

Barbara Grossman

Heather Kasey

From: Kasey Hagan
Sent: Wednesday, April 13, 2022 7:51 PM
To: Animal Control Staff
Subject: Dog vs dog Holland Park

Receive a call from FCSO regarding a dog vs dog incident which occurred at Holland park. Per the deputy no persons were bitten and the injuries sustained are minor however the victim party wants to take their dog to the vet to be safe. I informed the deputy to allow both parties to take their animals to the vet if they wish and obtain the information so that I can follow up in the morning. The deputy stated he would email me all of the information and advised their case number is #22-33166.

Once I obtain both parties contact information I will go over the quarantine/bite paperwork.

Get [Outlook for iOS](#)

On April 13, 2022 at approximately 1902 hours, I, Deputy Stamps, was dispatched to Holland Park at 18 Florida Park Drive, Palm Coast, Florida, in reference to a verbal disturbance that started from an animal problem.

Prior to arrival I was informed by Flagler County Communications that a white male with a pony tail, wearing a blue shirt/sweater was causing a verbal disturbance at Holland Park in the large dog park.

Upon arrival, I observed a male matching the description provided by Flagler County Communications. I made contact with the male and identified him as Robert A Atilas (W/M, 08/21/1986) by his New York Driver's License. Robert advised his dog was attacked by another dog while inside the dog park. The dog, a doberman pinscher named Anubis, did not have any immediately visible injuries. Robert provided that the dog that bit his dog was a husky-mix with light colored eyes. Robert reported in his sworn, written statement that he asked the nearby group of dog owners for assistance and none was provided. Robert advised he grabbed his dog in order to protect it and the other dog owners then came over. Robert reported that he was swearing at the other dog owners and the others, in turn, were yelling at him. Robert advised his dog got loose once more and he captured it before leaving the dog park area. Upon closer inspection, several puncture wounds were visible on Anubis' back. Robert advised he would be seeking medical attention for his dog. Photos of the wounds will be uploaded to AEGIS/LERMS.

I made contact with Edward Danko (W/M, 10/23/1953), who is the owner of the husky-mix with light colored eyes, Marshall. Edward advised that his dog and Robert's were playing rough and at no point did his dog bite Robert's. Edward declined the offer to provide a sworn, written statement.

I then spoke with Kobe Raisor (W/M, 03/18/1999) who advised he saw two dogs fighting and assisted in separating the animals. Kobe provided in his sworn, written report he saw a husky bite a doberman on the back. He then attempted to keep the dog owners apart during the ensuing argument.

Animal control was contacted and all parties' information was provided for their follow-up.

Axon video will be uploaded to evidence.com in a timely manner.

Nothing further at this time.

Barbara Grossman

From: Kasey Hagan
Sent: Thursday, April 14, 2022 12:50 PM
To: Animal Control Staff; Jason DeLorenzo; Lauren Johnston
Subject: Holland Park Dog V Dog

4/14/2022 @1225 hours myself and ACO Priestap responded to 56 Wasserman Drive to meet with Edward Danko regarding the dog vs dog incident which occurred last night at Holland Park Dog Park.

Upon arrival, myself and ACO Priestap observed Danko and his wife in the vehicle about to pull out of their driveway. I was able to flag Danko down prior to him leaving his driveway and informed him of the reason for my visit. I asked Danko for his account of events regarding the incident to which he stated that a group of dogs were playing rough in the park with one another and no animals were bitten. Danko stated the owner of the Doberman became hostile with him and started yelling profanity to the point Danko felt that he needed to call law enforcement which he did. I informed Danko that I had obtained all of the evidence from FCSO to include BWC footage and the police report and was able to review surveillance footage from the park which clearly depicts the incident unfold.

Danko was extremely uncooperative when I was explaining the ten day quarantine protocol and stated he is not signing anything and will fight this because his dog did not bite anyone. ACO Priestap informed Danko that this incident had already be discussed with Barbara's Grossman and Jason DeLorenzo on how this case would be handled. ACO Priestap provided Danko with a blank statement for him to complete at which point Danko became more hostile and attempted to drive off almost running over my foot. Danko quickly stopped and tried to argue that I was now claiming he ran over my foot to which I replied I did not and said he almost did if he had not of stopped from trying to drive off in an aggressive/agitated manor. After Danko left the scene I contacted Barbara Grossman and notified her of what took place. At this time Danko has not signed a quarantine agreement nor provided any proof of vaccination history for his animal/animals and no animals are licensed with the city at his residence.

