



## Code C - Dingo Interaction Report Form

Dingo ID: **01Green15M**

Management Area (NRM use only): **Pin-Wyuna**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 24/11/16<br/>Time (of Interaction 24hrs): 1600<br/>How long did the interaction last:<br/>Location (of Interaction): Eugarie CZ<br/>Reporting Officer/s details: 7027848 7027334</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name sch 4 - personal information<br/>Address: sch 4 - personal information<br/>Phone #:sch 4 - mobile phone<br/>Visitor type: Camper</p> |        |             |             |       |  |  |  |           |   |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While conducting patrols rangers noticed a dingo lying very close to campers in the south end of Eugarie CZ. The campers were eating, sitting in camp chairs under their tent annex. The dingo was only about 4m away from the campers. The dingo only left after being yelled at and chased away by a ranger. The dingo was positively identified as 01Green 15M.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |        |             |             |       |  |  |  |           |   |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input checked="" type="checkbox"/> Left Ear<br/>Tag description: 01Green</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td>1</td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td></td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                                                                                             | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult | 1 |  |  | Juvenile |  |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input checked="" type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input checked="" type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b>Continue patrolling and briefing regime, monitor animal<br/><b>Faxed/emailed date:</b> 8/12/16</p> |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 29/11/16<br/> Time (of Interaction 24hrs): 1030 hrs<br/> How long did the interaction last: 5 Mins<br/> Location (of Interaction): Car park<br/> Reporting Officer/s details: 7028728</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name:<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Ranger 7028728 was conducting fence works to an eating area at Lake McKenzie car park when he observed some people pointing into the nearby vegetated area. An untagged juvenile dingo then made its way into the car park area approaching the family. The ranger then observed that more family members were eating out of the back of their car and the dingo focused its attention on them. When the ranger approached the dingo it moved of back into the vegetated area. The family was directed to move into the fenced eating area to finish eating their food.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Male                                                                                                                                      | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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## Code C - Dingo Interaction Report Form



Mckenzie and Dingo safe message. Increased patrols at Lake McKenzie.

**Faxed/emailed date:** 12/12/16

Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **UT16f**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 28/11/16<br/> Time (of Interaction 24hrs): 15:30 - 16:00<br/> How long did the interaction last: 30mins+<br/> Location (of Interaction): Lake McKenzie Carparks<br/> Reporting Officer/s details: 7028020</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: QPWS Rangers<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>QPWS rangers observed UT16f loitering in the Lake McKenzie Carparks for over 30mins, moving around vehicles scavenging for food. Wary of people moving but not enough to move away from the area. Several groups spoken to about food preparation/consumption within the carpark.</p> <p>Tag-along group mentioned that she had been loitering around for 1.5hrs.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Male                                                                                                                                                   | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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## Code C - Dingo Interaction Report Form

Dingo ID: **01Green 15M**

Management Area (NRM use only): **Pin-Wyuna**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 2/12/16<br/>Time (of Interaction 24hrs): 0700<br/>How long did the interaction last: 15min<br/>Location (of Interaction): Cathedrals beachfront<br/>Reporting Officer/s details: 7027330</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name:<br/>Address:<br/>Phone #:<br/>Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |   |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Rangers reported a dingo loitering around fishermen at Cathedrals beachfront. Ranger 7027330 went to the area and found 01Green15M just Nth of Cathedrals entrance. Fishermen further south down the beach were spoken to and said the dingo had sat watching them while they were fishing, they were advised to deter the animal if this happened in the future. The dingo was followed north to Gurruman CZ. As vehicles passed, the dingo changed direction toward the vehicle. The dingo went west into the dunes at the north end of Gurruman CZ.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |        |             |             |       |  |  |  |           |   |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input checked="" type="checkbox"/> Left Ear<br/>Tag description: 01Green</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td>1</td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td></td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                       | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult | 1 |  |  | Juvenile |  |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input checked="" type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Observed signage</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Rangers are concerned that the approaching vehicles behaviour may be a result of being fed from vehicles. Continue patrolling and briefing regime, monitor animal</p> <p><b>Faxed/emailed date:</b> 8/12/16</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Male                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |   |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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## Code C - Dingo Interaction Report Form

Dingo ID: **Untagged Juvenile**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 3 Dec 2016<br/> Time (of Interaction 24hrs): 1030<br/> How long did the interaction last: 1 hour<br/> Location (of Interaction): Lake McKenzie Car park<br/> Reporting Officer/s details: 7027110</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: 7027110<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Arrived at Lake McKenzie with family for a swim at 1030. As we arrived saw a juvenile dingo on the road near the entrance to car park. Dingo dashed into bush but reappeared after we parked car - loitering in the car park approaching people within 5 metres in a no threatening but curious manner.</p> <p>After swim arrived back in the car park. Again observed a dingo loitering in car park. Suspect separate dingo from appearance and condition.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: Untagged juvenile</p> <p>a. How many dingoes present     2</p> <p>b. How many dingoes involved in the Interaction<br/> (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                   | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 2 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input checked="" type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input checked="" type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Regularly monitoring the area<br/> <b>Faxed/emailed date:</b> 5/12/16</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Male                                                                                                                                              | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                   |        | 2           |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## Code C - Dingo Interaction Report Form





## Code C - Dingo Interaction Report Form

Dingo ID: **01Green15M**

Management Area (NRM use only): **Pin-Wyuna**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

Date (of Interaction): 04/12/2016  
Time (of Interaction 24hrs): 17:00  
How long did the interaction last: 5 min  
Location (of Interaction): In front of Yurru CZ  
Reporting Officer/s details: 1423322

### Details of person(s) involved in dingo Interaction.

Name sch 4 - personal information  
Address: Cathedrals  
Phone # sch 4 - personal information  
Visitor type: Resident

### Question 1: Detailed report of events.

sch 4 - personal information family had just been involved in an interaction with dingo identified as 01Green15M (Code C\_20161204\_01Green15M\_Pin-Wyuna\_Stealing food or property). As the dingo moved up the beach a Kingfisher bus was observed pulling up within meters of the dingo and then it is alleged that the bus driver proceeded to harass and corral the dingo for what is estimated to be 10-15 min. sch 4 - personal information alleged that the bus driver was driving up on both sides of the dingo, clearly blocking its path on multiple occasions and forcing the dingo to alter its path positioning the bus across its path to the point he was driving almost on the dunes.

### Question 2: What were the actions of the dingo(s) during the Interaction? (click on box(s) to check/uncheck)

#### Code C - Nuisance or problem.

- ☐ Loitering at recognized visitor sites (people nearby)
- ☐ Stealing food or property (specify)
- ☐ Soliciting food
- ☐ Being fed or encouraged
- ☐ Living under or in infrastructure
- ☐ Following closely (distance)
- ☐ Damaging property (specify)
- ☐ Tent ripping (vacant campsite or tent)
- ☐ Entered dingo deterrent fence line
- ☒ Interference with dingoes Bus driver harassing dingo

### Question 3: Dingo identification & numbers

#### Was the dingo tagged:

- ☒ Yes ☐ No ☐ Unknown  
☐ Right Ear ☒ Left Ear

Tag description: 01Green

a. How many dingoes present 1

b. How many dingoes involved in the Interaction  
(use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       | 1    |        |             |
| Sub adult   |      |        |             |
| Juvenile    |      |        |             |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

### Question 4: How/why did the dingo(s) leave?

- ☐ voluntarily, for no apparent reason
- ☐ when yelled at
- ☐ when chased away
- ☐ when yelled at and chased away
- ☐ when person stopped moving/making a noise
- ☒ when person left
- ☐ other (specify)

### Question 5: Persons activity at time of interaction.

- ☐ Not present
- ☐ Eating/preparing food
- ☐ Sleeping
- ☐ Sitting/standing
- ☐ Walking
- ☐ Playing
- ☐ Running
- ☐ Swimming
- ☐ Fishing/bait collection
- ☒ Driving/parked vehicle
- ☐ Other

### Question 6 "Be Dingo Safe" information received prior to interaction.

- ☒ Yes ☐ No ☐ Unknown

### Question 7: Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued
- ☒ NRM ranger notified

**Details of further actions:** Patrols continuing in the area.  
**Faxed/emailed date:** 09/12/2016



## Code C - Dingo Interaction Report Form

Dingo ID: **01Green15M**

Management Area (NRM use only): **Pin-Wyuna**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

Date (of Interaction): 04/12/2016  
Time (of Interaction 24hrs): 17:00  
How long did the interaction last: 5 min  
Location (of Interaction): Cathedrals resort beach front  
Reporting Officer/s details: 1423322

### Details of person(s) involved in dingo Interaction.

Name sch 4 - personal information  
Address: Cathedrals  
Phone # sch 4 - personal information  
Visitor type: Resident

### Question 1: Detailed report of events.

sch 4 - personal information and her family were on the beach when they observed a green tagged follow a vehicle into Yurru camp zone. The dingo then returned to the beach and walked past the group with 4-5 meters without incident. The dingo then sniffed sch 4 - personal information thong that she had sitting about 10 meters away before stealing one and running away. sch 4 - personal information threw the other thong at the dingo and it dropped the thong and continued on its way up the beach. Is familiar with this animal identified as 01Green15M as it is observed on the beach most days.

### Question 2: What were the actions of the dingo(s) during the Interaction? (click on box(s) to check/uncheck)

#### Code C - Nuisance or problem.

- ☒ Loitering at recognized visitor sites (people nearby)  
☒ Stealing food or property (specify) thong  
☐ Soliciting food  
☐ Being fed or encouraged  
☐ Living under or in infrastructure  
☐ Following closely (distance)  
☐ Damaging property (specify)  
☐ Tent ripping (vacant campsite or tent)  
☐ Entered dingo deterrent fence line  
☐ Interference with dingoes

### Question 3: Dingo identification & numbers

#### Was the dingo tagged:

- ☒ Yes ☐ No ☐ Unknown  
☐ Right Ear ☒ Left Ear

Tag description: 01Green

a. How many dingoes present 1

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       | 1    |        |             |
| Sub adult   |      |        |             |
| Juvenile    |      |        |             |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

### Question 4: How/why did the dingo(s) leave?

- ☐ voluntarily, for no apparent reason  
☐ when yelled at  
☐ when chased away  
☒ when yelled at and chased away  
☐ when person stopped moving/making a noise  
☐ when person left  
☒ other (specify) threw thong at dingo

### Question 5: Persons activity at time of interaction.

- ☐ Not present  
☐ Eating/preparing food  
☐ Sleeping  
☒ Sitting/standing  
☐ Walking  
☒ Playing  
☐ Running  
☐ Swimming  
☐ Fishing/bait collection  
☐ Driving/parked vehicle  
☐ Other

### Question 6 "Be Dingo Safe" information received prior to interaction.

- ☒ Yes ☐ No Briefed by Ranger

### Question 7: Follow up actions.

- ☐ NTC Issued  
☐ PIN Issued  
☒ NRM ranger notified

**Details of further actions:** Patrols continuing in the area.  
**Faxed/emailed date:** 09/12/2016

## Code C - Dingo Interaction Report Form

Dingo ID: **Untagged Juvenile**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 04/12/2016<br/> Time (of Interaction 24hrs): Between 9:00-10:00<br/> Location (of Interaction): Lake Mckenzie carpark<br/> Reporting Officer/s details: 1435695</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Namesch 4 - personal information<br/> Address:<br/> Phone #:<br/> Visitor type: Tag along tour</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>At around 09:30am on 04/12/2016, Ranger 1435695 finished cleaning the toilet blocks at Lake Mckenzie. While on smoko Ranger noticed a dingo pup in between the cars parked opposite block 3 toilets. As it was quiet Ranger walked up to the pup to shoo it away from the carpark. The pup initially was not disturbed by persons presence; it was only when Ranger picked up a stick and hit it on the ground that the pup fled. Ranger then spent some time going around the carpark to pick up the rubbish that was lying around. Several times the pup came to the carpark while visitors were present. The reactions from the visitors varied from mothers protecting their kids to other people trying to get a closer look at the Juvenile dingo. At the far end of the car park as you come into Lake Mckenzie Ranger found three tins of tuna, one very old, the other two were cleaned and looked new, egg shells, a yoghurt tub 1kg and a coconut shell.</p> <p>Ranger spoke to a tag-a-long leader named [redacted] who mentioned that the pups were there very early every day wondering the carparks.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> stealing food or property (specify)<br/> <input type="checkbox"/> soliciting food<br/> <input type="checkbox"/> being fed or encouraged<br/> <input type="checkbox"/> living under or in infrastructure<br/> <input type="checkbox"/> following closely (distance)<br/> <input type="checkbox"/> damaging property (specify)<br/> <input type="checkbox"/> tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> entered dingo deterrent fence line</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description: N/A</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td style="text-align: center;">1</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                       | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input checked="" type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input checked="" type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received.<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Regular visits to Lake Mckenzie.</p> <p><b>Faxed/emailed date:</b> 04/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Male                                                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                       |        | 1           |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |



## Code C - Dingo Interaction Report Form

Dingo ID: **Unidentified**

Management Area (NRM use only): **Poy-Yid**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

|                                                                                                                                                                                                             |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 6/12/16<br>Time (of Interaction 24hrs): 2000 hrs<br>How long did the interaction last: 5 mins<br>Location (of Interaction): Winnam Camp Zone<br>Reporting Officer/s details: 7028728 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name sch 4 - personal information<br>Address: Sydney<br>Phone #: sch 4 - mobile phone<br>Visitor type: Camper |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Question 1:** Detailed report of events.

sch 4 - personal information family were preparing their dinner for the night at their camp, when they noticed 2 adult dingoes run from the camp with food in one of the dingoes mouths. sch 4 - personal information checked his esky to find that some steak and butter that was sitting near the top of the esky had been taken. sch 4 - personal information advised that he thought the esky would be secure due to it having a clip and located under the draw bar of their trailer.

**Question 2:** What were the actions of the dingo(s) during the Interaction? *(click on box(s) to check/uncheck)*

**Code C - Nuisance or problem.**

- ☐ Loitering at recognized visitor sites (people nearby)
- ☒ Stealing food or property (specify) Stolen steak, butter from esky
- ☐ Soliciting food
- ☐ Being fed or encouraged
- ☐ Living under or in infrastructure
- ☐ Following closely (distance)
- ☐ Damaging property (specify)
- ☐ Tent ripping (vacant campsite or tent)
- ☐ Entered dingo deterrent fence line
- ☐ Interference with dingoes

**Question 3:** Dingo identification & numbers

**Was the dingo tagged:**

- ☐ Yes ☐ No ☒ Unknown
- ☐ Right Ear ☐ Left Ear

Tag description:

a. How many dingoes present 2

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      |        | 2           |
| Sub adult   |      |        |             |
| Juvenile    |      |        |             |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

**Question 4:** How/why did the dingo(s) leave?

- ☒ voluntarily, for no apparent reason
- ☐ when yelled at
- ☐ when chased away
- ☐ when yelled at and chased away
- ☐ when person stopped moving/making a noise
- ☐ when person left
- ☐ other (specify)

**Question 5:** Persons activity at time of interaction.

- ☐ Not present
- ☒ Eating/preparing food
- ☐ Sleeping
- ☐ Sitting/standing
- ☐ Walking
- ☐ Playing
- ☐ Running
- ☐ Swimming
- ☐ Fishing/bait collection
- ☐ Driving/parked vehicle
- ☐ Other

**Question 6** "Be Dingo Safe" information received prior to interaction.

- ☒ Yes ☐ No NPSR website

sch 4 - personal information was also advised that eskys need to either be strapped or put in a vehicle.

**Question 7:** Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued
- ☒ NRM ranger notified

**Details of further actions:** Ongoing briefing and patrols  
**Faxed/emailed date:** 12/12/16

## Code C - Dingo Interaction Report Form

Dingo ID: **3 unidentified**

Management Area (NRM use only): **Dilli-Eur**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

|                                                                                                                                                                                                                                |                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 08/12/2016<br>Time (of Interaction 24hrs): 1630 hrs approx.<br>How long did the interaction last: one minute<br>Location (of Interaction): 5 km south of Eurong<br>Reporting Officer/s details: 1423683 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name: sch 4 - personal information<br>Address:<br>Phone # sch 4 - mobile phone<br>Visitor type: Camper |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Question 1: Detailed report of events.

was a passenger in his friends car driving south along the beach from Eurong looking for a fishing spot. After travelling a short while and his friend pulled over to view the ocean, exited the vehicle and this is when he noticed 3 dingoes sitting up on the dune. (He described one as being larger than the other two and having a tag in its right ear). The larger dingo came down off the dune and came up to sitting within two metres of him. jumped back into the car and they drove off.

