Y	ES, did you red	ceive a m	edical certif	cate?	No Ye
		Name and add	ress of doct	or				
Has this attack been reported	I to the Police?	No No	∕es →If Y	ES, Officer's na	ame			
	Event No.		Station		OR P	olice assist	ance Line [No Ye
Please provide details of any	Name			Address				
witnesses to the attack								
continued over page								
OFFICE USE ONLY								
		Date received			Don	artment of		lo Yes

In your own words tell us what happened?							
		Please re-read ALL statements made on this form.					
		Please rule off any unused space after the last word in each section.					
		When you are satisfied that all statements are correct, sign	n this forr	n.			
		STATEMENTS MADE BY YOU ON THIS FORM MAY BE US LAW. YOUR SIGNATURE BELOW INDICATES THAT YOU A EVIDENCE IN COURT IF NECESSARY.					
Signature			Date	/	/		
	(F	Please attach copies of a modical cortificate/doctor	'a ranart				

Victim's statement

Please attach copies of a medical certificate/doctor's report, photographs or any other relevant documents pertaining to the attack.

Please return this form to Bega Valley Shire Council, PO Box 492 Bega NSW 2550 or fax to 6499 2200.