Get [Outlook for iOS](#)

Dog vs Person	Dog vs Domestic Animal	Dog vs Wildlife
BITE CASE CHECK LIST - Case Number: 2022040764		
ADDRESS of ANIMAL: 56 Wasserman Drive		Date of Quarantine Release: 4/24/2022
Owner Name/Phone#: Edward Danko (214) 516-5029		
Animal Type/Name/description: Dog 1		
Victim name/Address & Phone #: Robert Atiles, 1 Fellowship Drive, (516) 424-4783		
AC Officer: K. Hagan		
✓	Check CD+ for Animal Licenses-check Utility (current resident), Property Appraiser, Rental Database <i>No license</i>	
✓	CD+ Any prior bite cases/aggression cases - provide CD+ print outs <i>No priors</i>	
✓	Are the animals licensed with COPC and Rabies up to date? <i>No licenses</i>	Rabies expires:
✓	Victim Bite case Incident Report	DATE OF BITE: 4/13/2022
✓	Notarized Affidavit from the victim, owner and witnesses.	
✓	Medical reports Police Reports #22-33166	
✓	Photo of Injury (reference all cases in CD+ to each other)	
-	Severe Injury? Dangerous Dog Investigation Yes or No <i>Minor</i>	
	Copy of Rabies cert - vet info: *Owner would not cooperate*	
✓	Bite case Incident Report - Owner	
✓	Quarantine Agreement: <u>HOME</u> OR FHS	
✓	Photo of Animals	
✓	Citation or <u>Cn written</u> CD+ Create a separate case for this (RAL/ <u>No license etc</u>) reference all case #'s <i>#2022040767</i>	
-	Email a copy of the paperwork to Flagler Health Department - (if animal vs person)	
-	Rental? Email property manager about incident- After CN or Citation or NOV is given to owner	
✓	Put address and Quarantine release date on Dry erase board	
✓	Put bite case on spreadsheet in O drive	
✓	Build case in CD+ using the address of the dog that bit & create a re-inspection for the Quarantine Release date. IF more than one offender make sure to reference the other case#s	
✓	Give Citation/Cn to Admin to process	
✓	Quarantine Release - Dog alive and well? Date Released: 4/25/22 <u>aff</u> K90/LV	
	Scan Quarantine release to Flagler Health Department	
	Scan to Onbase	
	QR - Follow up - are dogs licensed and up to date on rabies? (with in 5 days after QR)	



OWNER REPORT

CITY OF PALM COAST CODE ENFORCEMENT ANIMAL CONTROL

160 Lake Avenue — Suite 141 — Palm Coast, FL 32164 (386) 986-2520

ANIMAL BITE INCIDENT REPORT

Suspicious Behavior Animal vs Person Animal vs Animal Case # 2022040764

OWNER INFORMATION

Name:(last) Danko (first) Edward Sex Male Female
Physical Address 56 Wasserman Drive City Palm Coast State FL Zip 32164
Phone #'s 214-516-5029

Type of Animal Dog Cat Other _____ Name _____ Breed Husky
Sex M F Age _____ Color _____ Markings _____ Sterilized Yes No
Vet. _____ Tel.# _____ Previous Bite/Aggressive History Yes No
Tag# _____ Rabies Vaccination Date _____ 1yr 3 yr

Condition of Health Healthy Infirm Injured Officers Observation of Animal Aggressive Not Aggressive Territorial
Owners Description Incident: _____

Place of Quarantine Home Veterinarian Shelter Private Kennel At Large
Citation(s) Issued Yes No Animal to be Declared Pre-Dangerous Dangerous Yes No
Date of Quarantine 4/14/2022 By Officer K. Hagan
Date Released from Quarantine _____ By Officer _____
 Photos Video _____

Animal Died During Quarantine Illness Injury Euthanasia Date _____
 Head examination is Requested Not Warranted Head sent to Lab. Date _____
Results Positive Negative Unsatisfactory Anti-Rabies Treatment Recommended
Victim Notified By Person Phone Mail Date _____ By _____
 Failure to Quarantine Animal Confiscation Exhumed Body Chemical Capture Trapped
 Adult Arrest Juvenile Arrest
Remarks: _____