### Question 2: What were the actions of the dingo(s) during the Interaction? (click on box(s) to check/uncheck)

#### Code C - Nuisance or problem.

- ☒ Loitering at recognized visitor sites (people nearby)
- ☐ Stealing food or property (specify)
- ☐ Soliciting food
- ☐ Being fed or encouraged
- ☐ Living under or in infrastructure
- ☐ Following closely (distance)
- ☐ Damaging property (specify)
- ☐ Tent ripping (vacant campsite or tent)
- ☐ Entered dingo deterrent fence line
- ☐ Interference with dingoes

### Question 3: Dingo identification & numbers

#### Was the dingo tagged:

- ☒ Yes ☐ No ☐ Unknown
- ☒ Right Ear ☐ Left Ear

Tag description: unknown

a. How many dingoes present 1

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      | 1      |             |
| Sub adult   |      |        |             |
| Juvenile    |      |        |             |
| Pup         |      |        |             |
| Unknown Age |      |        | 2           |

Possibly 08Purple13F and her two juveniles

### Question 4: How/why did the dingo(s) leave?

- ☐ voluntarily, for no apparent reason
- ☐ when yelled at
- ☐ when chased away
- ☐ when yelled at and chased away
- ☐ when person stopped moving/making a noise
- ☒ when person left
- ☐ other (specify)

### Question 5: Persons activity at time of interaction.

- ☐ Not present
- ☐ Eating/preparing food
- ☐ Sleeping
- ☐ Sitting/standing
- ☒ Walking
- ☐ Playing
- ☐ Running
- ☐ Swimming
- ☐ Fishing/bait collection
- ☐ Driving/parked vehicle
- ☐ Other

### Question 6 "Be Dingo Safe" information received prior to interaction.

- ☒ Yes ☐ No Brochure received

### Question 7: Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued
- ☒ NRM ranger notified

**Details of further actions:** continue patrols in the area consider tagging juveniles when possible

**Faxed/emailed date:** 12/12/2016

| Question                                                      | Response                                                                                                                                                           | Details |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Details of the person(s) involved in dingo interaction</b> |                                                                                                                                                                    |         |
| Name                                                          | Visitors                                                                                                                                                           |         |
| Address                                                       |                                                                                                                                                                    |         |
| Phone number                                                  |                                                                                                                                                                    |         |
| Witness type                                                  | Ranger                                                                                                                                                             |         |
| <b>Interaction Details</b>                                    |                                                                                                                                                                    |         |
| Date                                                          | 2016/12/08, 03:00 pm                                                                                                                                               |         |
| Location                                                      | Lake McKenzie<br>Fraser Island QLD<br>Australia<br>(-25.44664312227894, 153.0507899738853)                                                                         |         |
| Description of interaction                                    | Two juvenile dingo was observed moving through the car park and lake shore area for while ranger was patrolling (approximately 1 hour).                            |         |
| What were the actions of the dingo(s) during the interaction  | loitering at recognised visitor sites (people nearby)                                                                                                              |         |
| Dingo identification                                          |                                                                                                                                                                    |         |
| 1                                                             |                                                                                                                                                                    |         |
| Gender                                                        | Female                                                                                                                                                             |         |
| Age                                                           | Juvenile                                                                                                                                                           |         |
| Was the dingo tagged                                          | No                                                                                                                                                                 |         |
| 2                                                             |                                                                                                                                                                    |         |
| Gender                                                        | Male                                                                                                                                                               |         |
| Age                                                           | Juvenile                                                                                                                                                           |         |
| Was the dingo tagged                                          | No                                                                                                                                                                 |         |
| How/why did the dingo(s) leave?                               | did not leave                                                                                                                                                      |         |
| Persons activity at time of interaction                       | siting/standing, walking, playing, swimming                                                                                                                        |         |
| Details                                                       | Visitors were regularly approaching and taking photographs within 5 meters. At times the dingo was also observed foraging for unidentified food items in the sand. |         |

| Question                                                                                                                                                                                                                                                                                                                                                  | Response                                                     | Details |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------|
| Relevant photos                                                                                                                                                                                                                                                                                                                                           |                                                              |         |
| <div>    </div> <div> <div>Photographs 1</div> <div>Photographs 2</div> <div>Photographs 3</div> </div> |                                                              |         |
| Follow-up action                                                                                                                                                                                                                                                                                                                                          | NRM ranger notified                                          |         |
| Details of further action                                                                                                                                                                                                                                                                                                                                 | Picnic areas fencing improved and increased ranger presence. |         |
| Reporting Officer                                                                                                                                                                                                                                                                                                                                         | 1423322                                                      |         |

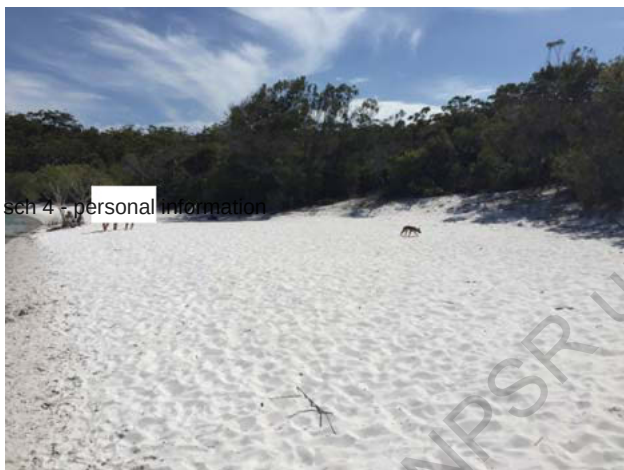


Photographs 1



sch 4 - personal information

Photographs 2



sch 4 - personal information

Photographs 3



## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16F**

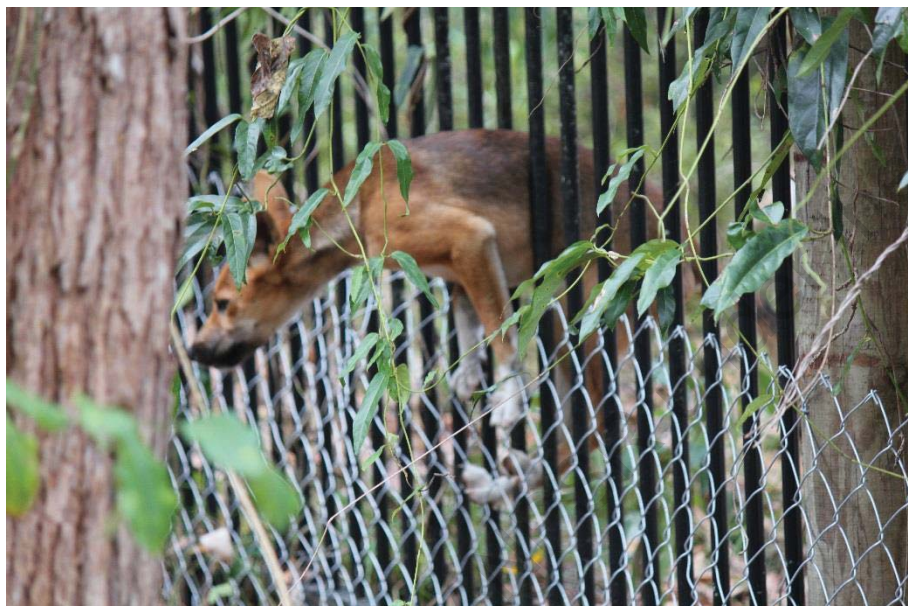
Management Area (NRM use only): **LM FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 10/12/2016<br/>         Time (of Interaction 24hrs): 1130<br/>         How long did the interaction last: most of the day<br/>         Location (of Interaction): Fenced Eating Area<br/>         Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>         Name: 1423683<br/>         Address:<br/>         Phone #:<br/>         Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While patrolling Lake McKenzie carpark area QPWS Rangers observed dingo UTJUV16F inside one of the fenced eating areas. QPWS Rangers entered the fenced area and witnessed the dingo exit by climbing over the newly installed chain wire. This continued to happen for most of the day with the dingo entering the fence at random locations. The dingo was observed in all three eating areas. At times these areas were occupied by visitors preparing food. The dingo was observed entering the fenced areas on and off all day.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/>         Tag description:</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction<br/>         (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                   | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) did not leave</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input checked="" type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   click to select</p> <p>QPWS Staff</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue patrols in the area focussing on dingo safe behaviour. Replace the existing pool fence with a more suitable chain wire using existing posts. Consider tagging when possible.</p> <p><b>Faxed/emailed date:</b> 11/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Male                                                                                                                                                                              | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## Code C - Dingo Interaction Report Form



## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16F**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 10/12/2016<br/> Time (of Interaction 24hrs): 1130<br/> How long did the interaction last: most of the day<br/> Location (of Interaction): Carpark area<br/> Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: 1423683<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While patrolling Lake McKenzie carpark QPWS Rangers observed dingo UTJUV16F foraging in the carpark area, around and under vehicles and getting within 2 metres from visitors. This continued for most of the day</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                   | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) did not leave</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input checked="" type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    click to select</p> <p>QPWS Staff</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue patrols in the carpark area focussing on dingo safe behaviour and removal of any litter/ food scraps<br/> <b>Faxed/emailed date:</b> 11/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Male                                                                                                                                              | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                   | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Code C - Dingo Interaction Report Form



Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16F**

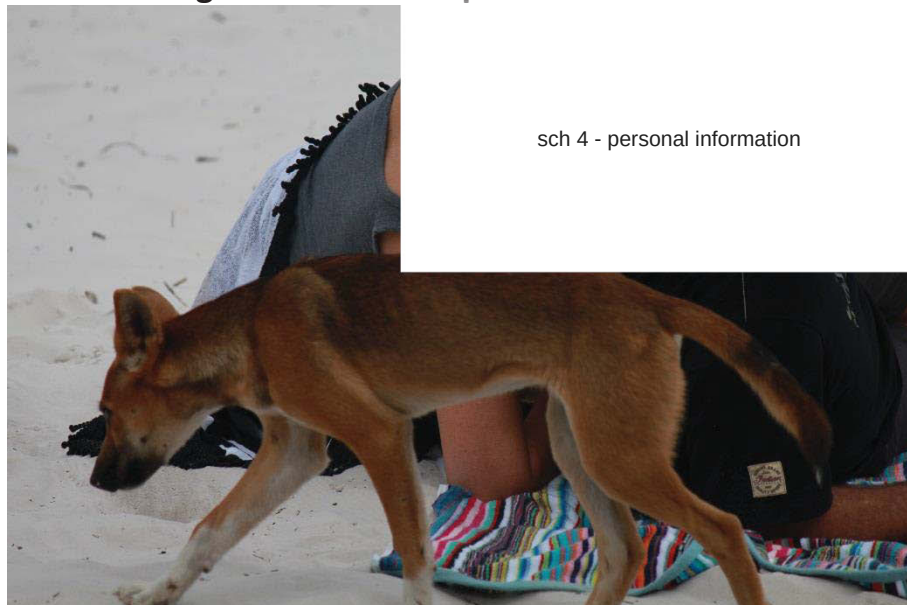
Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 10/12/2016<br/> Time (of Interaction 24hrs): 1130<br/> How long did the interaction last: most of the day<br/> Location (of Interaction): Lakeshore<br/> Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: 1423683<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While patrolling Lake McKenzie Lakeshore QPWS Rangers observed dingo UTJUV16F loitering and foraging getting within 1 metre from visitors. This continued on and off for most of the day.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                   | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) did not leave</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input checked="" type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input checked="" type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No click to select</p> <p>QPWS Staff</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue patrols in the area focussing on dingo safe behaviour and focussing on food down at the lakeshore. Consider tagging when possible.<br/> <b>Faxed/emailed date:</b> 11/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Male                                                                                                                                              | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

# Code C - Dingo Interaction Report Form



sch 4 - personal information



sch 4 - personal information

sch 4 - personal information



## Code C - Dingo Interaction Report Form

Dingo ID: **UT16F**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 10/12/2016<br/>Time (of Interaction 24hrs): 1330<br/>How long did the interaction last: 1 min approx.<br/>Location (of Interaction): Lakeshore<br/>Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name: 7029188<br/>Address:<br/>Phone #:<br/>Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While patrolling the lakeshore QPWS Ranger 7029188 observed a dingo (UT16F) paying particular interest to a bag left unattended on the beach. QPWS Ranger tried to discourage the dingo, it wouldn't leave until QPWS Ranger came within 1 metre from the bag. This is when the owners of the bag came out of the water and walked up to their belongings. QPWS Ranger questioned the contents in the bag and upon inspection it was established the bag contained food (ham and salad roll, chocolate slice and an apple). QPWS Ranger reminded them of food restrictions to the lakeshore and followed up with the food being returned to the vehicle.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td>1</td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                               | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input checked="" type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input checked="" type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Observed signage</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue patrols at the lakeshore focusing on food and dingo safe behaviour.<br/><b>Faxed/emailed date:</b> 12/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Male                                                                                                                                          | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16F**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

|                                                                                                                                                                                                                   |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 10/12/2016<br>Time (of Interaction 24hrs): 1300 hrs<br>How long did the interaction last: about one minute<br>Location (of Interaction): Lakeshore<br>Reporting Officer/s details: 1423683 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name: sch 4 - personal information<br>Address:<br>Phone sch 4 - mobile phone<br>Visitor type: Independant |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Question 1:** Detailed report of events.

sch 4 - personal information was down on the lakeshore swimming with her family at the water's edge when she saw a dingo (UTJUV16F) sniffing around their towels. Her husband walked towards the dingo yelling at it, trying to move it on. The dingo took off with a pair of their young daughter's underwear. The underwear was later retrieved with minor tear marks.

**Question 2:** What were the actions of the dingo(s) during the Interaction? *(click on box(s) to check/uncheck)*

**Code C - Nuisance or problem.**

- ☒ Loitering at recognized visitor sites (people nearby)
- ☒ Stealing food or property (specify)
- ☐ Soliciting food
- ☐ Being fed or encouraged
- ☐ Living under or in infrastructure
- ☐ Following closely (distance)
- ☐ Damaging property (specify)
- ☐ Tent ripping (vacant campsite or tent)
- ☐ Entered dingo deterrent fence line
- ☐ Interference with dingoes

**Question 3:** Dingo identification & numbers

**Was the dingo tagged:**

- ☐ Yes ☒ No ☐ Unknown
- ☐ Right Ear ☐ Left Ear

Tag description:

a. How many dingoes present 1

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      |        |             |
| Sub adult   |      |        |             |
| Juvenile    |      | 1      |             |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

**Question 4:** How/why did the dingo(s) leave?

- ☐ voluntarily, for no apparent reason
- ☒ when yelled at
- ☐ when chased away
- ☐ when yelled at and chased away
- ☐ when person stopped moving/making a noise
- ☐ when person left
- ☐ other (specify)

**Question 5:** Persons activity at time of interaction.

- ☐ Not present
- ☐ Eating/preparing food
- ☐ Sleeping
- ☐ Sitting/standing
- ☒ Walking
- ☒ Playing
- ☐ Running
- ☒ Swimming
- ☐ Fishing/bait collection
- ☐ Driving/parked vehicle
- ☐ Other

**Question 6** "Be Dingo Safe" information received prior to interaction.

- ☒ Yes ☐ No Observed signage

**Question 7:** Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued
- ☒ NRM ranger notified

**Details of further actions:** Continue patrols on the Lakeshore area focussing on dingo safe behaviour. Consider tagging when possible.

