



**Monica Schultz**  
City Clerk  
City Clerk's Office  
414.302.8220  
mschultz@westalliswi.gov

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Jonathan and Nikkita Melcher  
9505 S. Ryan Green Ct.  
Franklin, WI 53132

November 16, 2017

Subject: Decision by City of West Allis Administrative Appeals Review Board (AARB) in regard to the Appeal of the Prohibited Dangerous Dog Order for Jonathan and Nikkita Melcher formerly of 2250 S. 69 St.

Dear Mr. and Ms. Melcher:

This letter is to formally notify you of the determination made by the City of West Allis Administrative Appeals Review Board (AARB) from its meeting on October 30, 2017 regarding your appeal.

At the meeting, the Board decided unanimously to rescind the Prohibited Dangerous Dog Order for your dog, Blitz, with the direction of muzzling when the dog is taken to training.

Thank you for the time you took in making your appeal and attending the meeting. If you have any questions, or need further information or clarification, please feel free to contact me.

Sincerely,

Monica Schultz  
City Clerk

Enclosure

cc: Mayor Devine  
Health Commissioner  
City Attorney  
Police Department

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JUL 19 2017

CITY OF WEST ALLIS  
CITY CLERK

To whom it may concern,

Blitz (our dog) is extremely important to my wife Nikkita and I for many reasons. I fell in love with German Shepherd dogs after my first of two deployments to Afghanistan while I was in the US Army. I admired their loyalty, and sense of duty as a dog breed while working for us. After my deployment I moved in with my wife and proposed to her. One week after we got married we bought Blitz, and we were instantly in love with his personality. We raised him together, and we were doing everything we could to teach him to be a good dog. We never left his side, and he never left ours until I was called to deploy again leaving my new wife with my new dog. For eight months Blitz was my wife's only friend and companion while I was in Afghanistan yet again, and when I returned he jumped and barked with joy. I eventually left the Army and joined the Wisconsin National Guard to continue my education at UW Milwaukee. We lived in Franklin for a couple of years, but our rent climbed, and my wife had an accident making it too expensive to live there. We reluctantly moved into my parents after swallowing my pride. Quickly Blitz made this new house his home, and in the regular German Shepherd fashion he quickly learned his new pack (family) members.

My wife and I needed to get out together and took a vacation to North Carolina where I used to be stationed. We debated bringing Blitz with us, putting him in a kennel, or leaving him in my parents care. I asked my parents what we should do with him, and my parents assured us he would be in good care with them so we did. It's important to note that Blitz had lived with us in apartments up to this point, and we rarely had other people over to our place. On my niece's birthday there was a total of 11 people and another female dog in our small home, so I imagine Blitz was very anxious. My mother put both dogs upstairs in my brother's apartment because my niece is autistic and freaks out around dogs. My nephew came upstairs to play a game and was unaware the dogs were up there. My nephew made it halfway down the hallway and surprised Blitz, and Blitz proceeded to bite him. I don't believe my dog is vicious or dangerous I think he reacted poorly to a crazy new environment while we weren't even there

to prevent it. In hindsight we would have taken the dog with us like we had on many other trips.

Under the dangerous dog order we are forced to comply to Blitz is supposed to be out of the city by the 23rd of July or we would be fined \$1000 a day. We believe this level of order is unnecessary. We are currently looking to move to Franklin in mid august anyways, but under these conditions we don't have enough time to move. We would gladly follow the other orders on the list such as muzzling, short leash, and any other criteria. If we can't find a place outside of the city to move my wife plans on quitting her brand new job and taking Blitz to live with her, and her parents in Alaska while I stay here to go to school. We have already been split up enough because of my time on active duty and deployed. Putting our beloved dog down is not an option to us because he means too much to us. This all seems very unnecessary considering we weren't even home when the event happened. What I am asking is to be able to stay in the city while we search for a new home with our dog. As I stated earlier we will happily comply to the other orders on the list, even though we don't see them as entirely necessary either. He is a good dog overall, and just made a stupid mistake. My nephew was bit, and neither him nor his parents want the dog or us punished for this incident. My nephew is now healed perfectly fine only shortly after the incident. We also plan on taking Blitz to rehabilitation training to prevent this from ever happening again. I ask for your mercy, and I pray that my wife and I won't have to be apart again over something so trivial.

