

**From:** Pets  
**Sent:** Sun, 11 Aug 2024 22:32:46 +0000  
**To:** Pets  
**Subject:** Complaint Form Submission

**INTERPRETER SERVICES**

- 1. Interpreter needed? No
  
- 2. Language selected:

**COMPLAINT**

- 3. What type of violation reported: Animal Bite

**GENERAL COMPLAINT**

- 4. Date of Violation (M/d/yyyy):
  
- 5. Address of Violation (Street address, City, State, Apartment/Unit# and ZIP code):
  
- 6. Concern:
  
- 7. Description of animal(s) involved:
  
- 8. Do they have pictures, video, or material to submit?:

**BITE REPORT**

- 9. Victim's Full Name (First and Middle, Last Name): Thomas Garrity Hollowed
  
- 10. Victim/Parent or Guardian Phone Number: 2069474690
  
- 11. Victim/Parent or Guardian Secondary Phone Number:
  
- 12. Victim's Address (Street address, City, State, Apartment/Unit# and ZIP code): 6508 SE 24th St, Mercer Island, WA 98040
  
- 13. Victim/Parent or Guardian Email: thomas.hollowed@gmail.com
  
- 14. Date of Bite (M/d/yyyy): 2024-07-14
  
- 15. Address of where bite occurred (Street address, City, State, Apartment/Unit# and ZIP code): 7225 SE 27th St, Mercer Island, WA 98040
  
- 16. Description of incident: I was on a run. At approximately 8:30, I was passing in front of the dog owners home. I was on the side of the street opposite the home. The dog owner's sister, Meg, let the dogs out of the trunk. They were off leash and immediately charged at me barking. I came to a stop and tried to maintain a calm demeanor. The dogs, without any provocation, bit me

and inflicted puncture wounds on my left forearm and left posterior thigh, as well as a scratch on my R hip. I held out my hand and firmly said “no” several times, and the dogs backed off and went back into the home.

17. Description of animal(s) involved: Two dogs, pyranese mix, large

18. Description of injuries sustained: L forearm puncture wound, two posterior thigh puncture wounds, scratches on both hips

19. Skin Broken?: YES

20. Medical treatment sought?: YES

21. Hospital/Vet: Westport Medical Clinic in Westport Ireland

22. Treatment received: Antibiotics for infected left forearm wound

23. Do they have pictures, video, or material to submit?: I HAVE pictures, video or material to send

**NUISANCE BARKING OR NOISE COMPLAINT**

24. Concern:

25. Description of animal(s) involved:

26. Do they have pictures, video, or material to submit?:

**REPORTED DATE AND TIME OF DISTURBANCES**

27. Date of violation (M/d/yyyy):

28. Barking/Noise Duration: From

29. Barking/Noise Duration: To

30. More than one occurrence observed?

31. Date of violation #2 (M/d/yyyy):

32. Barking/Noise Duration: From

33. Barking/Noise Duration: To

34. More than two occurrences observed?

35. Date of violation #3 (M/d/yyyy):

36. Barking/Noise Duration: From

37. Barking/Noise Duration: To

**COMPLAINANT'S CONTACT INFORMATION**

38. Full Name: Thomas Garrity Hollowed

39. Date of Birth (M/d/yyyy): 1990-08-25

40. Address: 6508 SE 24th St

Mercer Island ,Washington 98040

41. Primary Phone: 2069474690

42. Secondary Phone:

43. Email Address: thomas.hollowed@gmail.com

44. Preferred Contact Method: ["Email"]

**COMPLAINANT'S CONTACT INFORMATION**

45. Full Name:

45. Date of Birth (M/d/yyyy):

46. Address:

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47. Primary Phone:

48. Secondary Phone:

49. Email Address:

50. Preferred Contact Method:

51. Have other neighbors been identified that are also disturbed?:

**COMPLAINANT CONTACT INFORMATION (OTHER#1)**

52. Full Name:

53. Date of Birth (M/d/yyyy):

54. Address:

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55. Primary Phone:

56. Secondary Phone:

57. Email Address:

58. Preferred Contact Method:

59. Have other neighbors been identified that are also disturbed?:

**COMPLAINANT CONTACT INFORMATION (OTHER#2)**

60. Full Name:

61. Date of Birth (M/d/yyyy):

62. Address:

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63. Primary Phone:

64. Secondary Phone:

65. Email Address:

66. Preferred Contact Method:

67. Have other neighbors been identified that are also disturbed?:

**COMPLAINANT CONTACT INFORMATION (OTHER#3)**

68. Full Name:

69. Date of Birth (M/d/yyyy):

70. Address:

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71. Primary Phone:

72. Secondary Phone:

73. Email Address:

74. Preferred Contact Method:

**ANIMAL OWNER / PERSON OF INTEREST INFORMATION**

75. Is there any animal owner / person of interest information known?: Yes

76. Full Name: Debbie Bertlin

77. Date of Birth (M/d/yyyy):

78. Primary Phone: +1 (206) 245-8003

79. Secondary Phone:

80. Address: 7225 SE 27th St

Mercer Island, Washington 98040

81. Email: debbie@bertlin.net

82. Vehicle Description :

83. Plate #:

**PET OWNER INFORMATION**

84. Full Name:

85. Primary Phone:

86. Address:

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**ADDITIONAL WITNESS INFORMATION**

87. Is there any additional witness information known?: No

88. Full Name:

89. Date of Birth (M/d/yyyy):

90. Primary Phone:

91. Secondary Phone:

92. Address:

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93. Email:

94. Preferred Contact Method:

**COMPLAINANT'S PUBLIC DISCLOSURE OPTIONS**

**Under the Public Records Act, chapter 42.56 RCW, the information provided on a complaint investigation request form is subject to public disclosure. Information revealing the identity of persons who are witnesses to crimes or who file complaints with investigative agencies may be withheld from disclosure under RCW 42.56.240(2) only if the disclosure of such information would endanger any person's life, physical safety, or property and if you as the complainant indicate a preference not to reveal your identifying information. Under RCW 42.56.240(2), at the complainant, the preference you indicate on this form shall govern whether such identifying information will be disclosed or withheld in response to requests for public records. It should be understood that if this case is filed in court, your name must be disclosed IF you are to be a witness in the case.**

YES, you MAY disclose my identity upon public inquiries regarding this complaint.

95. Complainant's Signature: Thomas G Hollowed

**BY TYPING YOUR FULL NAME BELOW: I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT MY STATEMENT IS TRUE AND CORRECT AND MAY BE USED IN A COURT OF LAW.**

96. Date (M/d/yyyy): 2024-08-11

97. Place of Signing: Mercer Island, WA