**Faxed/emailed date:** 11/12/2016

## Code C - Dingo Interaction Report Form



Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **UT'16F**

Management Area (NRM use only): **LM FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 11.12.16<br/> Time (of Interaction 24hrs): 1030<br/> How long did the interaction last: 1Min<br/> Location (of Interaction): Lake McKenzie Fenced picnic area<br/> Reporting Officer/s details: 7027118</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name:<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>At 1030 on 11.12.16 Untagged juvenile female dingo had entered the fenced day use area. The dingo was discouraged out.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line Lake McKenzie Day use are<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                           | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input checked="" type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <a href="#">click to select</a></p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue patrols<br/> <b>Faxed/emailed date:</b> 13.12.16</p> |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16F**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 11/12/2016<br/>Time (of Interaction 24hrs): 1230 hrs<br/>How long did the interaction last: most of the day<br/>Location (of Interaction): Carpark<br/>Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name: 1423683<br/>Address:<br/>Phone #:<br/>Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While patrolling Lake McKenzie Carpark area, QPWS Rangers observed dingo UTJUV16F loitering and foraging around and under vehicles, also at times getting within 1 metre from visitors. This continued on and off for most of the day.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td>1</td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                               | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input checked="" type="checkbox"/> other (specify) did not leave</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input checked="" type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input checked="" type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No click to select</p> <p>QPWS Staff</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b>Continue patrols in the area targeting dingo safe behaviour and focussing on removal of all litter and food scraps. Consider tagging when possible.<br/><b>Faxed/emailed date:</b> 12/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Male                                                                                                                                          | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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## Code C - Dingo Interaction Report Form



## Code C - Dingo Interaction Report Form

Dingo ID: **UT'16F**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 11.12.16<br/> Time (of Interaction 24hrs): 1000 1020<br/> How long did the interaction last: 20 Min<br/> Location (of Interaction): Lake McKenzie<br/> Reporting Officer/s details: 7027118</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name<br/> Addre sch 4 - personal information<br/> Phone #:<br/> Visitor type: Independant</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Between 1000 and 1020 on 11.12.16 Untagged juvenile female dingo loitered along the beach at Lake Mckenzie.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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## Code C - Dingo Interaction Report Form

Dingo ID: **Untagged Juv Male**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 13/12/2016<br/> Time (of Interaction 24hrs): 13/12/16-??<br/> How long did the interaction last: ongoing<br/> Location (of Interaction): Kingfisher Resort<br/> Reporting Officer/s details: 7027904</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: sch 4 - personal information<br/> Address:<br/> Phone #: sch 4 - mobile phone<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>A dingo was seen numerous times within the fenced area at Kingfisher resort. The young male has a very long white sock on the front right leg. It has also been seen at Lake McKenzie</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                            |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line Kingfisher resort area<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: unknown</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                            | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) Still gaining entry</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No   Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Extra camera installed at potential entry points.<br/> <b>Faxed/emailed date:</b> 23/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Male                                                                                                                                                                                       | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UT16**

Management Area (NRM use only): **LM FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 14/12/2016<br/>Time (of Interaction 24hrs): Midday<br/>How long did the interaction last: &lt; 5 min<br/>Location (of Interaction): Lake McKenzie fenced area<br/>Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name<br/>Addre sch 4 - personal information<br/>Phone #: sch 4 – mobile phone<br/>Visitor type: Independant</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Reported via phone call on the 23/12/2016 personal information witness a female visitor feeding a juvenile dingo through the fence at the Lake McKenzie fenced picnic area. She was approached by a person and told she was not supposed to that. No other information was provided.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input checked="" type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td></td><td>1</td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                                                                   | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input checked="" type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.<br/><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue to patrol and issue infringement breach of legislation observed.<br/><b>Faxed/emailed date:</b> 23/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Male                                                                                                                                                                              | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                   |        | 1           |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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## Code C - Dingo Interaction Report Form

Dingo ID: **Unknown**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 20/12/2016<br/>Time (of Interaction 24hrs): 20:30<br/>How long did the interaction last: Less than 1min<br/>Location (of Interaction): Kingfisher Resort fenced area<br/>Reporting Officer/s details: 7028020</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name sch 4 - personal information<br/>Address:<br/>Phone # sch 4 – mobile phone<br/>Visitor type: Independant</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>E-mail received on the dingo.ranger address from QSS:<br/><i>Client called to advise that dingo was sighted in the Kingfisher Bay resort. He has tried to call the manager but no answer. No one was hurt he just wanted to advise the dingo was in the boundary for the resort.</i><br/>Ranger attempted to contact personal information however no answer on the phone. Message left.<br/>Ranger spoke to KBRV Duty Manager personal information who had not had any observations of a dingo inside the fence reported to him from 20/12/16, but mentioned recent encounters inside the fence that had been reported to QPWS (see separate interaction reports).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input checked="" type="checkbox"/> Entered dingo deterrent fence line KBRV, Room 502, approx 50m from reception area<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description:</p> <p>a. How many dingoes present Unknown<br/>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td></td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td>?</td></tr></tbody></table> |                                                                                                                                                                                     | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  |  | Pup |  |  |  | Unknown Age |  |  | ? | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/><input type="checkbox"/> Yes <input type="checkbox"/> No Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue monitoring the area, including installing cameras. Contact KBRV regularly for reports. Contact personal information for further details.<br/><b>Faxed/emailed date:</b> 22/12/16</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Male                                                                                                                                                                                | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16F**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 20/12/2016<br/>Time (of Interaction 24hrs): 1400<br/>How long did the interaction last: 2 Mins<br/>Location (of Interaction): Lake McKenzie Beach<br/>Reporting Officer/s details: 7028728</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name:<br/>Address:<br/>Phone #:<br/>Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Ranger 7028728 was patrolling the Lake Mckenzie beach when an untagged juvenile female dingo was noticed to be approaching a small esky that was left unattended. The ranger shooed the dingo away into nearby vegetation. The owners of the esky were located in the lake. Once they saw what was occurring they approached the ranger. The ranger (who had spoken to them previously about not having food at the lake and only being consumed in the fenced eating areas) once again spoke to them about the critical importance of not having food at the lake. Their response was that they thought that the food could not be consumed there, not that it wasn't allowed. The ranger advised that the point will not be argued and that heavy penalties could apply. With that the family said they would leave the area straight away.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td>1</td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                       | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input checked="" type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input checked="" type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Male                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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## Code C - Dingo Interaction Report Form



**Details of further actions:**Continued briefings at Lake McKenzie

**Faxed/emailed date:** 21/12/2016

Released by NPSR under the RTI Act 2009



## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16F**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 20/12/2016<br/>Time (of Interaction 24hrs): 1200 - 1500<br/>How long did the interaction last:<br/>Location (of Interaction): Lake McKenzie Carp park and beach<br/>Reporting Officer/s details: 7028728, 1435694</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name:<br/>Address:<br/>Phone #:<br/>Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Rangers were patrolling the Lake McKenzie area when the untagged female juvenile was observed. The dingo was noted to loiter continually in the area between the hours of 1200hrs - 1500hrs when the rangers left the area. During this time the rangers consistently tried to move on the dingo by shooing it away but it would persistently return to the area.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Male                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                       | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## Code C - Dingo Interaction Report Form



Released by NPSR under the RTI Act 2009



## Code C - Dingo Interaction Report Form

Dingo ID: **Untagged Juv Female**

Management Area (NRM use only): **Dilli-Eur**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 22/12/2016<br/>Time (of Interaction 24hrs): 1230 hrs approx.<br/>How long did the interaction last: 3 minutes<br/>Location (of Interaction): 4 km south of Eurong<br/>Reporting Officer/s details: 7027904</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name: sch 4 - personal information<br/>Address:<br/>Phone #: sch 4 – mobile phone<br/>Visitor type: Independant</p> |             |        |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While on patrol, 7027904 observed a young dingo loitering around a vehicle. 2 persons were fishing not far from the vehicle. The dingo discovered some fish frames not far from the vehicle. 7027904 spoke to the 2 people fishing and asked them to be more careful with fish frames and to discourage the dingo if it was loitering.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                                                                                       |             |        |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input checked="" type="checkbox"/> Stealing food or property (specify) Fish frames<br/><input checked="" type="checkbox"/> Soliciting food<br/><input checked="" type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description: unknown</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td>1</td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |      |                                                                                                                                                                                       | Male        | Female | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input checked="" type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input checked="" type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> The juveniles in this area show obvious signs of feeding, loitering around cars, sniffing the ground after cars leave etc. The area needs to be patrolled and visitors educated on "dingo safe" behaviors.</p> <p><b>Faxed/emailed date:</b> 23/12/2016</p> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Male | Female                                                                                                                                                                                | Sex Unknown |        |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | 1                                                                                                                                                                                     |             |        |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
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## Code C - Dingo Interaction Report Form

Dingo ID: **Untagged Juv Male**

Management Area (NRM use only): **Dilli-Eur**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 22/12/2016<br/> Time (of Interaction 24hrs): 1630 hrs approx.<br/> How long did the interaction last: 1 minute<br/> Location (of Interaction): 4 km south of Eurong<br/> Reporting Officer/s details: 7027904</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name <small>sch 4 - personal information</small> <small>vehicle permit holder</small><br/> Address <small>sch 4 - personal information</small><br/> Phone # <small>sch 4 - mobile phone</small><br/> Visitor type: Independant</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While on patrol, 7027904 observed a young dingo a short distance from a vehicle. A male was slapping on the door of the vehicle trying to get the dingo's attention. The male then opened the door and crouched on the ground. At this time, 7027904 drove towards the vehicle and informed the male that his behavior was dangerous for him and the dingo. The male got back into his vehicle and drove away.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input checked="" type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description: unknown</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                       | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input checked="" type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input checked="" type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> The juveniles in this area show obvious signs of feeding, loitering around cars, sniffing the ground after cars leave etc. The area needs to be patrolled and visitors educated on "dingo safe" behaviors.</p> <p><b>Faxed/emailed date:</b> 23/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Male                                                                                                                                                                                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                                                                                                                                                                                                                                                                                                     |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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## Code C - Dingo Interaction Report Form

Dingo ID: **Untagged Juv Unknown sex**

Management Area (NRM use only): **Dilli-Eur**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 22/12/2016<br/> Time (of Interaction 24hrs): 1000 hrs approx.<br/> How long did the interaction last: &lt;1 minute<br/> Location (of Interaction): 4 km south of Eurong<br/> Reporting Officer/s details: 7027904</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: Unknown<br/> Address: Unknown<br/> Phone #: Unknown<br/> Visitor type: click to select</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While on patrol, 7027904 observed a young dingo a short distance from a vehicle. A male and female exited the vehicle and moved towards the dingo. They were told to return to the vehicle and to not approach the animal.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                     |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input checked="" type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: unknown</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr> </thead> <tbody> <tr> <td>Adult</td><td></td><td></td><td></td></tr> <tr> <td>Sub adult</td><td></td><td></td><td></td></tr> <tr> <td>Juvenile</td><td></td><td></td><td style="text-align: center;">1</td></tr> <tr> <td>Pup</td><td></td><td></td><td></td></tr> <tr> <td>Unknown Age</td><td></td><td></td><td></td></tr> </tbody> </table> |                                                                                                                                                                     | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input checked="" type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> The juveniles in this area show obvious signs of feeding, loitering around cars, sniffing the ground after cars leave etc. The area needs to be patrolled and visitors educated on "dingo safe" behaviors.</p> <p><b>Faxed/emailed date:</b> 23/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Male                                                                                                                                                                | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                     |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Question                                                      | Details                                                                                                                                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Details of the person(s) involved in dingo interaction</b> |                                                                                                                                                                                                           |
| Name                                                          | Unidentified                                                                                                                                                                                              |
| Address                                                       |                                                                                                                                                                                                           |
| Phone number                                                  |                                                                                                                                                                                                           |
| Witness type                                                  | Independent Traveller                                                                                                                                                                                     |
| <b>Interaction Details</b>                                    |                                                                                                                                                                                                           |
| Date                                                          | 2016/12/22, 02:30 pm                                                                                                                                                                                      |
| Location                                                      | Fraser Island<br>Fraser Island QLD 4581<br>Australia<br>(-25.44434206576696, 153.051114310048)                                                                                                            |
| Description of interaction                                    | Visitor throwing food scraps over fence.                                                                                                                                                                  |
| What were the actions of the dingo(s) during the interaction  |                                                                                                                                                                                                           |
| Dingo identification                                          |                                                                                                                                                                                                           |
| 1                                                             |                                                                                                                                                                                                           |
| Gender                                                        | Unsure                                                                                                                                                                                                    |
| Age                                                           | Juvenile                                                                                                                                                                                                  |
| Was the dingo tagged                                          | No                                                                                                                                                                                                        |
| How/why did the dingo(s) leave?                               | voluntarily, for no apparent reason                                                                                                                                                                       |
| Persons activity at time of interaction                       | eating/preparing food                                                                                                                                                                                     |
| Details                                                       | Rangers were patrolling the shore at Lake McKenzie when a visitor reported that someone in the fenced picnicking area had been observed throwing food scraps over the fence. Offender was not identified. |
| Relevant photos                                               |                                                                                                                                                                                                           |
| Follow-up action                                              | NRM ranger notified                                                                                                                                                                                       |
| Details of further action                                     | Continue to patrol area and educate visitors. Issue infringement notices if required.                                                                                                                     |

| Question          | Details |
|-------------------|---------|
| Reporting Officer | 1435908 |

Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **UT16F**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 22/12/2016<br/> Time (of Interaction 24hrs): 0930-1500<br/> How long did the interaction last: Most of the day<br/> Location (of Interaction): Car park<br/> Reporting Officer/s details: 7021988</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: Multiple visitors and tour groups<br/> Address:<br/> Phone #:<br/> Visitor type: Independant</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While patrolling carpark a juvenile untagged female dingo was seen around cars and people this continued for rest of day.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                           | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) Remained on site</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input checked="" type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input checked="" type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input checked="" type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input checked="" type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Signage and rangers educating visitors</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue patrols<br/> <b>Faxed/emailed date:</b> 23/12/16</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Male                                                                                                                                                                      | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16F**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 23/12/16<br/>Time (of Interaction 24hrs): 1330<br/>How long did the interaction last: 2 HOURS<br/>Location (of Interaction): lake McKenzie car park and beach<br/>Reporting Officer/s details: 1435697 , 7028728 , 1424194</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name:<br/>Address:<br/>Phone #:<br/>Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Rangers at lake McKenzie conducting briefings and patrolling beach and carpark between 1100 and 1530. During this time they witnessed the juvenile dingo pup loitering/scavenging in the carpark consistently during that 2 hour period. Dingo was not easily discouraged from the area.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td>1</td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                       | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No click to select</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> ongoing patrols of the lake McKenzie area.<br/><b>Faxed/emailed date:</b> 24/12/16</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Male                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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## Code C - Dingo Interaction Report Form



Released by NPSR under the RTI Act 2009



## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16M**

Management Area (NRM use only): **Eur-Poy**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

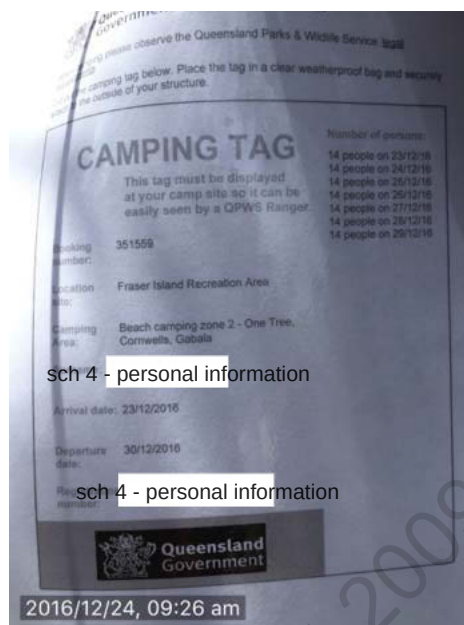
| <p>Date (of Interaction): 23/12/16<br/>Time (of Interaction 24hrs): 1620<br/>How long did the interaction last: Approx 2 minutes<br/>Location (of Interaction): Eurong Beach<br/>Reporting Officer/s details: 1435697, 7028728, 1424194</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name:<br/>Address:<br/>Phone #:<br/>Visitor type: QPWS employee</p> |             |        |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Rangers were travelling on the beach when they spotted a male juvenile dingo on the beach directly out the front of Eurong eating discarded bait inside a plastic bag. Dingo went up to the fordune carrying the bait bag. A ranger moved towards the dingo and the dingo ran away, leaving the plastic bag behind.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                                       |             |        |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input checked="" type="checkbox"/> Stealing food or property (specify) dingo was chewing on plastic bait bag.<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td>1</td><td></td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |      |                                                                                                                                       | Male        | Female | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input checked="" type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input checked="" type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/><input type="checkbox"/> Yes <input type="checkbox"/> No click to select</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Patrols in the area ongoing.<br/><b>Faxed/emailed date:</b> 25/12/16</p> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Male | Female                                                                                                                                | Sex Unknown |        |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
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| Question                                                      | Details                                                                                         |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Code C - Dingo Interaction Report Form</b>                 |                                                                                                 |
| Dingo ID                                                      | Unidentified                                                                                    |
| Management Area                                               | Eur-Poy                                                                                         |
| Date                                                          | 2016/12/24, 09:22 am                                                                            |
| How long did the interaction last                             | 5 min                                                                                           |
| Location                                                      | One Tree Rocks<br>Fraser Island QLD 4581<br>Australia<br>(-25.49353711507143, 153.134077674415) |
| Reporting Officer/s details                                   | 1423322                                                                                         |
| <b>Details of the person(s) involved in dingo interaction</b> |                                                                                                 |
| Name                                                          | sch 4 - personal information                                                                    |
| Address                                                       |                                                                                                 |
| Phone number                                                  | sch 4 – mobile phone                                                                            |
| Witness type                                                  | Independent Traveller                                                                           |
| <b>Detailed report of events.</b>                             |                                                                                                 |
| What were the actions of the dingo(s) during the interaction  | stealing food or property (specify)                                                             |
| Description of interaction                                    | Stealing butter                                                                                 |
| Dingo identification                                          |                                                                                                 |
| 1                                                             |                                                                                                 |
| <b>Dingo ID</b>                                               |                                                                                                 |
| Gender                                                        | Unsure                                                                                          |
| Age                                                           | Sub adult                                                                                       |
| Was the dingo tagged                                          | Unsure                                                                                          |

| Question                                | Details                                                                                                                                                  |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| How/why did the dingo(s) leave?         | when chased away                                                                                                                                         |
| Persons activity at time of interaction | not present                                                                                                                                              |
| Details                                 | Rangers observed a sub-adult dingo running from the camp with a tub of butter. Dingo had most likely pushed open the fridge and hammer had held it open. |
| Relevant photos                         |                                                                                                                                                          |
| Follow-up action                        | NRM ranger notified                                                                                                                                      |
| Details of further action               | Contacted campers and informed about strapping fridges and boxes. Camp tidy, warning only.                                                               |
| Date distributed                        | 2016/12/24                                                                                                                                               |



