

## INCIDENT REPORT Animal Left Unattended in Vehicle

| GENERAL INFO              | ORMAT                                  | ION                    |         |   |          |              |                       |                    |                       |            |  |
|---------------------------|--|------------------------|---------|---|----------|--------------|-----------------------|--------------------|-----------------------|------------|--|
| INCIDENT DATE INCIDENT    |  |                        |         | REPORTING                               |          | RTING OFFICE | NG OFFICER            |                    | UNIT #                |            |  |
|                           |  |                        |         |   |          |              |                       |                    |                       |            |  |
| ADDRESS OF OCCUR          | RRENCE                                 |                        |         |   | CITY     |              |                       |                    | STATE                 | ZIP        |  |
|                           |  |                        |         |   |          |              |                       |                    |                       |            |  |
| TIME MEASUR               | REMENT                                 | S                      |         |   |          |              |                       |                    |                       |            |  |
| CALL RECEIVED ON SCEN     |  | E REMO                 |         | VAL VEHICLE<br>TEMPS                    |          | E OWNER ARR  |                       | IVED TOTAL TIME IN |                       | IE IN CAR  |  |
|                           |  |                        |         |   |          |              |                       |                    |                       |            |  |
|                           |  | IETED                  |         |   |          |              |                       |                    |                       |            |  |
| INFRARED TH               | SERIAL NUM                             | IBFR                   | MAN     | JUFACTURE D                             | \TF      | LAST CALIE   | RATION                |                    |                       |            |  |
| FLUKE                     |  |                        | AX PLUS |   | UMDER    |              | MANUFACTURE DA        |                    | TE LAST CALIBRATION   |            |  |
|                           |  |                        |         |   |          |              |                       |                    |                       |            |  |
| VEHICLE INFO<br>YEAR MAKE | VEHICLE INFORMATION<br>YEAR MAKE MODEL |                        |         |   |          | BODY STYLE   |                       | COLOR              |                       | DOORS      |  |
|                           |  |                        | MODEI   | _                                       |          | BODI         | STILE                 |                    | JK                    | DOOKS      |  |
| VEHICLE IDENTIFIC         | ATION NU                               | MDED                   |         |   |          |              | TAG STATE             |                    |                       | ED         |  |
| VEHICLE IDENTIFIC         |  |                        |         |   |          | TAG NUMBER   |                       |                    |                       |            |  |
| VEHICLE MOTOR RU          |  | VEHICLI                | FLOCATI | ON                                      |          |              |                       |                    | 'EHICLE DOORS LOCKED? |            |  |
| YES NO                    | VEHICLE LOCATION                       |                        |         | DE                                      | SHADE    |              |                       |                    |                       |            |  |
|                           | DIRECT SUN PARTIAL-SHAI                |                        |         |   |          |              | YES NO                |                    |                       |            |  |
| LEFT FRONT WINDO          | RIGHT FRONT WINDOW                     |                        |         | LEFT REAR WINDOW<br>UP DOWN CRACKED N/A |          |              | RIGHT REAR WINDOW     |                    |                       |            |  |
| UP DOWN CRAC              |  |                        |         | ACKED N/A                               | UP DOW   | IN CR        | ACKED N/A             | UP                 | DOWN CRA              | ACKED N/A  |  |
| TEMPERATUR                |  |                        |         |   |          |              |                       |                    |                       |            |  |
| AMBIENT TEMP (F)          |  | RBOARD T               | EMP (F) | SEAT TEMP                               | (F)      |              | LING TEMP (F)         |                    | DASHBOAR              | D TEMP (F) |  |
| MIN                       | MIN                                    |                        |         | MIN                                     |          | MIN          |                       |                    | MIN                   |            |  |
| MAX                       | MAX                                    |                        |         | MAX                                     |          | МАХ          | ζ.                    |                    | MAX                   |            |  |
| AVERAGE                   | AVERA                                  | AGE                    | AVERA   |   |          | AVERAGE      |                       |                    | AVERAGE               |            |  |
| DIFF                      | DIFF                                   |                        |         | DIFF                                    |          | DIFF         |                       |                    | DIFF                  |            |  |
| VEHICLE REGIS             | STERED                                 | OWNE                   | R INFC  | ORMATIO                                 | N        |              |                       |                    |                       |            |  |
| FIRST NAME                | MIDDLE NAME                            |                        |         | LAST NAME                               |          |              |                       | RACE               | SEX                   |            |  |
|                           |  |                        |         |   |          |              |                       |                    |                       |            |  |
| DATE OF BIRTH             |  | SOCIAL SECURITY NUMBER |         |   | DL STATE |              | DRIVER LICENSE NUMBER |                    |                       |            |  |
|                           |  |                        |         |   |          |              |                       |                    |                       |            |  |
| ADDRESS                   |  |                        | СІТҮ    |   |          | STATE        | ZIP                   |                    |                       |            |  |
|                           |  |                        |         |   |          |              |                       |                    |                       |            |  |
| HOME PHONE                | WORK PHONE                             |                        |         | l                                       |          | CELL PHONE   |                       | L                  |                       |            |  |
|                           |  |                        |         |   |          |              |                       |                    |                       |            |  |