Thank you for your time,

Jonathan and Nikkita Melcher

17-023646

# ORDER PROHIBITED DANGEROUS DOG

Date: 6-24-17

Owner's Name(s): Jonathan Melcher

Address: 2250 S. 69 St.

Address: \_\_\_\_\_

Name of Dog: Bolt

Description of Dog: 4 yr old German Shepard

Pursuant to West Allis Revised Municipal Code Section 7.126, your dog, described above, is hereby declared to be a **prohibited dangerous dog**.

Within **30 days** of the date of this order, you must comply with the requirement of 7.126(6)(a)1 in that your dog must be **PERMANENTLY removed from the city** (see back of sheet). A West Allis police officer will conduct a follow-up investigation to ensure compliance.

If you wish to contest this order or any of the requirements of 7.126(6), you must file an appeal pursuant to the provisions of Section 7.126(5)(b).

If you have questions about this order, please contact Assistant City Attorney Jenna Merten at (414) 302-8450.

Signature: Bart Van Buren West Allis PD  
Name of Officer / Department

**Service: (check one)**

☒ in-person

☐ mail

If in person, complete the following:

Date/Time: 6-24-17

Name of person served: George Melcher

Location: 2250 S. 69 St.

**West Allis Health Department  
Rabies Quarantine Order**



**Public Health**  
Protect. Promote. Prevent.  
West Allis Health Department

Animal Owner's Name: Jonathan Melcher

Animal Owner's Address: 2250 S. 69 St.

Animal Owner's Telephone Number: 762-822-2163

Name of Animal: Boltz Type of Pet: ☒ Dog ☐ Cat ☐ Other (List) \_\_\_\_\_

Date Bite Occurred: 6-23-17 Was a person bitten? ☒ Y ☐ N Did the Bite Break the Skin? ☒ Y ☐ N

Date of Animal's Rabies Vaccination: 2014 174418 Dog/Cat License Tag Number: 27524

Per the Revised Municipal Code of the City of West Allis 7.12(5) the animal identified above and owned/harbored by you at the indicated address is hereby ordered confined, under the conditions defined below, for purposes of quarantine for possible rabies exposure.

- ☒ This animal has bitten or otherwise potentially exposed a person or other animal to rabies virus and is quarantined for a minimum of 10 days from the date of the incident.
  - ☒ Proof of valid rabies vaccination provided. In home quarantine ordered. See Quarantine conditions below.
  - ☐ Proof of valid rabies vaccination is NOT provided. Animal is ordered to be impounded at:
    - ☐ MADACC
    - ☐ Local Veterinarian Clinic: \_\_\_\_\_
    - ☐ Animal owner is responsible for all costs associated with quarantine/impoundment of the animal.
- ☐ This animal has bitten or otherwise potentially exposed a person or other animal to rabies virus AND is exhibiting symptoms consistent with rabies. This animal is ordered to be euthanized for rabies testing. Animal owner is responsible for all costs associated with euthanization and testing.

**Quarantine conditions:**

- ☒ The animal must be seen by a veterinarian within 24 hours for a health clearance. A copy of the veterinarian's report must be submitted to the West Allis Health Department.
- ☒ The animal must be confined at all times in an enclosed space that prevents contact with people, other pets, and wild animals. Animal may only be outside only for purposes of toileting and must be kept on a leash.
- ☒ At no time may the animal be removed from the premises without prior written permission of the West Allis Health Department. In an emergency, the animal may be taken to a vet. Immediately notify the Health Department.
- ☒ If at any time during the quarantine period the animal becomes ill, shows signs of abnormal behavior, or dies, the West Allis Health Department must be notified immediately.
- ☒ The Health Commissioner may authorize, at any time that the animal be euthanized for purposes of laboratory testing for rabies.
- ☒ Animals without a valid rabies vaccination must be vaccinated after the quarantine period, prior to being released to the owner.
- ☒ If the animal does not have a valid Milwaukee County Animal License the owner must obtain the license and submit proof of license to the West Allis Health Department.
- ☒ The animal will be released from quarantine only upon completion of the prescribed requirements and by written authorization of the West Allis Health Department.