Photographs 1



Photographs 2



## Code C - Dingo Interaction Report Form

Dingo ID: **Unidentified dingo/es**

Management Area (NRM use only): **Poy-Yid**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 24/12/2016<br/>Time (of Interaction 24hrs): 0700-1600<br/>How long did the interaction last: Unknown<br/>Location (of Interaction): Poyungan CZ<br/>Reporting Officer/s details: 7027904</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name: sch 4 - personal information<br/>Address:<br/>Phone # sch 4 – mobile phone<br/>Visitor type: Camper</p> |        |                |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Campers returned to their camp after a day out and found a hole ripped in their tent. The hole was consistent with dingo activity. They had no food stored in their tent and nothing had been moved, damaged or taken inside the tent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                 |        |                |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Male                                                                                                                                                                            | Female | Sex Unknown    |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |        |                |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                 |        |                |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                 |        |                |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                 |        |                |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                 |        | Unknown number |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Question                                                      | Details                                                                                                                                                                                                                    |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Code C - Dingo Interaction Report Form</b>                 |                                                                                                                                                                                                                            |
| Dingo ID                                                      | Untagged juvenile                                                                                                                                                                                                          |
| Management Area                                               | Dilli-EUR                                                                                                                                                                                                                  |
| Date                                                          | 2016/12/24, 03:40 pm                                                                                                                                                                                                       |
| How long did the interaction last                             | Unknown                                                                                                                                                                                                                    |
| Location                                                      | Fraser Island<br>Fraser Island QLD 4581<br>Australia<br>(-25.55973, 153.10870)                                                                                                                                             |
| Reporting Officer/s details                                   | 1423322                                                                                                                                                                                                                    |
| <b>Details of the person(s) involved in dingo interaction</b> |                                                                                                                                                                                                                            |
| Name                                                          | Na                                                                                                                                                                                                                         |
| Address                                                       |                                                                                                                                                                                                                            |
| Phone number                                                  |                                                                                                                                                                                                                            |
| Witness type                                                  | Ranger                                                                                                                                                                                                                     |
| <b>Detailed report of events.</b>                             |                                                                                                                                                                                                                            |
| What were the actions of the dingo(s) during the interaction  | being fed or encouraged                                                                                                                                                                                                    |
| Description of interaction                                    | Rangers were patrolling when they observed a juvenile untagged dingo eating something. Closer inspection identified a chicken carcass had been thrown on beach. Rangers chased dingo away and collected remaining chicken. |
| Dingo identification                                          |                                                                                                                                                                                                                            |
| 1                                                             |                                                                                                                                                                                                                            |
| <b>Dingo ID</b>                                               |                                                                                                                                                                                                                            |
| Gender                                                        | Unsure                                                                                                                                                                                                                     |
| Age                                                           | Juvenile                                                                                                                                                                                                                   |
| Was the dingo tagged                                          | No                                                                                                                                                                                                                         |

| Question                                | Details                                     |
|-----------------------------------------|---------------------------------------------|
| How/why did the dingo(s) leave?         | did not leave                               |
| Persons activity at time of interaction | driving/parked in vehicle                   |
| Details                                 |                                             |
| Relevant photos                         |                                             |
| Follow-up action                        | NRM ranger notified                         |
| Details of further action               | Continue patrolling and educating visitors. |
| Date distributed                        | 2016/12/24                                  |



Photographs 1



Photographs 2

Released by NPSR under the RTI Act 200



## Code C - Dingo Interaction Report Form

Dingo ID: **UT16f Juv**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 24/12/16<br/>Time (of Interaction 24hrs): 1300<br/>How long did the interaction last: 2 hours<br/>Location (of Interaction): Lake McKenzie carpark &amp; beach<br/>Reporting Officer/s details: 1424194</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name:<br/>Address:<br/>Phone #:<br/>Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Rangers at Lake McKenzie, while conducting briefings and patrolling lakeside beach &amp; carpark between 1000 &amp; 1445 witnessed female juvenile dingo loitering/scavenging. The dingo was not easily discouraged from the area.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td>1</td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                       | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input checked="" type="checkbox"/> other (specify) Difficult to discourage, continued to loiter throughout the day</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/><input type="checkbox"/> Yes <input type="checkbox"/> No click to select</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b>Ongoing patrols of the Lake McKenzie beach &amp; carpark areas<br/><b>Faxed/emailed date:</b> 25/12/16</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Male                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                       | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



## Code C - Dingo Interaction Report Form

Dingo ID: **Unidentified**

Management Area (NRM use only): **Eur-Poy**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 25/12/2016<br/>Time (of Interaction 24hrs): 0700<br/>How long did the interaction last:<br/>Location (of Interaction): Cornwells CZ<br/>Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name: 1423683<br/>Address:<br/>Phone #:<br/>Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While conducting patrols Ranger 1423683 came across a camp with dingo tracks leading up to a torn rubbish bag that had been left overnight.</p> <p>After discussions with campers it was established that Rangers had visited their site two days prior and conducted a full dingo safe briefing. The campers did not think it was such a big issue because it was only a small bag of rubbish. The campers were reminded of their obligations and another briefing was carried out.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input checked="" type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description:</p> <p>a. How many dingoes present      Unknown</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td></td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                               | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input checked="" type="checkbox"/> other (specify) happened during the night</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input checked="" type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input checked="" type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue patrols/briefings in the area<br/><b>Faxed/emailed date:</b> 26/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Male                                                                                                                                          | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



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## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16**

Management Area (NRM use only): **Dilli-Eur**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 25/12/2016<br/>Time (of Interaction 24hrs): 1330<br/>How long did the interaction last: 2 mins<br/>Location (of Interaction): Gerowweea Ck<br/>Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name: 1423683<br/>Address:<br/>Phone #:<br/>Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While approaching Gerowweea Ck QPWS Ranger 1423683 spotted a dingo pup in the distance lying on the sand within 4 metres of an erected gazebo. Ranger 1423683 drove up to the site, got out of the car and walked up to the six adults who were drinking wine and eating prawns. Ranger 1423683 discouraged the young dingo pup and moved it on. Ranger 1423683 briefed the visitors, paying particular attention to dingo safe behaviour. Ranger 1423683 requested that if the dingo returns for the visitors to discourage it.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description:</p> <p>a. How many dingoes present 1<br/>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td></td><td>1</td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                               | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input checked="" type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input checked="" type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input checked="" type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other<br/>QPWS employee</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue patrols in the area focussing on the habituation of juvenile dingoes<br/><b>Faxed/emailed date:</b> 26/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Male                                                                                                                                          | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                               |        | 1           |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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## Code C - Dingo Interaction Report Form



Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **Pink tagged female**

Management Area (NRM use only): **LW BF**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

|                                                                                                                                                                                                                         |                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 26/12/16<br>Time (of Interaction 24hrs): 10:20<br>How long did the interaction last: 1-3 minutes<br>Location (of Interaction): Lake Wabby Beach Car Park<br>Reporting Officer/s details: 7028020 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name sch 4 - personal information<br>Address:<br>Phone #:<br>Visitor type: Commercial tour operator |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Question 1:** Detailed report of events.

was travelling North along the beach when he observed a group of women sunbaking near a group of Pippies tag-along vehicles. A dingo approached the group and they got up and ran back to the cars, at which point the dingo went to the towels and grabbed a bag of chips from amongst the food and drinks left on the towels and moved a short distance away. The women, seeing what the dingo was doing, ran towards it and the dingo took the chips and ran up in the vegetation.

**Question 2:** What were the actions of the dingo(s) during the Interaction? *(click on box(s) to check/uncheck)*

**Code C - Nuisance or problem.**

- ☐ Loitering at recognized visitor sites (people nearby)
- ☒ Stealing food or property (specify) Chips
- ☐ Soliciting food
- ☐ Being fed or encouraged
- ☐ Living under or in infrastructure
- ☐ Following closely (distance)
- ☐ Damaging property (specify)
- ☐ Tent ripping (vacant campsite or tent)
- ☐ Entered dingo deterrent fence line
- ☐ Interference with dingoes

**Question 3:** Dingo identification & numbers

**Was the dingo tagged:**

- ☒ Yes ☐ No ☐ Unknown
- ☒ Right Ear ☐ Left Ear

Tag description: Pink Tag

a. How many dingoes present 1

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      |        |             |
| Sub adult   |      | 1      |             |
| Juvenile    |      |        |             |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

Described as having a pink tag. Not a juvenile but not a full grown adult animal.

08Purple13f (tag sometimes described as pink) has been seen in this area, 15Pink15f (also with a pink tag) has a GPS collar. Dingo observed did not have a collar.

**Question 4:** How/why did the dingo(s) leave?

- ☐ voluntarily, for no apparent reason
- ☐ when yelled at
- ☒ when chased away
- ☐ when yelled at and chased away
- ☐ when person stopped moving/making a noise
- ☐ when person left
- ☐ other (specify)

**Question 5:** Persons activity at time of interaction.

- ☐ Not present
- ☐ Eating/preparing food
- ☐ Sleeping
- ☐ Sitting/standing
- ☐ Walking
- ☐ Playing
- ☐ Running
- ☐ Swimming
- ☐ Fishing/bait collection
- ☐ Driving/parked vehicle
- ☒ Other Sunbaking

**Question 6** "Be Dingo Safe" information received prior to interaction.

- ☐ Yes ☐ No click to select

**Question 7:** Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued
- ☒ NRM ranger notified

**Details of further actions:** Continue patrols and briefings in this area.

**Faxed/emailed date:** 27/12/16



## Code C - Dingo Interaction Report Form

Dingo ID: **UT16**

Management Area (NRM use only): **Dilli-Eur**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 26/12/2016<br/> Time (of Interaction 24hrs): 11:08 am<br/> How long did the interaction last: 15 min<br/> Location (of Interaction): Beach south of Eurong<br/> Reporting Officer/s details: 1423322 &amp; 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Details of person(s) involved in dingo Interaction.</b></p> <p>Name _____<br/> Addr _____ sch 4 - personal information<br/> Phone _____ sch 4 - mobile phone<br/> Visitor type: Independant</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Ranger 1423683 was observing and people interacting with juvenile dingoes south of Eurong after a number of reports of alleged feeding. Ranger observed and photographed male driver of vehicle exit vehicle and was observed down on one knee with his hand out luring the dingo closer. At one point the male person appeared to encourage the dingo so close it was able to touch the male persons hand.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify) _____<br/> <input type="checkbox"/> Soliciting food<br/> <input checked="" type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify) _____<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear</p> <p>Tag description:</p> <p>a. How many dingoes present   1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 20%;">Male</th> <th style="width: 20%;">Female</th> <th style="width: 40%;">Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td style="text-align: center;">1</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                       | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input checked="" type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify) _____</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input checked="" type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Currently investigating the interaction.<br/> <b>Faxed/emailed date:</b> 29/12/2016</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Male                                                                                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

## Code C - Dingo Interaction Report Form





## Code C - Dingo Interaction Report Form

Dingo ID: **Unknown**

Management Area (NRM use only): **Eur-Poy**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 27/12/2016<br/>Time (of Interaction 24hrs): 10:20<br/>How long did the interaction last: morning<br/>Location (of Interaction): One Tree rocks, Fraser Island<br/>Reporting Officer/s details: 1423322 &amp; 143697</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name sch 4 - personal information<br/>Addre<br/>Phone # sch 4 - mobile phone<br/>Visitor type: Independant</p> |             |        |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>During routine camp zone patrol QPWS rangers observed a vacant campsite with a significant amount of food and rubbish not secured. Bread, cereal, salad, eggs and rubbish were throughout the camp site. Approximately one serving of cooked pasta was also dumped in the vegetation at the edge of the camp site. Rangers recorded information and photographed the area before attempting to phone the permit holder. When no contact could be made a notice to comply was left. Rangers returned to the camp at approximately 13:30 and questioned the occupants. They were all very apologetic and took responsibility for failing to ensure food is kept safe from animal that is dangerous. An infringement was issued on the spot and all 7 persons present were given a full briefing to ensure future compliance with the Recreation Areas Management act.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                                                                                  |             |        |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input checked="" type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description: NA</p> <p>a. How many dingoes present Unknown</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td></td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> <p>Dingoes had moved through the area but identification is not known</p> |      |                                                                                                                                                                                  | Male        | Female | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input checked="" type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Other</p> <p>During booking signage</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input checked="" type="checkbox"/> NTC Issued<br/><input checked="" type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue patrols<br/><b>Faxed/emailed date:</b> 27/12/2016</p> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Male | Female                                                                                                                                                                           | Sex Unknown |        |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                                                                                                  |             |        |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                                                                                  |             |        |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                                                                                                                                                  |             |        |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                                                                                                                                  |             |        |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                  |             |        |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

# Code C - Dingo Interaction Report Form



| Question                                                      | Details                                                                                               |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Code C - Dingo Interaction Report Form</b>                 |                                                                                                       |
| Dingo ID                                                      | Untagged 16 female                                                                                    |
| Management Area                                               | KBRV FA                                                                                               |
| Date                                                          | 2016/12/27, 11:31 am                                                                                  |
| How long did the interaction last                             | Unknown                                                                                               |
| Location                                                      | Fraser Island<br>Kingfisher Bay Resort QLD 4581<br>Australia<br>(-25.390664290712, 153.0281674422775) |
| Reporting Officer/s details                                   | 1423322                                                                                               |
| <b>Details of the person(s) involved in dingo interaction</b> |                                                                                                       |
| Name                                                          | sch 4 - personal information                                                                          |
| Address                                                       | Kingfisher Bay Resort                                                                                 |
| Phone number                                                  |                                                                                                       |
| Witness type                                                  | Commercial tour operator                                                                              |
| <b>Detailed report of events.</b>                             |                                                                                                       |
| What were the actions of the dingo(s) during the interaction  | entered dingo deterrent fence line                                                                    |
| Description of interaction                                    | Dingo observed inside fenced area                                                                     |
| Dingo identification                                          |                                                                                                       |
| 1                                                             |                                                                                                       |
| <b>Dingo ID</b>                                               |                                                                                                       |
| Gender                                                        | Female                                                                                                |
| Age                                                           | Juvenile                                                                                              |
| Was the dingo tagged                                          | No                                                                                                    |

| Question                                | Details                                                                                                                              |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| How/why did the dingo(s) leave?         | did not leave                                                                                                                        |
| Persons activity at time of interaction | siting/standing, walking, driving/parked in vehicle                                                                                  |
| Details                                 | Rangers have identified likely entry point and have been hoping to identify the dingo outside fence area so small hole can be fixed. |
| Relevant photos                         |                                                                                                                                      |
| Follow-up action                        | NRM ranger notified                                                                                                                  |
| Details of further action               | Section of fence to be repaired 28/12/2016                                                                                           |
| Date distributed                        | 2016/12/27                                                                                                                           |



Photographs 1

Released by NPSR under the RTI Act 2009

| Question                                                      | Details                                                                                                                                                                                                                            |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Code C - Dingo Interaction Report Form</b>                 |                                                                                                                                                                                                                                    |
| Dingo ID                                                      | Untagged 2016 juvenile                                                                                                                                                                                                             |
| Management Area                                               | KBRV FA                                                                                                                                                                                                                            |
| Date                                                          | 2017/01/01, 04:00 pm                                                                                                                                                                                                               |
| How long did the interaction last                             | 10 min                                                                                                                                                                                                                             |
| Location                                                      | Fraser Island<br>Kingfisher Bay Resort QLD 4581<br>Australia<br>(-25.39048327461716, 153.0288767545348)                                                                                                                            |
| Reporting Officer/s details                                   | 1423322                                                                                                                                                                                                                            |
| <b>Details of the person(s) involved in dingo interaction</b> |                                                                                                                                                                                                                                    |
| Name                                                          | Resort guests                                                                                                                                                                                                                      |
| Address                                                       | Kingfisher resort                                                                                                                                                                                                                  |
| Phone number                                                  |                                                                                                                                                                                                                                    |
| Witness type                                                  | Commercial tour operator                                                                                                                                                                                                           |
| <b>Detailed report of events.</b>                             |                                                                                                                                                                                                                                    |
| What were the actions of the dingo(s) during the interaction  | entered dingo deterrent fence line                                                                                                                                                                                                 |
| Description of interaction                                    | Pack of dingoes observed on the beach near the Jetty hut. Kingfisher staff requested that guests come inside the fenced area until they had passed. A short time later at least two juveniles were observed inside the fence area. |
| How/why did the dingo(s) leave?                               | when person stopped moving/making noise                                                                                                                                                                                            |
| Persons activity at time of interaction                       | eating/preparing food, sitting/standing, walking, playing, swimming                                                                                                                                                                |
| Details                                                       | Food and drinks in abundance on the beach.                                                                                                                                                                                         |
| Relevant photos                                               |                                                                                                                                                                                                                                    |
| Follow-up action                                              | NRM ranger notified                                                                                                                                                                                                                |

| Question                  | Details                                                                                                                                                                               |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Details of further action | Gate to the north of jetty hut was found to be open and not closing under spring tension, this was fixed. A second possible entry gap was located and fixed on a vehicle access gate. |
| Date distributed          | 2017/01/02                                                                                                                                                                            |

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Photographs 1

Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **Unknown**

Management Area (NRM use only): **Orchid**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

|                                                                                                                                                                                                                                      |                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 3.1.17<br>Time (of Interaction 24hrs): During the day<br>How long did the interaction last: Unknown<br>Location (of Interaction): 'Hasta Mayana' Marloo, Orchid Beach<br>Reporting Officer/s details: 7027118 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name<br>Addre sch 4 - personal information<br>Phone #:<br>Visitor type: Resident |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

### Question 1: Detailed report of events.

On Tuesday 3.1.17 Dingoes had gotten into rubbish bags from holiday rental house sch 4 - personal information  
 Orchid Beach.