| ANIMAL INFORMATION                                     |                    |  |                      |                            |     |  |  |  |  |  |
|--|--------------------|--|----------------------|----------------------------|-----|--|--|--|--|--|
| BREED  | COLOR              |  | ID NUMBER            | SEX                        | AGE |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
| ANIMAL GUM COLORATION                                  | ANIMAL PAN         | TING                                   | RECTAL TEMP (F)      | WGT (LBS)                  | BCS |  |  |  |  |  |
| WHITE PINK DARK RED/PU                                 | JRPLE NONE         | LIGHTLY HEAVILY                        |                      |                            |     |  |  |  |  |  |
| WHERE WAS THE ANIMAL LOCATE                            | ED IN THE VEHICLE? |  |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
| WAS WATER PRESENT AND READILY AVAILABLE TO THE ANIMAL? |                    |  |                      |                            |     |  |  |  |  |  |
| YES NO WATER BOWI                                      | L EMPTY OTHE       | Y OTHER:                               |                      |                            |     |  |  |  |  |  |
| ENVIRONMENTAL FACT                                     | ORS                |  |                      |                            |     |  |  |  |  |  |
| HUMIDITY (%) HEAT INDEX                                |                    | IONS                                   |                      | RAINING?                   |     |  |  |  |  |  |
|  | CLEAR              | PARTLY-CLOUDY CLOUD                    | OY OVERCAST          | YES NO                     |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
| ANIMAL REMOVAL   |                    |  |                      |                            |     |  |  |  |  |  |
| FORCED ENTRY REQUIRED? SU                              | JPERVISOR NOTIFIED | ? SUPERVISOR                           | UNIT                 | NIT NUMBER                 |     |  |  |  |  |  |
| YES NO YE  |                    |  |                      |                            |     |  |  |  |  |  |
| LOCATION OF FORCED ENTRY                               | METHOD OF          | METHOD OF FORCED ENTRY                 |                      |                            |     |  |  |  |  |  |
|  | LOCKSMITH          | LOCKSMITH SLIM JIM WINDOW PUNCH OTHER: |                      |                            |     |  |  |  |  |  |
| WHO MADE FORCED ENTRY?                                 | AGENCY             | AGENCY UNIT NUMBER                     |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
| VETERINARIAN   | ADDRESS            |  |                      | TELEPHONE #                |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
| DOCUMENTATION  |                    |  |                      |                            |     |  |  |  |  |  |
| VEHICLE PHOTOS (PRE-REMOVAL)                           | ) VEHICLE PH       | OTOS (POST-REMOVAL)                    | NOTICE OF VIOA       | NOTICE OF VIOALTION POSTED |     |  |  |  |  |  |
| YES NO   | YES NO             | · · · · ·                              | YES NO               |                            |     |  |  |  |  |  |
| ANIMAL PHOTOS (PRE-REMOVAL)                            | ANIMAL PHO         | DTOS (POST-REMOVAL)                    | PHOTO OF RECTAL TEMP |                            |     |  |  |  |  |  |
| YES NO   | YES NO             |  | YES NO               | YES NO                     |     |  |  |  |  |  |
| MISCELLANEOUS NOTES:                                   |                    |  |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |
|  |                    |  |                      |                            |     |  |  |  |  |  |