*I understand and agree to abide by the conditions under which the above named animal, for which I am the responsible owner or custodian, is to be quarantined. I understand that violation of the conditions of this quarantine order, whether by volition or negligence, is punishable under the Revised Municipal Code for the City West Allis.*

George Melcher  
Animal owner name (print)

George Melcher 6-24-17  
Animal owner signature Date

Bret Vanden Bergard  
Serving official name (print)

Bret Vanden Bergard 6-24-17  
Serving official signature Date

White - Police Department Copy

Pink - Health Department Copy

Yellow - Owner's Copy

**Submit completed report to the Health Department within 24 hours.**

7120 W National Ave, West Allis, WI 53214

Fax - 414-302-8628

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                 |                                |                    |                                           |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|--------------------------------|--------------------|-------------------------------------------|--------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Franklin Police Department</b>                                    |                                 |                                |                    | <b>Incident Report</b>                    |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Incident:<br><b>Animal Complaints - Bite</b>                         |                                 |                                |                    |                                           |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Incident Report Number:<br><b>16-000247</b>                          |                                 | Between: Date - Time           |                    | And/At: Date-Time<br><b>1/28/16 15:30</b> |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Incident Location:<br><b>10591 W Cortez Cir, Franklin, WI, 53132</b> |                                 |                                |                    |                                           |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CFS Code-1:<br><b>9010</b>                                           | CFS Code-2:                     | CFS Code-3:                    | Offense Code-4:    |                                           |                                            |
| CFS Code-5:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CFS Code-6:                                                          | CFS Code-7:                     | CFS Code-8:                    |                    |                                           |                                            |
| <b>V</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name (Last, First, Middle)<br><b>Ludwig, Lauretta</b>                |                                 | DOB:<br><b>01/17/1956</b>      |                    | Race/Sex<br><b>W/F</b>                    |                                            |
| Address: (Address, City, State, Zip)<br><b>10591 W Cortez Cir, Franklin, WI, 53132</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                 |                                |                    |                                           | Home Phone Number                          |
| Employer<br><b>Whitnall Pointe Apartments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                 |                                |                    |                                           | Work Phone Number<br><b>(414) 425-5151</b> |
| Employer Address<br><b>10591 W Cortez Cir, Franklin, WI 53132</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                 |                                |                    |                                           | Cell Phone Number                          |
| <b>B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name (Last, First, Middle)<br><b>Whitnall Pointe Apartments,</b>     |                                 | DOB:                           |                    | Race/Sex                                  |                                            |
| Address: (Address, City, State, Zip)<br><b>10591 W Cortez Cir, Franklin, WI, 53132</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                 |                                |                    |                                           | Home Phone Number                          |
| Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                 |                                |                    |                                           | Work Phone Number<br><b>(414) 425-5151</b> |
| Employer Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                 |                                |                    |                                           | Cell Phone Number                          |
| <p><b>SUMMARY</b></p> <p>Lauretta Ludwig, F/W, 1/17/56, reports that on Thursday, 1/28/16, at about 1530 hours, she was bitten by a resident's german shepherd in the lower left side stomach area while in the Whitnall Pointe Apartment complex office, 10591 W Cortez Cir, Franklin, Wisconsin. Ludwig stated the owner of the dog, Jonathan D Melcher, M/W, 1/9/92, came into the office with his leashed dog to retrieve a package, and when she went to assist him, the dog bit her causing four separate puncture wounds to her stomach. Ludwig refused medical attention. Melcher was given the Animal Bite Procedures form and the dog will be quarantined at his residence. The dog is up to date on all shots.</p> |                                                                      |                                 |                                |                    |                                           |                                            |
| Vehicle Information: (Year, Make, Model, Style, Color)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                 |                                |                    |                                           |                                            |
| License Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State:                                                               | Expiration Year:                | Vin:                           | Insurance Company: |                                           |                                            |
| Other Vehicle Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                 |                                |                    | NOIC#                                     |                                            |
| Reporting Officer(s):<br><b>Polster, Anne M.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                 | Payroll Number:<br><b>0167</b> | Payroll Number:    | Report Date:<br><b>01/28/2016</b>         |                                            |
| Time Received:<br><b>15:45:46</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Time Cleared:<br><b>17:04:31</b>                                     | Unit(s) Assigned:<br><b>244</b> | Pages:<br><b>1 OF 2</b>        |                    |                                           |                                            |
| Reviewed by:<br><b>Bath, Joseph J.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                 | Payroll Number<br><b>0421</b>  | Copy To            |                                           |                                            |

Date: 01/28/2016

CFS Code-1: 9010

Incident Report Number:

16-000247

## Franklin Police Department

## Continuation

|                                     |                                                               |                              |
|-------------------------------------|---------------------------------------------------------------|------------------------------|
| Incident Report Number<br>16-000247 | Incident Location:<br>10591 W Cortez Cir, Franklin, WI, 53132 | Incident Date:<br>01/28/2016 |
|-------------------------------------|---------------------------------------------------------------|------------------------------|

## NAMES

## Owner/Animal

Melcher, Jonathan D W/M-24 of 10506 W Cortez Cir,3, Franklin,WI,53132  
DOB: 01/09/1992  
Cell Phone:(762) 822-2163

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|                                           |                   |           |                  |
|-------------------------------------------|-------------------|-----------|------------------|
| Reporting Officer(s):<br>Polster, Anne M. | ID Number<br>0167 | ID Number | Pages:<br>2 Of 2 |
|-------------------------------------------|-------------------|-----------|------------------|

Date:

06/24/2017

CFS Code-1: 7399E

Incident Report Number:

17-023646

| West Allis Police Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  | Incident Report                 |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------|-----------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                 |                                   |
| Incident: Harboring a Vicious Dog/Animal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                 |                                   |
| Incident Report Number: 17-023646                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  | Between: Date - Time            |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  | And/At: Date-Time 6/23/17 23:13 |                                   |
| Incident Location: 2250 S 69 St, West Allis, WI, 53219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                                 |                                   |
| CFS Code-1: 7399E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CFS Code-2: 7399G                                | CFS Code-3: ZTG9589             | Offense Code-4:                   |
| CFS Code-5:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CFS Code-6:                                      | CFS Code-7:                     | CFS Code-8:                       |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name (Last, First, Middle): Melcher, Andrew W    | DOB: 07/13/1980                 | Race/Sex: W/M                     |
| Address (Address, City, State, Zip): 2252 S 69 St, West Allis, WI, 53219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                 | Home Phone Number: (414) 333-9537 |
| Employer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                                 | Work Phone Number:                |
| Employer Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                 | Cell Phone Number: (414) 531-1996 |
| CN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name (Last, First, Middle): Melcher, Charlotte J | DOB: 08/30/1957                 | Race/Sex: W/F                     |
| Address (Address, City, State, Zip): 2250 S 69 St, West Allis, WI, 53219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                 | Home Phone Number:                |
| Employer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                                 | Work Phone Number: (414) 607-4290 |
| Employer Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                                 | Cell Phone Number: (414) 303-3606 |
| <p><b>SUMMARY</b></p> <p>Officer Vanden Boogard reports....</p> <p>On 06/23/17 at 2313hrs, I responded to Moorland Reserve hospital (4805 S. Moorland Rd) for a report of a dog bite. Investigation revealed, ZJM. 10/30/03, was at 2250 S. 69 St. when he was attacked by his cousin's 4yr old German Shepard as ZJM walked into the upper unit of the residence. ZJM sustained three puncture wounds to his right hip, right thigh, and genital area and he received three stitches. The Order Prohibited Dangerous Dog form was filled out and given to George R. Melcher, M/W 05/17/52 (father of the dog's owner). This incident will be forwarded to the Health department along with a similar incident that occurred in Franklin last year. A residential flag was entered into Phoenix regarding the animal.</p> |                                                  |                                 |                                   |
| Vehicle Information: (Year, Make, Model, Style, Color)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                                 |                                   |
| License Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State:                                           | Expiration Year:                | Vin: Insurance Company:           |
| Other Vehicle Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                 | NCIC#                             |
| Reporting Officer(s): Vanden Boogard, Bret                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | Payroll Number: 2619            | Report Date: 06/24/2017           |
| Time Received: 23:13:23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Time Cleared: 01:45:05                           | Unit(s) Assigned: 317, 335      | Pages: 1 Of 5                     |
| Reviewed by: Clerical and Coding Manz, Tracy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  | Payroll Number: 9656            | Copy To:                          |

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JUL 10 2017

WEST ALLIS  
CITY ATTORNEY

**West Allis Police Department****Continuation**Incident Report Number  
17-023646Incident Location:  
2250 S 69 St, West Allis, WI, 53219Incident Date:  
06/23/2017**NAMES****Contact-1**

Melcher, Jonathan D W/M-25 of 2250 S 69 St, LOWER, West Allis, WI, 53219  
DOB: 01/09/1992  
Cell Phone: (762) 822-2163