### Question 2: What were the actions of the dingo(s) during the Interaction? (click on box(s) to check/uncheck)

#### Code C - Nuisance or problem.

- ☐ Loitering at recognized visitor sites (people nearby)  
☒ Stealing food or property (specify) accessed rubbish bag  
☐ Soliciting food  
☐ Being fed or encouraged  
☐ Living under or in infrastructure  
☐ Following closely (distance)  
☐ Damaging property (specify)  
☐ Tent ripping (vacant campsite or tent)  
☐ Entered dingo deterrent fence line  
☐ Interference with dingoes

### Question 3: Dingo identification & numbers

#### Was the dingo tagged:

- ☐ Yes ☐ No ☒ Unknown  
☐ Right Ear ☐ Left Ear

Tag description:

a. How many dingoes present Unknown

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      |        |             |
| Sub adult   |      |        |             |
| Juvenile    |      |        |             |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

### Question 4: How/why did the dingo(s) leave?

- ☐ voluntarily, for no apparent reason  
☐ when yelled at  
☐ when chased away  
☐ when yelled at and chased away  
☐ when person stopped moving/making a noise  
☐ when person left  
☒ other (specify) unknown

### Question 5: Persons activity at time of interaction.

- ☒ Not present  
☐ Eating/preparing food  
☐ Sleeping  
☐ Sitting/standing  
☐ Walking  
☐ Playing  
☐ Running  
☐ Swimming  
☐ Fishing/bait collection  
☐ Driving/parked vehicle  
☐ Other

### Question 6 "Be Dingo Safe" information received prior to interaction.

- ☐ Yes ☐ No Unknown

### Question 7: Follow up actions.

- ☐ NTC Issued  
☐ PIN Issued  
☒ NRM ranger notified

**Details of further actions** - personal information was contacted by phone & talked to in person, sch 4 - personal information holiday house was visited by rangers 5.1.17 - dingo safety brochures were left at the property.

**Faxed/emailed date:** 5.1.17

## Code C - Dingo Interaction Report Form

Dingo ID: **Untagged juvenile**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 03/01/2017<br/> Time (of Interaction 24hrs): 20:00<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): Kingfisher Wallum area<br/> Reporting Officer/s details: 7028020, 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: [redacted] - personal information<br/> Address: Kingfisher Resort<br/> Phone #: 07 4120 3353<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>A resort ranger was doing the night walk with the guests in the Wallum area overlooking one of the ponds (approx. 8pm). One of the juveniles approached from behind the group, personal information stamped her feet on the boards to try and move it away, when she did that, the dingo jumped forward into a crouch and yelped/vocalised, it then took off up the path it joined the another juvenile dingo.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line Kingfisher Resort<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present    2</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                           | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 2 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input checked="" type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) stomped foot</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Briefed by tour operator<br/> KBRV staff present</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Captured, tagged and relocated juvenile dingoes outside the fence. Monitor for any possible future breaches.<br/> <b>Faxed/emailed date:</b> 19/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Male                                                                                                                                                                                                      | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                           |        | 2           |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |



## Code C - Dingo Interaction Report Form

Dingo ID: **09Blue15m**

Management Area (NRM use only): **HP BL**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 05/01/2017<br/>Time (of Interaction 24hrs): 06:30<br/>How long did the interaction last:<br/>Location (of Interaction): Hook Point Barge Landing<br/>Reporting Officer/s details: 7028020</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name: sch 4 - personal information<br/>Address<br/>Phone #:<br/>Visitor type: Independent</p> |        |             |             |       |  |  |  |           |   |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>E-mail report received via dingo.ranger e-mail address:<br/>HI,<br/>Just thought I'd let you know about the dingo we saw on our Fraser Island trip. 5th January about 6:30 am about 200meters from where you line up for the barge near hook point he/she just sniffed around and came up to the cars. nothing negative... everyone stayed in their cars... good dingo. only one we saw in 7 days so we were stoked when we saw it....attached is a photo with a tag number<br/>thanks<br/>sch 4 - personal information</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                 |        |             |             |       |  |  |  |           |   |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i><br/><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input checked="" type="checkbox"/> Left Ear<br/>Tag description: Blue</p> <p>a. How many dingoes present 1<br/>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td>1</td><td></td><td></td></tr><tr><td>Juvenile</td><td></td><td></td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                                                 | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult | 1 |  |  | Juvenile |  |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input checked="" type="checkbox"/> other (specify) Unknown</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input type="checkbox"/> Fishing/bait collection<br/><input checked="" type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b>Continue to monitor behaviour</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Male                                                                                                                                                            | Female | Sex Unknown |             |       |  |  |  |           |   |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                 |        |             |             |       |  |  |  |           |   |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                 |        |             |             |       |  |  |  |           |   |  |  |          |  |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## Code C - Dingo Interaction Report Form



Faxed/emailed date: 09/01/2017



Photo supplied by [redacted] - personal information

Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **Unknown**

Management Area (NRM use only): **Dilli-Eur**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 5/1/17<br/> Time (of Interaction 24hrs): 5.30<br/> How long did the interaction last: 30 mins<br/> Location (of Interaction): Wongai<br/> Reporting Officer/s details: 7029188</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: sch 4 - personal information<br/> Address:<br/> Phone #: sch 4 - mobile phone<br/> Visitor type: Camper</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>was woken by noise outside, got up to find dingo in gas fridge, upon being disturbed the dingo took of with a bag of plums. alt the dingo was young due to its size.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                      |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i><br/> <b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input checked="" type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input checked="" type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present    1<br/> b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td>1</td> </tr> </tbody> </table> |                                                                                                                                                                                      | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  |  | Pup |  |  |  | Unknown Age |  |  | 1 | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input checked="" type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input checked="" type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.<br/> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   click to select</p> <p>Briefed by ranger.</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b>Continiued patrols in area<br/> <b>Faxed/emailed date:</b> 09/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Male                                                                                                                                                                                 | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                      |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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## Code C - Dingo Interaction Report Form

Dingo ID: **09Blue15m**

Management Area (NRM use only): **HP BL**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

|                                                                                                                                                                                                                      |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 07/01/17<br>Time (of Interaction 24hrs): 10:45<br>How long did the interaction last: 15-20mins<br>Location (of Interaction): Hook Point Barge Landing<br>Reporting Officer/s details: 7028020 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name<br>Addre sch 4 - personal information<br>Phone #:<br>Visitor type: Independant |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

### Question 1: Detailed report of events.

Report received via dingo.ranger e-mail address:

Hi Ranger,

We saw dingo number 60 with green tag in left ear at the barge line up this morning at Hook point. He was hanging around for a long time pacing up and down the queue. He was very calm and everyone stayed away from him which was great. We have attached 2 photos of the male.

There was also a second dingo we saw untagged who came later on. It was a female.

Cheers

sch 4 - personal information

**Question 2:** What were the actions of the dingo(s) during the Interaction? *(click on box(s) to check/uncheck)*

#### Code C - Nuisance or problem.

- ☒ Loitering at recognized visitor sites (people nearby)
- ☐ Stealing food or property (specify)
- ☐ Soliciting food
- ☐ Being fed or encouraged
- ☐ Living under or in infrastructure
- ☐ Following closely (distance)
- ☐ Damaging property (specify)
- ☐ Tent ripping (vacant campsite or tent)
- ☐ Entered dingo deterrent fence line
- ☐ Interference with dingoes

### Question 3: Dingo identification & numbers

#### Was the dingo tagged:

- ☒ Yes ☐ No ☐ Unknown
- ☐ Right Ear ☒ Left Ear

Tag description: Described as 60green - only possible dingo is 09Blue15m

a. How many dingoes present 2

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      |        |             |
| Sub adult   | 1    |        |             |
| Juvenile    |      |        |             |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

### Question 4: How/why did the dingo(s) leave?

- ☐ voluntarily, for no apparent reason
- ☐ when yelled at
- ☐ when chased away
- ☐ when yelled at and chased away
- ☐ when person stopped moving/making a noise
- ☐ when person left
- ☐ other (specify)

### Question 5: Persons activity at time of interaction.

- ☐ Not present
- ☐ Eating/preparing food
- ☐ Sleeping
- ☐ Sitting/standing
- ☐ Walking
- ☐ Playing
- ☐ Running
- ☐ Swimming
- ☐ Fishing/bait collection
- ☒ Driving/parked vehicle
- ☐ Other

### Question 6 "Be Dingo Safe" information received prior to interaction.

- ☐ Yes ☐ No ☐ Unknown

### Question 7: Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued
- ☒ NRM ranger notified

**Details of further actions:** Continue monitoring dingoes in this area.

**Faxed/emailed date:** 08/01/17

## Code C - Dingo Interaction Report Form



Photo of tagged dingo at Hook Point Barge Landing supplied by [redacted] personal information

## Code C - Dingo Interaction Report Form

Dingo ID: **UTJuv16**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

|                                                                                                                                                                                                                  |                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 08/01/2017<br>Time (of Interaction 24hrs): Unknown<br>How long did the interaction last:<br>Location (of Interaction): Kingfisher Resort<br>Reporting Officer/s details: 7028020, 1423683 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name: sch 4 - personal information<br>Address: KBRV Staff Member<br>Phone #:<br>Visitor type: Resort staff |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Question 1:** Detailed report of events.

mentioned in a conversation with QPWS rangers that she had been told that some staff members at Kingfisher Resort were encouraging and feeding the 2 untagged juvenile dingoes inside the Kingfisher Resort fenceline. The dingoes have been inside the fence since late December, however no date for this interaction was given.

notified staff that encouraging/feeding the dingoes was not permissible and advised that details of anyone found feeding the dingoes would be passed on to QPWS.

**Question 2:** What were the actions of the dingo(s) during the Interaction? *(click on box(s) to check/uncheck)*

**Code C - Nuisance or problem.**

- ☐ Loitering at recognized visitor sites (people nearby)
- ☐ Stealing food or property (specify)
- ☐ Soliciting food
- ☒ Being fed or encouraged
- ☐ Living under or in infrastructure
- ☐ Following closely (distance)
- ☐ Damaging property (specify)
- ☐ Tent ripping (vacant campsite or tent)
- ☐ Entered dingo deterrent fence line
- ☐ Interference with dingoes

**Question 3:** Dingo identification & numbers

**Was the dingo tagged:**

- ☐ Yes ☒ No ☐ Unknown
- ☐ Right Ear ☐ Left Ear

Tag description:

a. How many dingoes present 2

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      |        |             |
| Sub adult   |      |        |             |
| Juvenile    | 1    | 1      |             |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

No IDs of the dingoes involved but one male and one female currently inside the fence.

**Question 4:** How/why did the dingo(s) leave?

- ☐ voluntarily, for no apparent reason
- ☐ when yelled at
- ☐ when chased away
- ☐ when yelled at and chased away
- ☐ when person stopped moving/making a noise
- ☐ when person left
- ☒ other (specify) Moved in and out of the fence as they desired.

**Question 5:** Persons activity at time of interaction.

- ☐ Not present
- ☐ Eating/preparing food
- ☐ Sleeping
- ☐ Sitting/standing
- ☐ Walking
- ☐ Playing
- ☐ Running
- ☐ Swimming
- ☐ Fishing/bait collection
- ☐ Driving/parked vehicle
- ☐ Other

**Question 6** "Be Dingo Safe" information received prior to interaction.

- ☒ Yes ☐ No ☐ Other

Resort staff

**Question 7:** Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued
- ☒ NRM ranger notified

**Details of further actions:** Capture, process and relocate dingoes outside the fence. Monitor for any possible future breaches.

**Faxed/emailed date:** 09/01/2017

## Code C - Dingo Interaction Report Form

Dingo ID: **UT Juvenile 2016 M & F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

|                                                                                                                                                                                                                        |                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 08/01/2017<br>Time (of Interaction 24hrs): 08:20<br>How long did the interaction last: 2hours<br>Location (of Interaction): Kingfisher Heights<br>Reporting Officer/s details: 7028020, 1423683 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name: sch 4 - personal information<br>Address:<br>Phone #: sch 4 - mobile phone<br>Visitor type: Resort staff |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Question 1: Detailed report of events.

arrived at Kingfisher Heights about 08:20 and observed 2 juvenile dingoes loitering in the area (one male and one female). The dingoes were moving around the houses in the area and stayed around to make sure visitors kept their distance. When QPWS rangers arrived onsite at 10:05 the female dingo was still in the area but the male juvenile had moved away. The female dingo moved away from the area soon after rangers arrived.

### Question 2: What were the actions of the dingo(s) during the Interaction? (click on box(s) to check/uncheck)

#### Code C - Nuisance or problem.

- ☒ Loitering at recognized visitor sites (people nearby)
- ☐ Stealing food or property (specify)
- ☐ Soliciting food
- ☐ Being fed or encouraged
- ☐ Living under or in infrastructure
- ☐ Following closely (distance)
- ☐ Damaging property (specify)
- ☐ Tent ripping (vacant campsite or tent)
- ☒ Entered dingo deterrent fence line Kingfisher Resort
- ☐ Interference with dingoes

### Question 3: Dingo identification & numbers

#### Was the dingo tagged:

- ☐ Yes ☒ No ☐ Unknown
- ☐ Right Ear ☐ Left Ear

Tag description:

a. How many dingoes present 2

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      |        |             |
| Sub adult   |      |        |             |
| Juvenile    | 1    | 1      |             |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

### Question 4: How/why did the dingo(s) leave?

- ☒ voluntarily, for no apparent reason
- ☐ when yelled at
- ☐ when chased away
- ☐ when yelled at and chased away
- ☐ when person stopped moving/making a noise
- ☐ when person left
- ☐ other (specify)

### Question 5: Persons activity at time of interaction.

- ☐ Not present
- ☐ Eating/preparing food
- ☐ Sleeping
- ☒ Sitting/standing
- ☒ Walking
- ☐ Playing
- ☐ Running
- ☐ Swimming
- ☐ Fishing/bait collection
- ☐ Driving/parked vehicle
- ☐ Other

### Question 6 "Be Dingo Safe" information received prior to interaction.

- ☒ Yes ☐ No Briefed by tour operator

KBRV staff present

### Question 7: Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued
- ☒ NRM ranger notified

**Details of further actions:** Capture, process and relocate juvenile dingoes outside the fence. Monitor for any possible future breaches.

**Faxed/emailed date:** 09/01/2017

## Code C - Dingo Interaction Report Form

Dingo ID: **UT16 x 2**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

Date (of Interaction): 19:45  
Time (of Interaction 24hrs): 11/01/2016  
How long did the interaction last: 5 min  
Location (of Interaction): Kingfisher near tennis court  
Reporting Officer/s details: 1423322

### Details of person(s) involved in dingo Interaction.

Name: sch 4 - personal information  
Address: sch 4 - personal information  
Phone #: sch 4 - mobile phone  
Visitor type: Tour participant

### Question 1: Detailed report of events.

sch 4 - personal information was near the tennis courts at Kingfisher resort when he observed a small dingo slightly larger than a fox. The boy stood still then tried to shoo the dingo when it got within 3 meters. When this wasn't working he panicked and ran up the hill to their unit. The dingo followed but showed no threatening behaviour towards her son. Another dingo was also observed about 10 meters from the unit.

