

Witness Statement

Witness			
Last name HARVEY		First Name DAVID	
Street address 65 GEORGE Rd			Unit number
City/Town SUTTON	Postal code LOEIRO	Province ON	Email
Telephone number	Cell number		
Driver Identification Number		<i>[Signature]</i>	
Incident details			
Location 65 GEORGE Rd			
Date of incident OCT 7 2024		Time of incident APX 1:00 PM	

I, DAVID HARVEY, submit the following statement as a true and accurate account of what I personally witnessed regarding the incident.

Statement

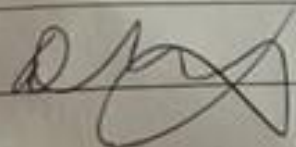
I WAS ASLEEP IN MY BEDROOM AND HEARD A KNOCK THE THE DOOR OPEN. DUKE WAS IN THE BEDROOM WITH ME. WHEN THE DOOR OPENED DUKE RAN OUT OF THE BEDROOM PAST JESSICA, DOWN THE STAIR ALMOST INSTANTLY I HEARD YELLING. I RAN DOWN STAIRS TO SEE THE PSW ON THE FLOOR KICKING AT DUKE. I TRIED TO GRAB DUKE TO PULL HIM

Signature: _____ Date: _____

Statement (continued)

Away from the lady. I noticed he had BITEN her. I didnt get a good hold of his collar and he lunged back at her. She is still screaming and kicking. this time a was able to get his collar and Put him in the back yard. when i came back into the living room the lady was outside in her car on the phone.

Signature: _____



Date: _____

OCT. 7. 24.

Page ___ of ___