

ACO

Report Submission Check-List

Narrative

- Full name(s) and date(s) of birth
- Address (es)
- Who, What, When, Where, Why, How..etc.

Written Witness Statement(s)

- Signed
- Complainant
- All witnesses

Medical

- Signed Waiver Medical Records
- Medical reports
- Proof of restitution (bills, receipts)

Photographs

- Overview Scene Location
- Animal (Entire)
- Close-up
- Injury Overview
- Injury Close-up

Veterinarian

- Written Statement-Signed
- Invoice(s)
- Photographs and/or video of procedure

All Other Pertaining Information

- Copies with report

Contact your District Attorney regarding the case prior to any court date. There could be further investigation or information required in order to proceed with your case.