### Question 2: What were the actions of the dingo(s) during the Interaction? (click on box(s) to check/uncheck)

#### Code C - Nuisance or problem.

- ☒ Loitering at recognized visitor sites (people nearby)  
☐ Stealing food or property (specify)  
☐ Soliciting food  
☐ Being fed or encouraged  
☐ Living under or in infrastructure  
☒ Following closely (distance) 3m  
☐ Damaging property (specify)  
☐ Tent ripping (vacant campsite or tent)  
☒ Entered dingo deterrent fence line KBRV  
☐ Interference with dingoes

### Question 3: Dingo identification & numbers

#### Was the dingo tagged:

- ☐ Yes ☒ No ☐ Unknown  
☐ Right Ear ☐ Left Ear

Tag description: Nil

a. How many dingoes present 2

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      |        |             |
| Sub adult   |      |        |             |
| Juvenile    |      |        | 2           |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

### Question 4: How/why did the dingo(s) leave?

- ☒ voluntarily, for no apparent reason  
☐ when yelled at  
☐ when chased away  
☐ when yelled at and chased away  
☐ when person stopped moving/making a noise  
☐ when person left  
☐ other (specify)

### Question 5: Persons activity at time of interaction.

- ☐ Not present  
☐ Eating/preparing food  
☐ Sleeping  
☐ Sitting/standing  
☐ Walking  
☐ Playing  
☒ Running  
☐ Swimming  
☐ Fishing/bait collection  
☐ Driving/parked vehicle  
☐ Other

### Question 6 "Be Dingo Safe" information received prior to interaction.

- ☒ Yes ☐ No Briefed by tour operator

### Question 7: Follow up actions.

- ☐ NTC Issued  
☐ PIN Issued  
☒ NRM ranger notified

**Details of further actions:** Fencing has been improved and one dingo removed on the 9/1/17. NRM rangers are attempting to relocate remaining two dingoes ASAP

**Faxed/emailed date:** 12/01/2017

| Question                                                      | Details                                                                                         |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Code C - Dingo Interaction Report Form</b>                 |                                                                                                 |
| Dingo ID                                                      | Unidentified                                                                                    |
| Management Area                                               | Dilli-Eurong                                                                                    |
| Date                                                          | 2017/01/12, 07:00 pm                                                                            |
| How long did the interaction last                             | 15 min                                                                                          |
| Location                                                      | Govi camp zone<br>Fraser Island QLD 4581<br>Australia<br>(-25.57523359520108, 153.102148178946) |
| Reporting Officer/s details                                   | 1423322                                                                                         |
| <b>Details of the person(s) involved in dingo interaction</b> |                                                                                                 |
| Name                                                          | sch 4 - personal information                                                                    |
| Address                                                       |                                                                                                 |
| Phone number                                                  |                                                                                                 |
| Witness type                                                  | Camper                                                                                          |
| <b>Detailed report of events.</b>                             |                                                                                                 |
| What were the actions of the dingo(s) during the interaction  | loitering at recognised visitor sites (people nearby)                                           |

Description of interaction sch 4 - personal information was cooking dinner when an adult dingo approached and loitered around the edge of their camp and sch 4 - personal information climbed into their roof top tent and waited for the dingo to leave.

|                      |        |
|----------------------|--------|
| Dingo identification |        |
| 1                    |        |
| <b>Dingo ID</b>      |        |
| Gender               | Male   |
| Age                  | Adult  |
| Was the dingo tagged | Unsure |

| Question                                | Details                                                                                                                      |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| How/why did the dingo(s) leave?         | voluntarily, for no apparent reason                                                                                          |
| Persons activity at time of interaction | eating/preparing food                                                                                                        |
| Details                                 | Campers were cooking                                                                                                         |
| Relevant photos                         |                                                                                                                              |
| Follow-up action                        | NRM ranger notified                                                                                                          |
| Details of further action               | Campers requested to be moved into a fenced area. Rangers assisted by making arrangements for the pair to move to Dundubara. |
| Date distributed                        | 2017/01/15                                                                                                                   |

## Code C - Dingo Interaction Report Form

Dingo ID: **Unidentified**

Management Area (NRM use only): **Dilli-Eur**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 16/01/2017<br/> Time (of Interaction 24hrs): 06:15<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): Second Valley beachfront<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: Unidentified<br/> Address:<br/> Phone #:<br/> Visitor type: Unknown</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Male visitor was observed exiting a dark metallic grey land cruiser encouraging an unidentified juvenile dingo. Witnesses reported that the male person had something in his hand and was crouched down on one knee with his hand extended towards the dingo. The witness said the item appeared to be food but could not identify the object and they left without observing the dingo eating anything. No registration of other identification was provided.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input checked="" type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: young dingo, dark across the back</p> <p>a. How many dingoes present   1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td style="text-align: center;">1</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                  | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) unknow</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input checked="" type="checkbox"/> Other enticing the dingo with what appeared to food</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue to patrol and educate visitors<br/> <b>Faxed/emailed date:</b> 16/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Male                                                                                                                                             | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |        | 1           |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

## Code C - Dingo Interaction Report Form

Dingo ID: **Unidentified**

Management Area (NRM use only): **Dilli-Eur**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 16/01/2017<br/> Time (of Interaction 24hrs): 06:30<br/> How long did the interaction last: 10 min<br/> Location (of Interaction): Second Valley beachfront<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: Unidentified<br/> Address:<br/> Phone #:<br/> Visitor type: Unknown</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Interaction reported by [redacted] after receiving the information from a witness. Two female visitors were observed encouraging an unidentified tagged dingo to approach closely enabling them to photograph the dingo. Witnesses reported that the ladies were calling and clicking in an enticing manner until the dingo was within one meter of the pair.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input checked="" type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear    <input type="checkbox"/> Left Ear<br/> Tag description: Tagged dingo no other information provided</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td>1</td> </tr> </tbody> </table> |                                                                                                                                                  | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  |  | Pup |  |  |  | Unknown Age |  |  | 1 | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input checked="" type="checkbox"/> Other calling and enticing the dingo</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue to patrol and educate visitors<br/> <b>Faxed/emailed date:</b> 16/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Male                                                                                                                                             | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UT16 x 2**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 18/01/2017<br/> Time (of Interaction 24hrs): 09:15<br/> How long did the interaction last: 10 min<br/> Location (of Interaction): Kingfisher near service shed<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: [redacted] - personal information<br/> Address:<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Two juvenile dingo observed inside the fence near the bus service shed at Kingfisher resort.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line KBRV<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear</p> <p>Tag description:</p> <p>a. How many dingoes present    2</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="margin-top: 10px;">  </div> |                                                                                                                                                                            | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 2 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue to attempt to trap and relocate. Rangers successfully removed one animal which has not been observed inside the fence again.<br/> <b>Faxed/emailed date:</b> 18/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Male                                                                                                                                                                       | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |        | 2           |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UT16M**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 19/01/2017<br/> Time (of Interaction 24hrs): 09:00<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): Kingfisher Resort near jetty Hut<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name<br/> Addre sch 4 - personal information<br/> Phone #: sch 4 - mobile phone<br/> Visitor type: Resort staff</p> |        |             |             |       |  |   |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Adult female dingo was observed on the beach at Kingfisher howling. A juvenile male dingo with long white socks was observed inside the fence and appeared to looking for a way out. A member of the public opened the gate to the north of the Jetty hut and encouraged the juvenile out through the gate while ensuring the adult dingo could not get in.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                        |        |             |             |       |  |   |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line Kingfisher Resort<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present 2<br/> b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr> </thead> <tbody> <tr> <td>Adult</td><td></td><td>1</td><td></td></tr> <tr> <td>Sub adult</td><td></td><td></td><td></td></tr> <tr> <td>Juvenile</td><td>1</td><td></td><td></td></tr> <tr> <td>Pup</td><td></td><td></td><td></td></tr> <tr> <td>Unknown Age</td><td></td><td></td><td></td></tr> </tbody> </table> <p>Juvenile dingo had long socks</p> |                                                                                                                                                                                        | Male   | Female      | Sex Unknown | Adult |  | 1 |  | Sub adult |  |  |  | Juvenile | 1 |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) coaxed through gate out of fenced area</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Briefed by tour operator<br/> KBRV staff present</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Monitor for any possible future breaches.<br/> <b>Faxed/emailed date:</b> 20/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Male                                                                                                                                                                                   | Female | Sex Unknown |             |       |  |   |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UT16**

Management Area (NRM use only): **Dund - MJ**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 20/01/2017<br/> Time (of Interaction 24hrs): 1900 hrs<br/> How long did the interaction last: 1 min approx.<br/> Location (of Interaction): Kingfisher Bay beachfront<br/> Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name sch 4 - personal information<br/> Address:<br/> Phone #: sch 4 - mobile phone<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>At around 1900 hrs while as working at the Jetty Hut a visitor saw a dingo near the stairs leading up to the gate on the Jetty Hut <sup>sch 4 - personal information</sup> talked over to see the dingo and by this time the dingo had moved up the stairs on to the decking and was at the gate <sup>sch 4 - personal information</sup> rolled out at the dingo and it soon moved on.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                           | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input checked="" type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Increase patrols in the area<br/> <b>Faxed/emailed date:</b> 22/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Male                                                                                                                                                                                      | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UT16x2**

Management Area (NRM use only): **Dund-MJ**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 21/01/2017<br/> Time (of Interaction 24hrs): 1400<br/> How long did the interaction last: most of the afternoon<br/> Location (of Interaction): Kingfisher beachfront<br/> Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: 1423683<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Whilst QPWS Rangers 1423683 and 7027094 were patrolling Kingfisher Bay Resort Jetty and beachfront, they saw two Juvenile dingoes hanging around the beachfront and Jetty Hut area. This continued for most of the afternoon with them sleeping, foraging and following visitors.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present    2</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>One Juvenile has a scar on its right shoulder</p> |                                                                                                                                                   | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 2 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   Other</p> <p>QPWS staff</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> opportunistic briefings conducted<br/> <b>Faxed/emailed date:</b> 22/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Male                                                                                                                                              | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16W16F**

Management Area (NRM use only): **Dund - MJ**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 22/01/2017<br/> Time (of Interaction 24hrs): 1900 hrs<br/> How long did the interaction last: 5 min approx.<br/> Location (of Interaction): Kingfisher Bay beachfront<br/> Reporting Officer/s details: 7027904</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name:<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>16W16F was observed heading north toward the Kingfisher Jetty. She loitered underneath the Jetty for about 1 minute then continued north along the beach, stopping a few times.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: 16 White</p> <p>a. How many dingoes present   <b>1</b></p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;">  </div> |                                                                                                                                           | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) She was walking pretty well uninterrupted in a northerly direction.</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   click to select</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Increase patrols in the area<br/> <b>Faxed/emailed date:</b> 24/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Male                                                                                                                                      | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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## Code C - Dingo Interaction Report Form

Dingo ID: **Unidentified**

Management Area (NRM use only): **Eli DUA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 22/01/2017<br/> Time (of Interaction 24hrs): 1:30<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): Eli Creek DUA<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: Drop Bear tour leader<br/> Address:<br/> Phone #:<br/> Visitor type: Commercial tour operator</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>A dingo was sighted by the Drop Bear Tour Operator today at Eli Creek at 1130 hrs. It is unknown if male or female, and if it was tagged or not. Sighted on the top right side on entrance to Eli Creek. Tour Driver yelled out to his passengers of the sighting which then prompted them to run with camera's and phone's to take pictures where a QPWS Ranger asked them to stand back and not approach the animal.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                            |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input checked="" type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear</p> <p>Tag description:</p> <p>a. How many dingoes present   1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td style="text-align: center;">1</td> </tr> </tbody> </table> |                                                                                                                                                                            | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  |  | Pup |  |  |  | Unknown Age |  |  | 1 | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input checked="" type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input checked="" type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue to monitor the area<br/> <b>Faxed/emailed date:</b> 23/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Male                                                                                                                                                                       | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                            |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UT16**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 22/01/2017<br/> Time (of Interaction 24hrs): 7:40<br/> How long did the interaction last: 3 min<br/> Location (of Interaction): Kingfisher Resort<br/> Reporting Officer/s details: 7027904</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: [redacted] - personal information<br/> Address:<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>A dingo was seen loitering around the staff entry of the Kingfisher reception area, shortly afterwards it was seen on the front doormat of reception.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                            |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line Kingfisher Resort<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                            | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Trap, tag and remove dingo/es from fenced area<br/> <b>Faxed/emailed date:</b> 24/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Male                                                                                                                                                                       | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                            |        | 1           |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UT16**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 22/01/2017<br/> Time (of Interaction 24hrs): 17:30<br/> How long did the interaction last: 1 min<br/> Location (of Interaction): Kingfisher Resort<br/> Reporting Officer/s details: 7027904</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name:<br/> Address:<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>A photo of a dingo inside the fence at Kingfisher Bay resort, supplied by Kingfisher Staff.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line Kingfisher Resort<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear</p> <p>Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;">  </div> |                                                                                                                                          | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Briefed by tour operator</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Trap, tag and remove dingo/es from fenced area<br/> <b>Faxed/emailed date:</b> 24/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Male                                                                                                                                     | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UT16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 22/01/2017<br/> Time (of Interaction 24hrs): 12:45<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): Kingfisher Resort near Dingo Bar<br/> Reporting Officer/s details: 7027904</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name:<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>A female dingo was observed around staff accommodation near the Dingo Bar at Kingfisher Resort.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line Kingfisher Resort<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                           | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input checked="" type="checkbox"/> Other Observing</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    click to select</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Trap, tag and remove dingo from fenced area<br/> <b>Faxed/emailed date:</b> 24/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Male                                                                                                                                      | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 25/01/2017<br/> Time (of Interaction 24hrs): Afternoon<br/> How long did the interaction last: 10 min<br/> Location (of Interaction): Kingfisher near Jetty Hut<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: [redacted] sch 4 - personal information<br/> Address:<br/> Phone #:<br/> Visitor type: Commercial tour operator</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>16Orange16F was captured inside the fence and relocated on the 23/01/2017. A juvenile dingo was observed entering through a pedestrian gate at Kingfisher resort following its use by a couple of visitors on the 26/01/2017. No details were obtained and it unclear if the dingo was allowed access to the fenced area intentionally. Two juvenile dingoes were observed inside the fence near the bus service shed at Kingfisher resort on the 27/01/2017.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                              |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Male                                                                                                                                                                                         | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                              | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                              |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                              |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 26.01.2017<br/> Time (of Interaction 24hrs): 0845hrs<br/> How long did the interaction last:<br/> Location (of Interaction): KBRV bus workshop<br/> Reporting Officer/s details: 7026804</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: KBR staff advised ranger 1423683<br/> Address:<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>NRM ranger 1423683 rang to report that he'd been contacted by Kingfisher Staff and been advised of the presence of the "dingo with a yellow tag and collar" at the bus workshop. Ranger advised staff member that no collared dingoes had a yellow tag and asked that they check the tag colour again. Staff member then confirmed that the tag was orange in colour. 2016 born male was tagged with yellow tag, but he is not bearing a radio tracking collar.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line Kingfisher<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: Orange + bearing collar</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                           | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   click to select</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Trap/remove, gate modifications<br/> <b>Faxed/emailed date:</b> 26.01.2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Male                                                                                                                                                                      | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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## Code C - Dingo Interaction Report Form



Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **Un/id tagged + collared 2016 juv**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 26.01.2017<br/> Time (of Interaction 24hrs): 0430hrs ongoing<br/> How long did the interaction last: at least 3.5hrs<br/> Location (of Interaction): KB Resort - inside fence<br/> Reporting Officer/s details: 7026804</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name:<br/> Address:<br/> Phone #:<br/> Visitor type: Unknown</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <p><b>Question 1:</b> Detailed report of events. Initial advice - interaction may be escalated following interview of persons involved. Through 137468 to dingo hotline - Report of a dingo bearing a tag with the number 16 and also a collar (but no colours specified) having been at a house within the Kingfisher Bay Resort precinct for at least 3.5hours and not leaving, despite repeated attempts by the persons present to 'shoo it away'. Rangers 1432540 and 1437601 have been deployed to investigate/interview/observe and identify dingo involved and check Kingfisher fenceline integrity (no dingo rangers presently on island). Advised OO5 NRM ranger at 0752hrs.</p> <p>Ranger 1423683 has just rung to advise that a KBR employee has contacted him to state that at 0845hrs he had observed 16Orange16F collared and tagged juvenile present within the fenceline near the bus workshop. Unconfirmed if this was the same animal involved in the interactions at the house. Will provide further information as it comes to hand.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line Kingfisher<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: Not described, but collared also</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr> </thead> <tbody> <tr> <td>Adult</td><td></td><td></td><td></td></tr> <tr> <td>Sub adult</td><td></td><td></td><td></td></tr> <tr> <td>Juvenile</td><td></td><td></td><td style="text-align: center;">1</td></tr> <tr> <td>Pup</td><td></td><td></td><td></td></tr> <tr> <td>Unknown Age</td><td></td><td></td><td></td></tr> </tbody> </table> |                                                                                                                                     | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) didn't leave - unable to discourage</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Monitor, trap/tag/remove as relevant, discuss option to double gate areas with KBR<br/> <b>Faxed/emailed date:</b> 26.01.2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Male                                                                                                                                | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                     |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |



## Code C - Dingo Interaction Report Form

Dingo ID: **untagged 2016 juv**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

|                                                                                                                                                                                                                                |                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 26.01.2017<br>Time (of Interaction 24hrs): 0955hrs<br>How long did the interaction last: 2 minutes<br>Location (of Interaction): Kingfisher Resort tennis court<br>Reporting Officer/s details: 7026804 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name: sch 4 - personal information<br>Address:<br>Phone # sch 4 - mobile phone<br>Visitor type: Independant |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Question 1: Detailed report of events.

Ranger 1432540 called through from Kingfisher Resort to report the following interaction - at approximately 0955hrs, sch 4 - personal information and her two daughters, sch 4 - personal information were playing tennis on the fenced courts when they noticed an untagged/uncollared juvenile dingo attempting to pull their bag through the chain mesh fence. The bag contained chewing gum, but no other foods, sch 4 - personal information and her daughters approached the bag from inside the fenceline, at which time the dingo apparently became more anxious in trying to retrieve the bag. Concerned, sch 4 - personal information but the gate to the tennis court and started yelling for help. At this point, two men pulled up in a car and exited and the dingo ran off, unsuccessful in having obtained the bag. No photos taken but dingo described as having "dark legs and didn't notice any white socks", sch 4 - personal information and her family are scheduled to leave Kingfisher Resort on the 1030am barge on 27/1/2017.