City of Palm Coast Animal Control Officer K. Hagan



VICTIM REPORT

CITY OF PALM COAST CODE ENFORCEMENT ANIMAL CONTROL

160 Lake Avenue — Suite 141 — Palm Coast, FL 32164 (386) 986-2520

ANIMAL BITE INCIDENT REPORT

Suspicious Behavior Animal vs Person Animal vs Animal Case# 2022040764

VICTIM INFORMATION

Adult Juvenile
Name: (last) Atiles (first) Robert D.O.B. _____ Sex Male Female

Date of Bite 4/13/2022 Time _____ AM PM Date Reported _____

Physical Address 1 Fellowship Drive City Palm Coast State FL Zip 32137

Home Tel. # 516-424-4783 Work Tel.# _____ Bite Scratch

Location on Body Dog vs Dog (Punctures to dogs back) Verified Yes No

Treated by Self Other _____ Walk In Hospital Doctor _____ Tel.# _____

Location of Incident Holland Park Dog Park

Person Reporting Incident Robert Atiles Tel.# 516-424-4783

Statements Witness Doctor(s) Report Photos Video Provoked Unprovoked

Other Evidence _____ Other _____

Victims Description of Incident: "1 Anubis" 1 year Altered male

Signature [Signature] Date 4/14/2022

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 06-16-21
Next Rabies Vaccination On: 06-16-22

Certificate No: 0
Previous Rabies Vaccination:

VETERINARY CLINIC
Bellmore Veterinary Hospital
229 Bedford Avenue
Bellmore, NY 11710
516-308-4050

OWNER OF ANIMAL
Robert Atiles
158-27 80th St
Howard Beach, NY 11414
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Anubis
SPECIES: Canine
SEX: M

TAG NO: 21433
WEIGHT: 50.00
AGE: 8 months

Color and markings... Black and Tan

Signed _____

JESSICA ADAMS, DVM

License:

Vaccinations done...

06-24-21	1	Canine Da2pp Vaccination 1 Year
06-16-21	19	Canine Bordetella Vaccination 06-16-22
06-16-21	19	Canine Rabies 1 Year, #21433
06-03-21	18	Canine DA2PP 11-13 Weeks
04-22-21	18	Canine DA2PP 8-10 Weeks
03-13-21	***	Canine DA2PP 6-8 Weeks

Rabies Vaccine Information...



NOTARIZED AFFIDAVIT

Personally appeared before me on this 14th day of Apr. 1, 2021, the undersigned, who, being duly sworn, deposes and says the following:

1. That my name is Robert Atiles.
2. That I am at least eighteen years of age.
3. That my address is 1 fellowship DR palm coast.
4. That I have personal knowledge of the facts sworn to in this affidavit.
5. That I freely and voluntarily provide the following narrative which accurately depicts facts and

circumstances relating to this matter:

my dog was attacked ~~by~~ by a husky/mix. white, black, slight brown and his rear he has ^{his} bright white eyes. At first my dog was pin against the fence and I called for help and no one came. when they got off him we were able to get closer to where the people were.

Nearest to me was Ed Danko who decided his phone call was more important and did not help when his dog attacked mine as ~~he~~ ^{he} laid on his back trying to protect himself. I grabbed my dog to get out and no one pulled their dogs away. As I cursed Danko for his ignorance, he got in my face as I try to get my dog. He then called the cops for me cursing. As I was trying to get my dog again another lady in a red/white button got in my face, stopping me and not letting me pass to get my dog. I asked for someone to get her out of my face and no one helped.

6. That I understand that this statement, or any portion thereof, may be used against me or any other person in any court, trial, quasi-judicial proceeding or any other matter or proceeding whatsoever. I understand that my testimony may be requested or required before the City of Palm Coast Code Enforcement Board or at

other proceedings. I further state that I have not been subjected to any threats or duress and have received no promise of reward or immunity for statements made herein or otherwise.

The undersigned declares under penalty of perjury that the foregoing is true and correct.