**Witness**

Munoz, Daniel C W/M-25 of 7315 S Southridge dr, Greefield, WI, 53220  
DOB: 11/07/1991  
Cell Phone: (414) 837-8452

**Parent**

Melcher, Nicole M W/F-35 of 2555 S CALHOUN RD #102, NEW BERLIN, WI, 53151  
DOB: 01/21/1982  
Cell Phone: (262) 720-9139 Home Phone: (262) 641-0416

**Victim**

Frischmann, Zakkhary J W/M-13 of 2555 S CALHOUN RD #109,  
NEW BERLIN, WI, 53151  
DOB: 10/30/2003  
Cell Phone: (262) 327-1270

**Contact-2**

Melcher, George R W/M-65 of 2250 S 69 St, West Allis, WI, 53219  
DOB: 05/17/1952  
HT: 511 WT: 170 Hair: Brown  
Eyes: Brown  
Cell Phone: (414) 303-3606

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**NARRATIVE****INITIAL RESPONSE**

On 06/23/17 at approximately 2348hrs, I responded to Froedert Moorland Reserve Hospital at 4805 S. Moorland Rd in New Berlin for a report of a dog bite that occurred in our city. Upon my arrival to the scene I met with the victim, Zakk J.

Reporting Officer(s):

Vanden Boogard, Bret

ID Number  
2619

ID Number

Pages:

2 Of 5

**West Allis Police Department****Continuation**

Incident Report Number

17-023646

Incident Location:

2250 S 69 St, West Allis, WI, 53219

Incident Date:

06/23/2017

Frischmann, M/W 10/30/03 and his mother, Nicole M. Melcher, F/W 01/21/82. Nicole stated they were at her in-laws residence at 2250 S. 69 St. for a birthday party. The residence has an upper unit 2252 S. 69 St. and her in-laws live in both units.

**STATEMENT OF ZAKK J. FRISCHMANN - VICTIM**

Zakk stated at approximately 1930-2000, he wanted to go to the upper unit of the residence to say hi to a family friend (later ID as Daniel C. Munoz, M/W 11/07/91). Zakk opened the door to the residence and was immediately attacked by the family German Shepard named Blitz. Zakk stated he felt pain in his genital area as he repeatedly kicked the dog to get it off of him. He got away from Blitz and the door was closed. He stated he did not know the dog was behind the door prior to opening it as he could not hear it. Zakk went to the bathroom and observed he was bleeding from his penis. It was not until a little while later when he sat down that he realized he had two additional bite marks on his right hip and right thigh. Zakk stated that at no point did he entice the dog into attacking him.

I observed Zakk appeared in good spirit during my conversation with him.

**STATEMENT OF NICOLE M. MELCHER - PARENT**

Nicole stated she did not witness the incident as she was outside during the attack, however she heard the dog barking. The dog belongs to her brother-in-law, Jonathan D. Melcher, M/W 01/09/92, who is currently out of the state and in North Carolina. She advised Jonathan's parents George, R. Melcher, M/W 05/17/52 and Charlotte J. Melcher, F/W 08/30/57, were currently watching over Blitz while Jonathan was out of state. She also advised Jonathan resides in the lower unit of that residence too. They drove to the hospital at approximately 2200hrs. I asked her why they waited to go to the hospital. She advised they did not realize Zakk had injuries to his hip and thigh right away and Zakk wanted to eat and enjoy the party for a little while. She stated he sustained three total bite (puncture) marks that each broke the skin (right hip, right thigh, and the penis).

Nicole stated Zakk received three stitches to his right thigh due to the attack.

**PHOTOGRAPHS**

At the hospital I took photographs to the injury to Zakk's hip and thigh. I used a department issued Canon A1400 HD Digital camera. The photographs were saved on my department issued SD card (2619) and later uploaded to the DIMS system. The following is a brief description of the photographs;

- 1.) Overview of Zakk
- 2.) Location where the injuries were (with bandages)

Reporting Officer(s):

Vanden Boogard, Bret

ID Number

2619

ID Number

Pages:

3 Of 5

**West Allis Police Department****Continuation**

Incident Report Number

17-023646

Incident Location:

2250 S 69 St, West Allis, WI, 53219

Incident Date:

06/23/2017

3.) Bite mark to Zakk's right thigh that required three stitches.