### Question 2: What were the actions of the dingo(s) during the Interaction? (click on box(s) to check/uncheck)

#### Code C - Nuisance or problem.

- ☒ Loitering at recognized visitor sites (people nearby)
- ☒ Stealing food or property (specify) bag with chewing gum within
- ☐ Soliciting food
- ☐ Being fed or encouraged
- ☐ Living under or in infrastructure
- ☐ Following closely (distance)
- ☐ Damaging property (specify)
- ☐ Tent ripping (vacant campsite or tent)
- ☒ Entered dingo deterrent fence line Kingfisher
- ☐ Interference with dingoes

### Question 3: Dingo identification & numbers

#### Was the dingo tagged:

- ☐ Yes ☒ No ☐ Unknown
- ☐ Right Ear ☐ Left Ear

Tag description:

a. How many dingoes present 1

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      |        |             |
| Sub adult   |      |        |             |
| Juvenile    |      |        | 1           |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

### Question 4: How/why did the dingo(s) leave?

- ☐ voluntarily, for no apparent reason
- ☐ when yelled at
- ☐ when chased away
- ☐ when yelled at and chased away
- ☐ when person stopped moving/making a noise
- ☐ when person left
- ☒ other (specify) two men pulled up in a car and intervened after woman yelled for help

### Question 5: Persons activity at time of interaction.

- ☐ Not present
- ☐ Eating/preparing food
- ☐ Sleeping
- ☐ Sitting/standing
- ☐ Walking
- ☐ Playing
- ☐ Running
- ☐ Swimming
- ☐ Fishing/bait collection
- ☐ Driving/parked vehicle
- ☒ Other playing tennis

### Question 6 "Be Dingo Safe" information received prior to interaction.

- ☐ Yes ☐ No ☐ Unknown

### Question 7: Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued



## Code C - Dingo Interaction Report Form

☒ NRM ranger notified

**Details of further actions:** Monitoring of KBR occurring by 4 QPWS staff 26.01.2017

**Faxed/emailed date:** 26.01.2017

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## Code C - Dingo Interaction Report Form

Dingo ID: **UT16M**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

|                                                                                                                                                                                                                                |                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 26.01.2017<br>Time (of Interaction 24hrs): 1154hrs<br>How long did the interaction last:<br>Location (of Interaction): Behind house within Kingfisher fenceline<br>Reporting Officer/s details: 7026804 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name sch 4 - personal information<br>Address: Staying at sch 4 - personal information<br>Phone #: sch 4 - mobile phone<br>Visitor type: Independant |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Question 1: Detailed report of events.

sch 4 - personal information contacted the dingo hotline and reported a 'small dingo lying behind the house within 2-3m of us, dingo has white legs'. She reported that sch 4 - personal information was at the top of the hill, near the water tanks. I deployed rangers 7027234 and 7027522 to investigate and they reported back the presence of a 'skittish' (around rangers at least) untagged juvenile male with a high white sock on his front right leg. The dingo ran off shortly after ranger arrival.

### Question 2: What were the actions of the dingo(s) during the Interaction? (click on box(s) to check/uncheck)

#### Code C - Nuisance or problem.

- ☒ Loitering at recognized visitor sites (people nearby)
- ☐ Stealing food or property (specify)
- ☐ Soliciting food
- ☐ Being fed or encouraged
- ☐ Living under or in infrastructure
- ☐ Following closely (distance)
- ☐ Damaging property (specify)
- ☐ Tent ripping (vacant campsite or tent)
- ☒ Entered dingo deterrent fence line Kingfisher
- ☐ Interference with dingoes

### Question 3: Dingo identification & numbers

#### Was the dingo tagged:

- ☐ Yes ☒ No ☐ Unknown
- ☐ Right Ear ☐ Left Ear

Tag description:

a. How many dingoes present 1

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      |        |             |
| Sub adult   |      |        |             |
| Juvenile    | 1    |        |             |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

### Question 4: How/why did the dingo(s) leave?

- ☐ voluntarily, for no apparent reason
- ☐ when yelled at
- ☐ when chased away
- ☐ when yelled at and chased away
- ☐ when person stopped moving/making a noise
- ☐ when person left
- ☒ other (specify) wary of rangers

### Question 5: Persons activity at time of interaction.

- ☐ Not present
- ☐ Eating/preparing food
- ☐ Sleeping
- ☒ Sitting/standing
- ☐ Walking
- ☐ Playing
- ☐ Running
- ☐ Swimming
- ☐ Fishing/bait collection
- ☐ Driving/parked vehicle
- ☐ Other

### Question 6 "Be Dingo Safe" information received prior to interaction.

- ☐ Yes ☐ No ☐ Unknown

### Question 7: Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued
- ☒ NRM ranger notified

**Details of further actions:** Trap/tag, remove, gate mods  
**Faxed/emailed date:** 26.01.2017

## Code C - Dingo Interaction Report Form



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## Code C - Dingo Interaction Report Form

Dingo ID: **2 unidentified 2016juv**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 27.01.2017<br>Time (of Interaction 24hrs): Morning and night, 0630hrs<br>How long did the interaction last:<br>Location (of Interaction): Waitura Retreat<br>Reporting Officer/s details: 7026804 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name<br>Address <small>sch 4 - personal information</small> Kingfisher Bay<br>Phone # <small>sch 4 - mobile phone</small><br>Visitor type: Resident |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Question 1: Detailed report of events.

sch 4 - personal information rang the following report into dingo hotline - Resident at sch 4 - personal information Kingfisher Bay precinct (top of hill, opposite water tank) and has seen two young dingoes, at morning and night. I contacted her at 0900hrs today - She has seen two this morning together, described as "flighty female with four socks, tagged (possibly green or red in colour), and "a more cunning male with two long socks".

sch 4 - personal information reported seeing them this morning at 0630hrs and yesterday afternoon around 1700hrs. She also stated that about 10 days ago the male came up and lay down about 2m from her, and commented that she suspects given their comfort around humans, that they have been fed.

She offered that QPWS staff were welcome to use her deck for a few hours if they needed to in an attempt to capture and remove the dingoes. I have sch 4 - personal information asked to keep an ongoing record of dingoes sighted, and report any concerning activity immediately. I have given her the Eurong office and my mobile number for this purpose.

### Question 2: What were the actions of the dingo(s) during the Interaction? *(click on box(s) to check/uncheck)*

#### Code C - Nuisance or problem.

- ☒ Loitering at recognized visitor sites (people nearby)
- ☐ Stealing food or property (specify)
- ☐ Soliciting food
- ☐ Being fed or encouraged
- ☐ Living under or in infrastructure
- ☐ Following closely (distance)
- ☐ Damaging property (specify)
- ☐ Tent ripping (vacant campsite or tent)
- ☒ Entered dingo deterrent fence line Kingfisher
- ☐ Interference with dingoes

### Question 3: Dingo identification & numbers

#### Was the dingo tagged:

- ☒ Yes ☐ No ☐ Unknown

- ☐ Right Ear ☐ Left Ear

Tag description: green or red (she wasn't wearing glasses)

a. How many dingoes present 2

b. How many dingoes involved in the Interaction (use table below)

|             | Male | Female | Sex Unknown |
|-------------|------|--------|-------------|
| Adult       |      |        |             |
| Sub adult   |      |        |             |
| Juvenile    | 1    | 1      |             |
| Pup         |      |        |             |
| Unknown Age |      |        |             |

### Question 4: How/why did the dingo(s) leave?

- ☒ voluntarily, for no apparent reason
- ☐ when yelled at
- ☐ when chased away
- ☐ when yelled at and chased away
- ☐ when person stopped moving/making a noise
- ☐ when person left
- ☐ other (specify)

### Question 5: Persons activity at time of interaction.

- ☐ Not present
- ☐ Eating/preparing food
- ☐ Sleeping
- ☒ Sitting/standing
- ☐ Walking
- ☐ Playing
- ☐ Running
- ☐ Swimming
- ☐ Fishing/bait collection
- ☐ Driving/parked vehicle
- ☐ Other

### Question 6 "Be Dingo Safe" information received prior to interaction.

- ☐ Yes ☐ No ☐ Unknown

### Question 7: Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued

## Code C - Dingo Interaction Report Form



☒ NRM ranger notified

**Details of further actions:** Monitor, trap/tag, exclude  
**Faxed/emailed date:** 28.01.2017

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## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F & UT16M**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 27/01/2017<br/> Time (of Interaction 24hrs): 0730<br/> How long did the interaction last: 10 min<br/> Location (of Interaction): Kingfisher Heights<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>Details of person(s) involved in dingo Interaction.</b></p> <p>Name <span style="float: right;">sch 4 - personal information</span><br/> Addre<br/> Phone # <span style="float: right;">sch 4 - mobile phone</span><br/> Visitor type: Independant</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Preliminary report forwarded as a Code D - personal information message on dingo hotline - regularly seeing dingoes up to 0730hrs and then again after 1630hrs. Her husband was allegedly followed by two dingoes and "snarled at". NRM ranger spoke to <span style="float: right;">sch 4 - personal information</span> who confirmed the interaction however stated that it was not a threatening interaction and that the dingo with collar had vocalised and he had hit it with a stick when it followed him to drop rubbish at the bin. He said the dingo had not showed its teeth or growled in a manner that made him consider it a threat. It had vocalised only and he was concerned that the dingo was becoming habituated. QPWS Rangers spoke to them at their property last week regarding dingo safety. No dingoes have been seen inside the fence during the last 24 hours.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                              |        |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input checked="" type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input checked="" type="checkbox"/> Following closely (distance) 2m<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description: 16Orange16F</p> <p>a. How many dingoes present    2</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Other dingo is an untagged male</p> |                                                                                                                                                                                                                                                              | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input checked="" type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) hit the dingo with a stick</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input checked="" type="checkbox"/> Other taking rubbish to the bins</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Both dingoes are now outside the fenced area<br/> <b>Faxed/emailed date:</b> 30/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Male                                                                                                                                                                                                                                                         | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                              |        |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                              |        |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                                                                                                                                                                                                            | 1      |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                              |        |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                              |        |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## Code C - Dingo Interaction Report Form



Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **Two unidentified**

Management Area (NRM use only): **Dilli-Eur**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 28.01.2017<br/> Time (of Interaction 24hrs): 1730hrs<br/> How long did the interaction last:<br/> Location (of Interaction): Eurong resort beachfront<br/> Reporting Officer/s details: 7026804</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: Witness <small>sch 4 - personal information</small><br/> Address: Palace<br/> Phone # <small>sch 4 - mobile phone</small><br/> Visitor type: Unknown</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Tasked with towing a broken down Palace car back to the mainland, Palace staff member <small>sch 4 - personal information</small> was travelling along Eurong beachfront when he allegedly witnessed an unidentified dingo within 2m of a fisherman. Another dingo was present on Eurong beachfront, but not directly involved in this interaction. <small>sch 4 - personal information</small> stated that the protagonist dingo was acting "aggressively towards the fisherman, with its tail up and ready to attack". No mention was made with respect to bared teeth or other behaviours. <small>sch 4 - personal information</small> did not stop as the sand too soft with the vehicle being towed. Apparently the fisherman kicked sand at the dingo - unsure of the dingo's response. <small>sch 4 - personal information</small> stated that the offending dingo was lighter in colour and did not note any tag. He was unable to provide any identifying descriptors about the fisherman or his vehicle. Interaction classed as Code C due to passing observation and not a direct report from person involved.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input checked="" type="checkbox"/> Following closely (distance) 2m<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present    2</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr> <tr> <td>Adult</td><td></td><td></td><td></td></tr> <tr> <td>Sub adult</td><td></td><td></td><td></td></tr> <tr> <td>Juvenile</td><td></td><td></td><td></td></tr> <tr> <td>Pup</td><td></td><td></td><td></td></tr> <tr> <td>Unknown Age</td><td></td><td></td><td>2</td></tr> </table> |                                                                                                                                                                                                                                   | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  |  | Pup |  |  |  | Unknown Age |  |  | 2 | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) didn't leave</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input checked="" type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Morning and afternoon patrols of Eurong beachfront, trap and tag UT16<br/> <b>Faxed/emailed date:</b> 30.01.2017</p> |
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| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |  |  |     |  |  |  |             |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UT2016M**

Management Area (NRM use only): **Dilli-Eur**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 27.01.2017<br/> Time (of Interaction 24hrs): 1755hrs<br/> How long did the interaction last: a few minutes<br/> Location (of Interaction): Eurong beachfront<br/> Reporting Officer/s details: 7026804</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: _____<br/> Address: _____ sch 4 - personal information<br/> Phone #: _____ sch 4 - mobile phone sch 4 - personal information<br/> Visitor type: Independent</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Rangers 7028120 and 1422562 were walking on the beach in plain clothes after work when they observed a vehicle stopped near an untagged dingo that had earlier trotted past them. A woman exited the vehicle and allegedly offered in her hand a slice of bread towards the dingo, who did not approach. The woman then left the bread on the beach and returned into the vehicle. The dingo did not approach to take the bread. The rangers contacted me to report the observation and for advice on action. I advised that they could introduce themselves as rangers and gather as much information as possible for follow up (persons only provided phone number, no name). An admission was allegedly made in that they argued to the effect of "but you did see us pick it (the bread) up and take it back".</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                          |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i><br/> <b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input checked="" type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:<br/> <br/> a. How many dingoes present    1<br/> b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                          | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input checked="" type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Will conduct interview of persons and decide compliance action from there.<br/> <b>Faxed/emailed date:</b> 28.01.2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Male                                                                                                                                                                                                                                     | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16f**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 29-1-2017<br/> Time (of Interaction 24hrs): 0730<br/> How long did the interaction last: 1 min<br/> Location (of Interaction): Kingfisher Bay Resort south of Jetty hut<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: Kingfisher Ranger<br/> Address: Kingfisher<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>At approximately 730 hr, I observed a dingo loitering near the gate to the south of the Jetty Hut. The female dingo was described as having a collar and an orange number 16 tag. I suspected the dingo was trying to get out so she propped open the large access gate using a chair and walked out through the gate. The dingo followed me and walked around and closed the gate behind the dingo.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line exiting<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: 16Orange16F</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                       | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) followed staff member through the gate</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Investigate double gating high use gates<br/> <b>Faxed/emailed date:</b> 30/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Male                                                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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## Code C - Dingo Interaction Report Form

Dingo ID: **Unidentified**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 29-1-2017<br/> Time (of Interaction 24hrs): 0730<br/> How long did the interaction last: 1 min<br/> Location (of Interaction): Kingfisher Bay Resort<br/> Reporting Officer/s details: 7026480</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: Unknown<br/> Address:<br/> Phone #:<br/> Visitor type: Unknown</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>At 730 hrs I was inspecting the fence on the western beach front of Kingfisher Bay Resort when I witnessed a dingo exiting the fenced area via the pedestrian gate directly north of the jetty. Guests had recently used the gate and the gate was slow on returning. The guests were a distance from the incident and were unaware. On inspection the gate had a build-up of sand at the base and on removal of the sand the gate shut efficiently. The dingo disappeared before I could identify it but it didn't have a collar and a tag was not observed. QPWS ranger followed the tracks south until they disappeared into the bush at the south west corner of the fence line.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                             |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line exiting<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input checked="" type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td style="text-align: center;">1</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                             | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input checked="" type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   click to select</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Investigate double gating high use gates<br/> <b>Faxed/emailed date:</b> 30/01/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Male                                                                                                                                        | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 01/02/2017<br/> Time (of Interaction 24hrs): Between 2100 - 0630hrs<br/> How long did the interaction last:<br/> Location (of Interaction): KBRV FA<br/> Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: 1423683<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>After trapping of 16Orange16F she was released outside the fenced area at approximately 2100hrs.<br/> 16Orange16F was sighted back inside the fence line at approx. 0630 hrs by QPWS staff.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: 16Orange</p> <p>a. How many dingoes present   <b>1</b></p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr> </thead> <tbody> <tr> <td>Adult</td><td></td><td></td><td></td></tr> <tr> <td>Sub adult</td><td></td><td></td><td></td></tr> <tr> <td>Juvenile</td><td></td><td>1</td><td></td></tr> <tr> <td>Pup</td><td></td><td></td><td></td></tr> <tr> <td>Unknown Age</td><td></td><td></td><td></td></tr> </tbody> </table> <p>16Orange16F</p> |                                                                                                                                                   | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) continued to loiter inside the resort fence</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input checked="" type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   Other</p> <p>QPWS staff</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> conducted a fence inspection, installed trail camera on possible entry site<br/> <b>Faxed/emailed date:</b> 03/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Male                                                                                                                                              | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 1-2-2017<br/> Time (of Interaction 24hrs): 0730<br/> How long did the interaction last: 1 min<br/> Location (of Interaction): Kingfisher Bay Resort - Maheno restaurant<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> <b>Name:</b> personal information Kingfisher Ranger<br/> <b>Address:</b> Kingfisher<br/> <b>Phone #</b> sch 4 - mobile phone<br/> <b>Visitor type:</b> Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>At approximately 1400 hrs - personal information observed a dingo loitering enter the veranda area of the Maheno restaurant. The dingo then came inside via an open door and moved through the eating area before a staff shooed it back out through a door on the opposite side of the room. Guests were in the restaurant at the time.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                            |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Male                                                                                                                                                                                                                                       | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16White16F**

Management Area (NRM use only): **LM Unfenced**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 1/2/2017<br/> Time (of Interaction 24hrs): 0915<br/> How long did the interaction last: 4 minutes<br/> Location (of Interaction): Lake McKenzie beach<br/> Reporting Officer/s details: 1424194</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: 1424194<br/> Address: Eurong<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While I was patrolling the beach at Lake McKenzie (heading in a westerly direction), I noticed a dingo approximately 100 metres away, up near the trees/bush, travelling in an easterly direction. The dingo got to about 20 metres away from me (which is when I noticed the white tag in the right ear &amp; a collar with an antenna), and then turned left and headed into the scrub.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: White</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction<br/> (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td style="text-align: center;">x</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                          | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | x |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by Ranger</p> <p>Witnessed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue to monitor the area<br/> <b>Faxed/emailed date:</b> 2/2/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Male                                                                                                                                                     | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UT16F**