SIGNATURE: [Handwritten Signature]

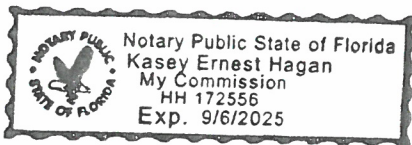
PRINTED NAME: Robert Atiles

STATE OF FLORIDA)

COUNTY OF FLAGLER)

Sworn to and subscribed before me by means of physical presence or online notarization, this 14th day of April, 2022 by Robert Atiles who is personally known to me or who has produced driver licenses as identification.

WITNESS my hand and official seal at office this 14th day of April, 2022



[Handwritten Signature]
Notary Public

Printed Name: Kasey Hagan

Commission No. 172556

My Commission Expires: 9/6/2025

[NOTARY SEAL]

City of Palm Coast – 160 Lake Avenue – Suite 141 - Palm Coast, FL 32164

Code Enforcement – 386-986-3764 – Animal Control – 386-986-2520

Palm Coast FL 32137
United States

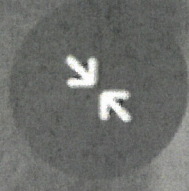
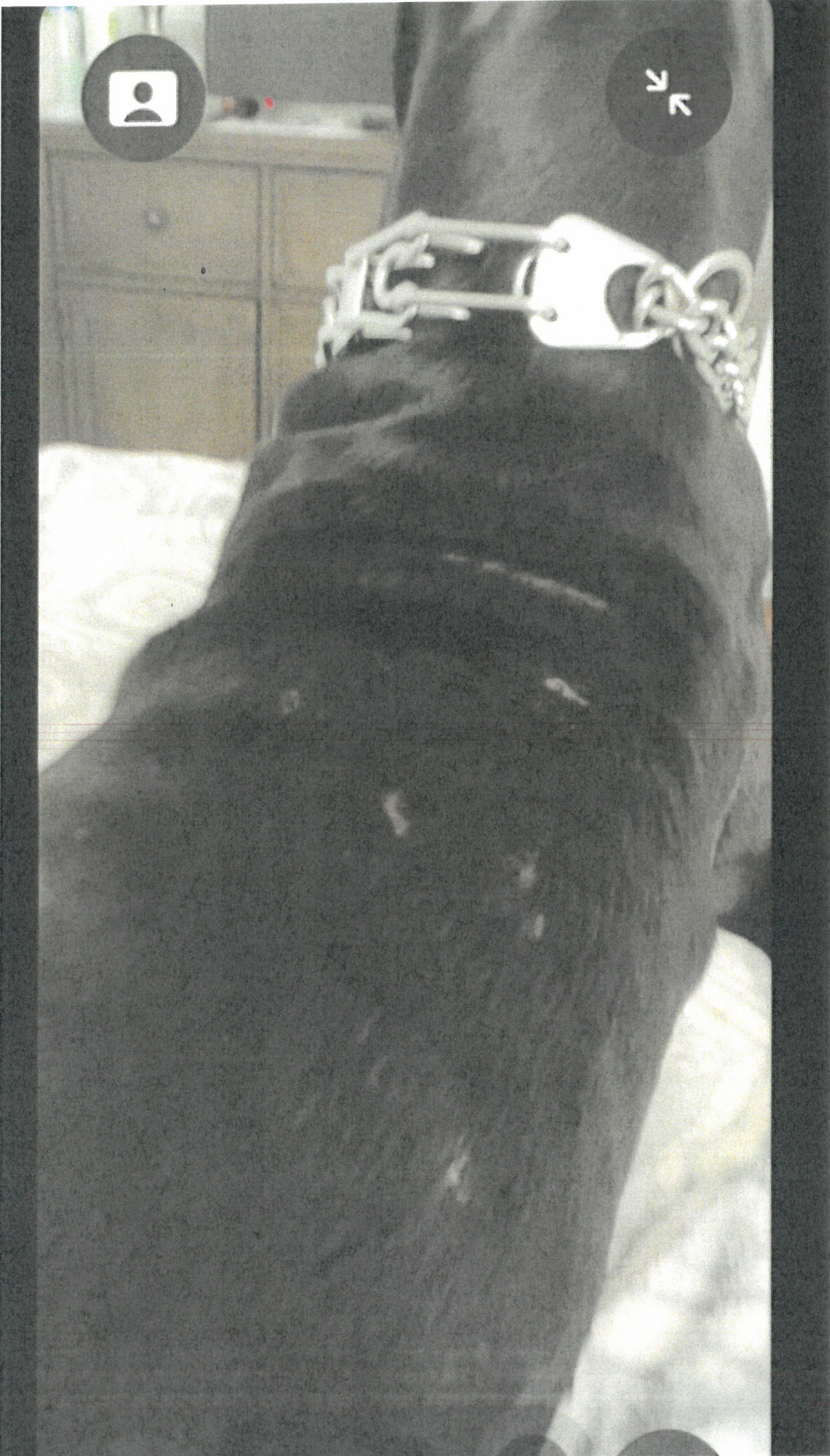