4.) Bite mark to Zakk's right hip

Noted: I did not take a photograph of the injury to Zakk's penis.

**MEDICAL RELEASE FORM**

I explained the medical release form to Nicole. She understood the form and signed it. She was given a copy of the form. The hospital was also given a copy of the form.

**STATEMENT OF DANIEL C. MUNOZ - WITNESS**

I then responded to the residence (2250 S. 69 St.) and met with Daniel C. Munoz, M/W 11/07/91 and George inside the front living room. George advised Blitz was currently outside on a walk with Charlotte and he had a muzzle and leash on. Daniel stated he does not reside at the residence but he is a family friend. He advised he was upstairs in the front of the residence when he heard Blitz barking. He could see to the rear of the residence and observed Andrew W. Melcher, M/W 07/13/80 grabbing onto Blitz and pulling him away from Zakk. He later learned that Zakk had been bitten by Blitz. He stated that Blitz is a protective animal and he is good with everyone that he is familiar with. He stated Blitz was 4yrs old.

**OFFICER OBSERVATIONS**

While speaking with both Daniel and George in the living room, Charlotte J. Melcher, F/W 08/30/57 walked in the front door of the residence with Blitz on a leash. He also had a muzzle on. Upon seeing Officer Dufek, Chaplain Johnson and myself, he immediately started aggressively barking and growling. He pulled away from Charlotte and attempted to run towards me. Charlotte was not able to completely control Blitz by herself due to his size (approx. 65 pounds) and George had to grab a hold of him. Due to Blitz's actions and behavior, I feared for my safety and backed away from Blitz when he attempted to approach me even though he had a muzzle on.

**STATEMENT OF GEORGE R. MELCHER - CONTACT**

George advised he did not witness the incident because he was outside grilling. He stated they were having a birthday party for his granddaughter. Due to having guests which included small children over, he put Blitz in the upper unit of the residence to keep him separated. George advised he has never owned a dog before and was watching the dog while his son was in North Carolina. His son is set to return someone next week. George was remorseful during my contact with him. George advised of an incident that he believed had occurred 7-8 months ago. Jonathan was residing in Hales Corners and Blitz bit someone else. He stated there is currently

Reporting Officer(s):

Vanden Boogard, Bret

ID Number

2619

ID Number

Pages:

4 Of 5

**West Allis Police Department****Continuation**Incident Report Number  
17-023646Incident Location:  
2250 S 69 St, West Allis, WI, 53219Incident Date:  
06/23/2017

a law suit pending regarding that incident.

**STATEMENT OF ANDREW W. MELCHER - WITNESS**

Andrew W. Melcher stated he was downstairs, when Zakk told him he was going to say hi to Daniel in the upper unit. It did not come to Andrew's mind that Blitz was upstairs. He then heard Zakk yelling "get away from me" several times and he heard Blitz barking. He rushed upstairs and closed the door separating Blitz and Zakk. Zakk immediately ran to the bathroom and would not say anything to him.

**STATEMENT OF CHARLOTTE J. MELCHER - CONTACT**

I briefly spoke with Charlotte J. Melcher, F/W 08/30/57. She advised she was outside during the incident and she did not witness the incident.

**ATTEMPT CONTACT WITH JONATHAN D. MELCHER - DOG OWNER**

On 06/24/17 at approximately 0140hrs, I called Jonathan from the number provided by George (762-822-2163). He did not answer and his voicemail message stated it was Jonathan's phone. I left a message regarding the incident.

**PROHIBITED DOG PAPERWORK**

I read and explained the Rabies Quarantine order to George, Andrew, and Charlotte. They understood the order and George signed the paperwork. He was given a copy.

It should be noted Blitz received a rabies vaccination in 2014.

I read and explained the Order Prohibited Dangerous Dog paperwork to George, Andrew, and Charlotte. They understood the paperwork and George signed the paperwork.

**PREVIOUS INCIDENT FOLLOW UP**

I contacted Hales Corners PD and they advised they did not have any dog bite incidents involving Jonathan Melcher. A KGIS inquiry was performed and Franklin PD had a dog bite incident. I contacted Franklin PD and they faxed over their report. The report was scanned into the documents tab.