Palm Coast FL 32177
United States









Refused to sign



City of Palm Coast Animal Control- 386-986-2520
Quarantine Agreement

Owners of animals involved in bite/exposures are required to quarantine their animal(s) for rabies observations for a minimum of ten (10) days. The City of Palm Coast may authorize home quarantine for certain animals when following criteria area met and the investigating officer concurs that it is in the best interest to all parties and public's health to do so.

I, Edward Danko understand and agree to the following conditions and requirements.

1. **My animal is currently vaccinated with a rabies vaccine administered by a licensed veterinarian. Proof must be presented to officer. Unvaccinated animals will be allowed home quarantine at the officer's discretion and are required to be vaccinated by a licensed veterinarian within 5 days of quarantine release.**
2. The animal will be kept inside the home or in an enclosure approved by the officer. The animal will be isolated from other animals and have minimal contact with people.
3. **The animal will be leashed, muzzled and under control of a person competent to restrain the animal when outside for exercise or relief, and shall not be allowed to leave my property except to receive emergency veterinarian care. In such case, the veterinarian will be advised of the quarantine.**
4. Representatives from Flagler County Health Department and the City of Palm Coast Animal Control may have access to my property at all reasonable times to monitor the health status of the animal throughout the quarantine period.
5. If the animal becomes sick, exhibits abnormal behavior, or dies during the quarantine, I will notify the City of Palm Coast Animal Control immediately. If the animal dies, I will surrender the body for rabies testing.
6. I understand that quarantine is from 4/14/2022 through 4/24/2022
7. I fully understand and agree that a breach of any of the restrictions and conditions imposed for the quarantine period will subject the animal to be immediately placed in a kennel or veterinary hospital at my expense, and that I may be liable for any penalties prescribed by law. If necessary, a veterinarian-administered examination may be required. I agree to pay all costs.
8. I understand and agree to the above conditions and restrictions and further agree to indemnify and hold harmless the City of Palm Coast, the Department of Health, the City Council of the City of Palm Coast, and their agents or employees, against all claims, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the quarantine of my animal at my home, including, but not limited to, costs and reasonable attorney's fees, and that if any of them are called upon to make payments arising out of any action against them by virtue of this instrument, then I shall further indemnify and make them whole for any such sums expended.

Owner's Signature <u>56 Wasserman Drive Palm Coast</u>		Date <u>FL 32164</u>	Officer's Signature <u>[Signature]</u>	Date <u>4/14/2022</u>
Physical Address <u>Same</u>		State <u>FL</u>	Home Phone <u>(214) 516-5029</u>	Work Phone
Mailing Address		Driver's License/ID		
Type of Animal <u>Dog</u>	Name <u>Husky</u>	Breed	Sex	Age
Veterinarian		Phone #	Rabies Vaccination Date & Tag #	Animal Registration #



City of Palm Coast Animal Control- 386-986-2520
Quarantine Agreement

Owners of animals involved in bite/exposures are required to quarantine their animal(s) for rabies observations for a minimum of ten (10) days. The City of Palm Coast may authorize home quarantine for certain animals when following criteria area met and the investigating officer concurs that it is in the best interest to all parties and public's health to do so.

I, Edward Danko understand and agree to the following conditions and requirements.

1. My animal is currently vaccinated with a rabies vaccine administered by a licensed veterinarian. Proof must be presented to officer. Unvaccinated animals will be allowed home quarantine at the officer's discretion and are required to be vaccinated by a licensed veterinarian within 5 days of quarantine release.
2. The animal will be kept inside the home or in an enclosure approved by the officer. The animal will be isolated from other animals and have minimal contact with people.
3. The animal will be leashed, muzzled and under control of a person competent to restrain the animal when outside for exercise or relief, and shall not be allowed to leave my property except to receive emergency veterinarian care. In such case, the veterinarian will be advised of the quarantine.
4. Representatives from Flagler County Health Department and the City of Palm Coast Animal Control may have access to my property at all reasonable times to monitor the health status of the animal throughout the quarantine period.
5. If the animal becomes sick, exhibits abnormal behavior, or dies during the quarantine, I will notify the City of Palm Coast Animal Control immediately. If the animal dies, I will surrender the body for rabies testing.
6. I understand that quarantine is from 4-13-2022 through 4-23-2022.
7. I fully understand and agree that a breach of any of the restrictions and conditions imposed for the quarantine period will subject the animal to be immediately placed in a kennel or veterinary hospital at my expense, and that I may be liable for any penalties prescribed by law. If necessary, a veterinarian-administered examination may be required. I agree to pay all costs.
8. I understand and agree to the above conditions and restrictions and further agree to indemnify and hold harmless the City of Palm Coast, the Department of Health, the City Council of the City of Palm Coast, and their agents or employees, against all claims, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the quarantine of my animal at my home, including, but not limited to, costs and reasonable attorney's fees, and that if any of them are called upon to make payments arising out of any action against them by virtue of this instrument, then I shall further indemnify and make them whole for any such sums expended.

[Signature] 4/18/22 Heather Priest 4/18/22
 Owner's Signature Date Officer's Signature Date
510 Wassenman Dr Palm Coast FL 32164 (214) 516 5029
 Physical Address City State Zip Home Phone Work Phone

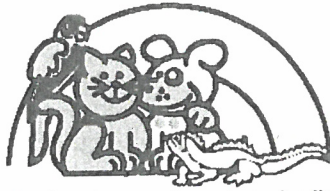
Dog Marshall Husky
 Mailing Address Type of Animal Name Breed Sex Age Color Markings
Sarah Hoven 386 446 9079
 Veterinarian Phone # Rabies Vaccination Date & Tag # Animal Registration #

Rabies vac 1yr 5-7-21
 Little An. HOSP. TX EXP 5-7-22

INVOICE

Safe Haven Veterinary Hospital

30 Lupi Court
 Palm Coast, FL 32137
 386 446-9099



For the other members of your family

FOR: Mr/Mrs Ed Danko
 56 Wasserman Dr
 Palm Coast, FL 32164

Printed: 11-26-21 at 3:39p
Date: 11-26-21
Account: 15460
Invoice: 309814

Date	For	Qty	Description	Price	Discount	Price
11-26-21	Marshall	1	Office Visit, Wellness Exam			50.50
11-26-21	Dallas	1	Feline k/d 8.5 lb			56.71
11-26-21			Visa payment			-107.21

Merchant ID: 11645111, Approval code: 41334D, Transaction ID: 1082934365
 Ref #: 115506, Act #: *****7161, Entry: Contactlcc, Card: VISA
 Your card balance is not available

I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

X _____

Old balance	Charges	Payments	New balance
0.00	107.21	107.21	0.00

Patient	Total charges
Marshall	50.50
Dallas	56.71

Reminders for: Marshall (Weight: 56.0 lbs - 12m)	Last done
04-23-21 Bordetella Annual	
04-09-22 Fecal Exam (Send out to lab)	04-09-21
05-07-22 Canine Rabies 3 Year	
09-03-22 Heartworm Antigen, Canine	09-03-21
11-26-22 Office Visit, Wellness Exam	11-26-21
Reminders for: Dallas (Weight: 12.6 lbs - 7y)	Last done
01-25-22 Fecal Exam (Send out to lab)	01-25-21

Barbara Grossman

From: Animal Control Officer
Sent: Monday, April 18, 2022 9:08 AM
To: Heather Priestap; Shelley Burton; Barbara Grossman; Kasey Hagan
Subject: FW: Marshall Danko
Attachments: SKM_C3320i22041720510.pdf

From: friends safehavenvet.com
Sent: Monday, 18 April 2022 09:07:47 (UTC-05:00) Eastern Time (US & Canada)
To: Animal Control Officer
Subject: Marshall Danko

Good morning,

Here are the records that we were given for Marshall, this is the previous owners information. If you need anything else from us, please let us know.