**CASE DISPOSITION**

On 06/23/17 at approximately 1930hrs, Zakk Frischmann was bitten by Jonathan Melcher (relatives) German Shepard dog. Zakk sustained three bite (puncture) marks to his hip, thigh, and genital. The puncture wound to his thigh require three stitches. The Prohibited dog and Rabies paperwork were completed. This incident will be forwarded to the Health Department.

Reporting Officer(s)

Vanden Boogard, Bret

ID Number  
2619

ID Number

Pages:  
5 Of 5

**SUBPOENA**

**CITY OF WEST ALLIS : ADMINISTRATIVE APPEALS REVIEW BOARD : MILWAUKEE COUNTY**

STATE OF WISCONSIN     )  
                                      ) ss  
COUNTY OF MILWAUKEE)

THE STATE OF WISCONSIN TO:

NICOLE MELCHER  
2555 South Calhoun Road, #102  
New Berlin, Wisconsin 53151

RECEIVED  
OCT 03 2017  
WEST ALLIS  
CITY ATTORNEY

PURSUANT TO SECTION 805.07 OF THE WISCONSIN STATUTES, you are hereby  
commanded to appear in person before the West Allis Administrative Appeals Review Board,  
7525 West Greenfield Avenue, Room 128, West Allis, Wisconsin, on the **30th** day of **October**  
**2017**, at **4:00 p.m.**, to give evidence in the matter of the appeal of the Prohibited Dangerous Dog  
Order of Blitz, owner Jonathan Melcher. Failure to appear may result in punishment for  
contempt which may include monetary penalties, imprisonment and other sanctions.

Issued this 26th day of September, 2017.

CITY OF WEST ALLIS

  
\_\_\_\_\_  
Nicholas S. Cerwin, Assistant City Attorney

P.O. Address:  
7525 West Greenfield Avenue  
West Allis, Wisconsin 53214  
414/302-8450

Service admitted this 30<sup>th</sup> day of  
September, 2017.  
X N. Melcher  
\_\_\_\_\_  
Signature of Witness

*I will be there but I might be a couple of minutes late.  
I pick the kids up from school @ 3:45 and we live in  
New Berlin. - Nicole ☺*



**City Attorney's Office**

Scott E. Post  
City Attorney

Sheryl L. Kuhary  
Jenna R. Merten  
Nicholas S. Cerwin  
Assistant City Attorneys

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September 26, 2017

Nicole Melcher  
2555 South Calhoun Road, #102  
New Berlin, Wisconsin 53151

Re: Matter of the Appeal of the Dangerous Dog Order of Blitz, owner,  
Jonathan Melcher

Dear Ms. Melcher:

Enclosed please find an original and one copy of a subpoena for you to testify as a witness in regard to the above referenced case. Please sign and date the original and return it to this office in the enclosed, self-addressed, stamped envelope. The copy may be retained for your records.

If you have any questions, please feel free to contact me. Thank you for your cooperation in this matter.

Very truly yours,

Nicholas S. Cerwin  
Assistant City Attorney

Enclosures

**SUBPOENA**  
**CITY OF WEST ALLIS : ADMINISTRATIVE APPEALS REVIEW BOARD : MILWAUKEE COUNTY**

STATE OF WISCONSIN     )  
                                      ) ss  
COUNTY OF MILWAUKEE)

THE STATE OF WISCONSIN TO:

NICOLE MELCHER  
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Issued this 26th day of September, 2017.

CITY OF WEST ALLIS

  
\_\_\_\_\_  
Nicholas S. Cerwin, Assistant City Attorney

P.O. Address:  
7525 West Greenfield Avenue  
West Allis, Wisconsin 53214  
414/302-8450

Service admitted this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

X \_\_\_\_\_  
Signature of Witness

RECEIVED

JUL 19 2017

CITY OF WEST ALLIS  
CITY CLERK

Dangerous Dog Appeal

CITY OF WEST ALLIS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: WALSAMN      Type: CC    Drawer: 1  
Date: 7/19/17 01    Receipt no: 50604

| Description | Quantity    | Amount  |
|-------------|-------------|---------|
| A1          | APPEAL-AARB |         |
|             | 1.00        | \$50.00 |

Trans number: 2003193

G/L account number:

10000004290205

MELCHER

Tender detail

CA CASH PAYMENT \$60.00

Total tendered \$60.00

Total payment \$50.00

Change \$10.00

Trans date: 7/19/17      Time: 15:50:52

\*\*\* THANK YOU FOR YOUR PAYMENT \*\*\*