Sincerely,
Client Care Team
Safe Haven Veterinary Hospital

Little Animal Hospital

2626 Bill Owens Parkway
Longview, TX 75604
903-759-8781

"We Love Our Patients"

FOR: Mr./Mrs. Catharine Fasoldt
11 Welling Lane
Palm Coast, FL 32164
(904) 495-3250

Printed: 06-24-21 at 1:52p
Date: 06-24-21
Account: 4258
Invoice: 143785

Date	For	Qty	Description	Net Price
06-24-21	Marshall	1	Nail Trim Only*	9.30
06-24-21		1	Simparica TRIO Green 44.1-88.0lbs	33.98
06-24-21			Visa payment	-43.47
Old balance				New balance
			0.00	0.00
	Charges			
	43.28			
		Tax		
		*0.19		
			Payments	
			43.47	

Patient	Total charges
Marshall	43.28

Reminders for: Marshall (Weight: 43.9 lbs - 7m)	Last done
05-07-22 Bordetella Vacc	04-09-21
05-07-22 Canine Wellness Exam	05-07-21
05-07-22 Heartworm Test (Occult)	
05-07-22 Rabies Canine 1yr Vacc	05-07-21
05-07-22 Fecal Exam (Flotation)	04-09-21

Marshall's weight history (in lbs)

06-24-21	43.90
05-07-21	41.00
04-09-21	33.20

If you were pleased with your service, please leave us a google or facebook review.
The East Texas Pet Emergency Clinic is open from 6pm to 7am during the week and 6pm
Fri night to 7am Monday morning.



Case Report Summary

Flagler County Sheriff's Office
1001 Justice Ln
Bunnell, FL 32110
386-437-4116

Print Date/Time: 04/18/2022 10:18
Login ID: flagso\hartman
Case Number: 2022-00033166

ORI Number: Flagler County Sheriff's Office
FL0180000

Case

Case Number: 2022-00033166
Location: 18 FLORIDA PARK DR
Palm Coast, FL 32137
Reporting Officer ID: 935 - Stamps

Incident Type: Animal Problem
Occurred From: 04/13/2022 18:30
Occurred Thru: 04/13/2022 18:59
Disposition: Non Criminal
Disposition Date: 04/13/2022
Reported Date: 04/13/2022 18:59 Wednesday

Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
-----	-----------	------------	---------	-------------	--------

Subjects

Type	No.	Name	Address	Phone	Race	Sex	DOB/Age
Other	1	DANKO, EDWARD JAMES	160 LAKE AV Palm Coast, FL 32164	(214)516-5029	WHITE	Male	10/23/1953 68
Other	2	ATILES, ROBERT A	1 FELLOWSHIP DR Palm Coast, FL 32137	(516)424-4783	WHITE	Male	08/21/1986 35
Witness	1	RAISOR, KOBE THOMAS	144 FRONTIER DR Palm Coast, FL 32137	(502)706-0566	WHITE	Male	03/18/1999 23

Arrests

Arrest No.	Name	Address	Date/Time	Type	Age
------------	------	---------	-----------	------	-----

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

Vehicles

No.	Role	Vehicle Type	Year	Make	Model	Color	License Plate	State
-----	------	--------------	------	------	-------	-------	---------------	-------

Barbara Grossman

From: Heather Priestap
Sent: Monday, April 18, 2022 2:58 PM
To: Hartman, Wendee
Cc: Barbara Grossman; Kasey Hagan
Subject: RE: Sworn statements from 2022-00033166

Thank you,

Heather Priestap
Animal Control Officer
160 Lake Avenue
Palm Coast, FL 32164
Tel: 386-986-2520
www.palmcoastgov.com
Beta: www.palmcoast.gov



From: Hartman, Wendee <WHartman@flaglersheriff.com>
Sent: Monday, April 18, 2022 2:55 PM
To: Heather Priestap <hpriestap@palmcoastgov.com>
Cc: Barbara Grossman <BGrossman@palmcoastgov.com>; Kasey Hagan <KHagan@palmcoastgov.com>
Subject: RE: Sworn statements from 2022-00033166

Statements were just uploaded.

From: Heather Priestap <hpriestap@palmcoastgov.com>
Sent: Monday, April 18, 2022 12:22 PM
To: Hartman, Wendee <WHartman@flaglersheriff.com>
Subject: Sworn statements from 2022-00033166

This email originated outside the Flagler Sheriff email system. DO NOT CLICK any links or open any attachments from this email unless you know the sender and know the content is safe.

Hello,
May I get any sworn statements from this case? Thank you,



Rick Staly, Sheriff

FLAGLER COUNTY SHERIFF'S OFFICE

"An honor to serve, a duty to protect."

Voluntary Witness Statement

Witness Information			FCSO Case #: 22-33166		
First Name: ROBERT	M.I.: A	Last Name: ATILES			
Address: 15827 80th CT 15827 80th CT					
City: HOWARD BEACH	State: NY	Zip: 11414	Race:	Sex: Male	
Home Phone:	Cell Phone: (516) 424-4783	DOB: 8/21/86	Age: 35		
E-Mail Address: Ratiles42@gmail.com					
Place of Employment/School: SUBZERO INSULATION AND REFRIGERATION					
Work Address: 45 E. Industry CT					
City: DEER PARK	State: NY	Zip: 11729	Work Phone:		

I do hereby make the following voluntary statement to Deputy Stamps, who has identified him/her self as a Deputy Sheriff with the Flagler County Sheriff's Office, at _____.

My dog was being cornered and I asked for help no one came. The dogs had him protecting himself from the floor only closer to the group. man on the phone was nearby and didn't help. I grabbed my dog as he was being attacked to get him to safety then people began to walk over. ~~My~~ dog has several puncture marks. man called cops on me for cursing then got in my face as I try to get my dog again after getting lose from me. Chasing my dog back and forth a lady with red/white button up got in my face with her hand up showing me. Ask every one to please get them out of my face. Please let me pass to get my dog.

I have read each page of this statement, with each page bearing my signature and corrections, if any, bear my initials. I certify that the facts contained herein are true and correct.

Sworn and subscribed this 13 day of April, 2020

[Signature] 4/13/22
 Signature of Affiant Date

[Signature] 935
 Signature of Deputy ID#

Page 1 of 1

STAMPS
 Printed Name of Deputy



Rick Staly, Sheriff
FLAGLER COUNTY SHERIFF'S OFFICE

"An honor to serve, a duty to protect."

Voluntary Witness Statement					
Witness Information				FCSO Case #: 20-33166	
First Name: <u>Labe</u>	M.I.: <u>T</u>	Last Name: <u>Ra. Sor</u>			
Address: <u>144 Frontier Dr.</u>					
City:	State: <u>FL</u>	Zip: <u>32137</u>	Race: <u>W</u>	Sex: <u>M</u>	
Home Phone:	Cell Phone: <u>502-7060566</u>			DOB: <u>3-18-99</u>	
E-Mail Address: <u>Labe Ra. Sor@gmail.com</u>				Age: <u>23</u>	
Place of Employment/School: <u>Martin epoxy</u>					
Work Address: <u>250 Sandy Creek Pkwy</u>					
City: <u>St. Augustine</u>	State: <u>FL</u>	Zip: <u>32080</u>	Work Phone:		

I do hereby make the following voluntary statement to Deputy Stamps, who has identified him/her self as a Deputy Sheriff with the Flagler County Sheriff's Office, at _____.

From across the pond, I saw a husky bite the dobermans back, then I ran to help Robert separate the dogs because nobody was helping. When I got there, the lady with the grey bowl cut was in Robert's face and yelling. I stepped in between and separated them. After that Robert was trying to leave and "MR. Councilman" was yelling at Robert and cussing at him saying he was going to call the cops. Robert left after

I have read each page of this statement, with each page bearing my signature and corrections, if any, bear my initials. I certify that the facts contained herein are true and correct.

Sworn and subscribed this 13 day of April, 2020

Ka R _____
 Signature of Affiant Date

[Signature] _____
 Signature of Deputy ID#

Page 1 of 1

STAMPS _____
 Printed Name of Deputy