Management Area (NRM use only): **Eur-Poy**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 01/02/2017<br/> Time (of Interaction 24hrs): 16:40<br/> How long did the interaction last: 1 min<br/> Location (of Interaction): Plane landing area north of Eurong, -25.49819, 153.132973<br/> Reporting Officer/s details: 7027110</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: 7027110<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Male adult person was sitting looking at their while waiting for the plane. An untagged juvenile female dingo approached within 1 m before it was noticed. No aggression was displayed by the dingo.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear</p> <p>Tag description:</p> <p>a. How many dingoes present   click to select</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                   | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input checked="" type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Trap and tag habituated dingoes<br/> <b>Faxed/emailed date:</b> 02/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Male                                                                                                                                              | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UTJUV16M**

Management Area (NRM use only): **Waddy-Con**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 1/2/17<br/>Time (of Interaction 24hrs): 1753<br/>How long did the interaction last: 10mins<br/>Location (of Interaction): Beachfront 100m sth of Nth Orchid access track<br/>Reporting Officer/s details: 7028728</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Details of person(s) involved in dingo Interaction.</b><br/>Name:<br/>Address:<br/>Phone #:<br/>Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Ranger 7028728 was observing an untagged male juvenile dingo near the Nth access track to the Orchid township when it noticed a group of people worming 100m south. The dingo started trotting towards the group and came within 15m of their vehicles. When the wormers noticed the dingo they made their way back to the vehicle and started taking photos of the dingo. The ranger arrived at their location and the dingo headed south 30 metres then into the water where it dragged out a dead sting-ray. As the ranger was giving a brief to the group the dingo lost interest in the sting-ray and made its way back towards the vehicles, stopped briefly and then continued north up the beach.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/><input type="checkbox"/> Stealing food or property (specify)<br/><input type="checkbox"/> Soliciting food<br/><input type="checkbox"/> Being fed or encouraged<br/><input type="checkbox"/> Living under or in infrastructure<br/><input type="checkbox"/> Following closely (distance)<br/><input type="checkbox"/> Damaging property (specify)<br/><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/><input type="checkbox"/> Entered dingo deterrent fence line<br/><input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/><input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/>Tag description:</p> <p>a. How many dingoes present 1<br/>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1"><thead><tr><th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr></thead><tbody><tr><td>Adult</td><td></td><td></td><td></td></tr><tr><td>Sub adult</td><td></td><td></td><td></td></tr><tr><td>Juvenile</td><td>1</td><td></td><td></td></tr><tr><td>Pup</td><td></td><td></td><td></td></tr><tr><td>Unknown Age</td><td></td><td></td><td></td></tr></tbody></table> |                                                                                                                                       | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/><input type="checkbox"/> when yelled at<br/><input type="checkbox"/> when chased away<br/><input type="checkbox"/> when yelled at and chased away<br/><input type="checkbox"/> when person stopped moving/making a noise<br/><input type="checkbox"/> when person left<br/><input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/><input type="checkbox"/> Eating/preparing food<br/><input type="checkbox"/> Sleeping<br/><input type="checkbox"/> Sitting/standing<br/><input type="checkbox"/> Walking<br/><input type="checkbox"/> Playing<br/><input type="checkbox"/> Running<br/><input type="checkbox"/> Swimming<br/><input checked="" type="checkbox"/> Fishing/bait collection<br/><input type="checkbox"/> Driving/parked vehicle<br/><input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No click to select</p> <p>Ranger provided dingo safe brief highlighting the importance of bait security on the beach</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/><input type="checkbox"/> PIN Issued<br/><input checked="" type="checkbox"/> NRM ranger notified</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Male                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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## Code C - Dingo Interaction Report Form



**Details of further actions:** Continue  
**Faxed/emailed date:** 2/2/17

Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 2-2-2017<br/> Time (of Interaction 24hrs): 0730<br/> How long did the interaction last: 1 min<br/> Location (of Interaction): Kingfisher Bay Resort - Maheno restaurant<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name - personal information: Kingfisher Ranger<br/> Address: Kingfisher<br/> Phone # sch 4 - mobile phone<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>At approximately 0900 hrs - personal information: dingo enter the Maheno restaurant. The dingo moved through the eating area before a staff shooed it back out through a door. Guests were in the restaurant at the time.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line inside building<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: 16Orange16F</p> <p>a. How many dingoes present   <b>1</b></p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr> </thead> <tbody> <tr> <td>Adult</td><td></td><td></td><td></td></tr> <tr> <td>Sub adult</td><td></td><td></td><td></td></tr> <tr> <td>Juvenile</td><td></td><td style="text-align: center;">1</td><td></td></tr> <tr> <td>Pup</td><td></td><td></td><td></td></tr> <tr> <td>Unknown Age</td><td></td><td></td><td></td></tr> </tbody> </table> |                                                                                                                                                                                                                  | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input checked="" type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input checked="" type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by tour operator<br/> all staff and visitors are briefed on arrival</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Install double gating at high use gates and fence improvements<br/> <b>Faxed/emailed date:</b> 2/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Male                                                                                                                                                                                                             | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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## Code C - Dingo Interaction Report Form

Dingo ID: **Unidentified x 4**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 09/02/2017<br/> Time (of Interaction 24hrs): 2300<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): Kingfisher staff village #60<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: sch 4 - personal information<br/> Address: KBRV<br/> Phone #: sch 4 - mobile phone<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Female staff member was approached by 4 dingoes. They approached to within 15 meters and would not back away when yelled at. Witness was not at ease due to the bold behaviour of the dingoes and returned to her room.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |  |   |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Male                                                                                                                                                                                            | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |  |   |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UT16**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 02/02/2017<br/> Time (of Interaction 24hrs): 1900<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): KBRV Seabelle Restaurnt<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: _____<br/> Address: sch 4 - personal information<br/> Phone #: _____<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Dingo was observed loitering near Seabelle Restaurant. The dingo circled the tables of diners then stood just off the verandah looking like it was expecting someone to toss it some food.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify) _____<br/> <input checked="" type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify) _____<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: _____</p> <p>a. How many dingoes present    <b>1</b></p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Described as having long socks</p> |                                                                                                                                                                                   | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify) _____</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input checked="" type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Fencing modifications made and KBRV staff briefed on dingo safety.<br/> <b>Distribution date:</b> 17/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Male                                                                                                                                                                              | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                   |        | 1           |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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## Code C - Dingo Interaction Report Form

Dingo ID: **C**

Management Area (NRM use only): **Eur-Poy**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 02/02/17<br/> Time (of Interaction 24hrs): 06:00<br/> How long did the interaction last: 1-3mins<br/> Location (of Interaction): OTR Beachfront, plane landing<br/> Reporting Officer/s details: 7028020</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: QPWS Employee<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>UT16f observed loitering around the plan landing area at OTR beachfront. Dingo sniffing front bumpers of parked behicles, approaching vehicles and people. Difficult to deter.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input checked="" type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present    <b>1</b></p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr> </thead> <tbody> <tr> <td>Adult</td><td></td><td></td><td></td></tr> <tr> <td>Sub adult</td><td></td><td></td><td></td></tr> <tr> <td>Juvenile</td><td></td><td style="text-align: center;">1</td><td></td></tr> <tr> <td>Pup</td><td></td><td></td><td></td></tr> <tr> <td>Unknown Age</td><td></td><td></td><td></td></tr> </tbody> </table> |                                                                                                                                                         | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) Plane left</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input checked="" type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Other</p> <p>QPWS and Air Fraser Employees</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Trap &amp; tag habituated dingoes. Continue monitoring behaviour of visitors and dingoes.<br/> <b>Faxed/emailed date:</b> 2/2/17</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Male                                                                                                                                                    | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                         |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                         | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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## Code C - Dingo Interaction Report Form

Dingo ID: **UTJuv16M x 3**

Management Area (NRM use only): **Waddy-Con**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 3/2/17<br/> Time (of Interaction 24hrs): 1838<br/> How long did the interaction last: 10 mins<br/> Location (of Interaction): Waddy Pt beachfront 500m nth of northern access track Orchid beach village<br/> Reporting Officer/s details: 7028728</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: 7028728<br/> Address:<br/> Phone #:<br/> Visitor type: QPWS employee</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While heading south down the beach Ranger 7028728 noticed from a distance 3 dingoes at the location of a previous interaction (Code C_20170203_UT16M_Waddy-Con_Soliciting food) which had the remnant smell of where fish had been cleaned. They were identified as 3 untagged Juvenile male dingoes. The dingoes could be shooed back to the foredunes but would soon return when the ranger left the area. This was repeated a number of times.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present   3</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td>3</td> <td></td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                   | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 3 |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) Ranger left the area</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   click to select</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b>Continued evening patrols and briefings<br/> <b>Faxed/emailed date:</b> 4/2/17</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Male                                                                                                                                              | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                   |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

## Code C - Dingo Interaction Report Form



Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **UTJuv16M**

Management Area (NRM use only): **Waddy-Con**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 3/2/17<br/> Time (of Interaction 24hrs): 1800<br/> How long did the interaction last: 15mins<br/> Location (of Interaction): Waddy Pt beachfront 500m nth of northern access track Orchid beach village<br/> Reporting Officer/s details: 7028728</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: sch 4 - personal information<br/> Address: Hervey Bay<br/> Phone #: sch 4 - mobile phone<br/> Visitor type: Independant</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>While on patrol Ranger 7028728 observed a fisherman cleaning fish on the beach with a dingo within 15 metres of his vehicle. On approach the man was walking towards the dingo with a camera to take a photo. He was advised that approaching a dingo was an offence and that any photos need to be taken from a vehicle. The ranger then noticed that near the bumper of his vehicle there were fish scraps lying on the sand, he was directed to dispose of those correctly, while this was occurring the dingo was moving around the vehicle at a distance of approximately 10 metres. The dingo was identified as an untagged male juvenile. as given a comprehensive brief on dingo safety including food/bait security and deterring dingoes. The dingo was shooed away but would only retreat a distance of 20 metres before stopping and slowly coming back, then packed up his gear and left the site. The dingo immediately returned to where the vehicle had been and was sniffing and digging at the ground. Again the dingo was not easily deterred from the area.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                      |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input checked="" type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr> </thead> <tbody> <tr> <td>Adult</td><td></td><td></td><td></td></tr> <tr> <td>Sub adult</td><td></td><td></td><td></td></tr> <tr> <td>Juvenile</td><td>1</td><td></td><td></td></tr> <tr> <td>Pup</td><td></td><td></td><td></td></tr> <tr> <td>Unknown Age</td><td></td><td></td><td></td></tr> </tbody> </table> |                                                                                                                                                                                                      | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) Ranger continued patrol after numerous unsuccessful attempts at moving the dingo on</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input checked="" type="checkbox"/> Other Cleaning fish</p> <p><b>Question 6 "Be Dingo Safe"</b> information received prior to interaction.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Other</p> <p>Previous trips to the island, advised he had dingo knowledge as he was part of the dingo group at Hervey Bay</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Male                                                                                                                                                                                                 | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                      |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                      |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |



## Code C - Dingo Interaction Report Form

**Question 7:** Follow up actions.

- ☐ NTC Issued
- ☐ PIN Issued
- ☒ NRM ranger notified

**Details of further actions:** Continued evening patrols  
**Faxed/emailed date:** 4/2/17

Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **UT16M & Tagged16**

Management Area (NRM use only): **KBRV Fa**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 09/02/2017<br/> Time (of Interaction 24hrs): 0930 am<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): Kingfisher staff village<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: sch 4 - personal information<br/> Address: KBRV<br/> Phone #: sch 4 - mobile phone<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Female staff member was approached by a dingo. She started to back away but then another dingo came and wouldn't leave her alone. It approached to within 1 meter. Witness kept walking backwards holding a stick. She called a friend who then chased the dingo off. One of the dingoes was not timid at all, the other one was.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |   |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input checked="" type="checkbox"/> Following closely (distance) 1m<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: 1 tagged, one not. Untagged dingo with one long sock</p> <p>a. How many dingoes present    2</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr> </thead> <tbody> <tr> <td>Adult</td><td></td><td></td><td></td></tr> <tr> <td>Sub adult</td><td></td><td></td><td></td></tr> <tr> <td>Juvenile</td><td style="text-align: center;">1</td><td></td><td style="text-align: center;">1</td></tr> <tr> <td>Pup</td><td></td><td></td><td></td></tr> <tr> <td>Unknown Age</td><td></td><td></td><td></td></tr> </tbody> </table> |                                                                                                                                                                                                 | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input checked="" type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by tour operator</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Fencing modifications made and KBRV staff briefed on dingo safety.<br/> <b>Distribution date:</b> 17/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Male                                                                                                                                                                                            | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |   |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |   |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                                                                                                                                                                                               |        | 1           |             |       |  |  |  |           |  |  |  |          |   |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |   |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |   |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Code C - Dingo Interaction Report Form

Dingo ID: **Untagged 16M**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 12/02/2017<br/> Time (of Interaction 24hrs): 0813<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): KBRV staff accommodation<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: _____<br/> Addre: sch 4 - personal information<br/> Phone #: _____<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|-------------|-------|--|--|--|-----------|--|--|--|----------|---|--|--|-----|--|--|--|-------------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Question 1:</b> Detailed report of events.</p> <p>Dingo was observed loitering near staff accommodation. No threatening behaviour observed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify) _____<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify) _____<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear</p> <p>Tag description: Juvenile male with long sock right leg</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="text-align: center;">  </div> |                                                                                                                                                                                 | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify) _____</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Briefed by tour operator</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Fencing modifications made and KBRV staff briefed on dingo safety.<br/> <b>Distribution date:</b> 17/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Male                                                                                                                                                                            | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 11/02/2017<br/> Time (of Interaction 24hrs): 1930<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): KBRV Dingo bar<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Names sch 4 - personal information<br/> Address: KBRV<br/> Phone # sch 4 - personal information<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Dingo was observed loitering near Dingo bar. Witness tried to shoo the animal away but it payed him very little attention. When the dingo came onto the deck area the same staff member used water from the fire hose to make it go away. No threatening behaviour observed. The following day when witness observed the animal it was not concerned with other people, when he moved towards it the dingo moved away quickly.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                        |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input checked="" type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: Orange, also collared</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Juvenile female identified by witness as 16Orange16F</p> |                                                                                                                                                                                                        | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) Sprayed with a fire hose</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input checked="" type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input checked="" type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Fencing modifications made and KBRV staff briefed on dingo safety.<br/> <b>Distribution date:</b> 17/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Male                                                                                                                                                                                                   | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                        |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                        |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                        | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                        |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                        |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## Code C

| Question                                                      | Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Code C - Dingo Interaction Report Form</b>                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Dingo ID                                                      | UT16M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Management Area                                               | KBRV Fa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date                                                          | 11/2/17, 6:15 pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| How long did the interaction last                             | 5 min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Location                                                      | Sand bar, Kingfisher Bay Resort<br>(-25.39011650791587, 153.0298088742166)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Reporting Officer/s details                                   | 1423322                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Details of the person(s) involved in dingo interaction</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Name                                                          | sch 4 - personal information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Address                                                       | Kingfisher resort                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Phone number                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Witness type                                                  | Commercial tour operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Detailed report of events.</b>                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| What were the actions of the dingo(s) during the interaction  | soliciting food                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Description of interaction                                    | Untagged juvenile male approached the Sand bar along the footpath. A family walking the opposite direction moved to the side and the dingo passed without paying them any attention. The dingo then entered the bistro area of the restaurant and approach a family of four unnoticed. The family was eating pizza and the dingo sat on the floor between the chairs of the mother and daughter. The dingo had it's head raised and was still unnoticed by the family. A witness observed the dingo move slightly closer to the mother until it was within 20 cm of her leg still with its head raised. A resort staff member then approached and shooed the animal away. |
| Dingo identification                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Dingo ID</b>                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Gender                                                        | Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Age                                                           | Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| Question                                | Response                                                                                                                      |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Was the dingo tagged                    | No                                                                                                                            |
| How/why did the dingo(s) leave?         | when chased away                                                                                                              |
| Persons activity at time of interaction | eating/preparing food, siting/standing                                                                                        |
| Details                                 | Four persons sitting at a table eating                                                                                        |
| Relevant photos                         |                                                                                                                               |
| Follow-up action                        | NRM ranger notified                                                                                                           |
| Details of further action               | Compulsory dingo safety talk organised with KBRV staff. Fix fencing issues and relocate all dingoes outside fenced area ASAP. |
| Date distributed                        | 15/2/17                                                                                                                       |

## Code C - Dingo Interaction Report Form

Dingo ID: **16O16F, 16W16F, UT**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 12/02/2017<br/> Time (of Interaction 24hrs): 0445 am<br/> How long did the interaction last: 15 min<br/> Location (of Interaction): KBRV between staff village and resort<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name <small>sch 4 - personal information</small><br/> Address: KBRV<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Two female staff members exited their room and observed a dingo outside the door. A second dingo appeared to come from under their building and followed them to another room. Three staff members then left that room five minutes later and the dingoes followed them to the top of the hill. A third dingo was then observed and the three female staff members were followed down to the resort by the three dingoes. Dingoes including the two tagged juveniles and an untagged juvenile. Behaviour was described as curious.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                          |        |             |             |       |  |  |  |           |  |  |  |          |  |   |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input checked="" type="checkbox"/> Living under or in infrastructure<br/> <input checked="" type="checkbox"/> Following closely (distance) 1m<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: 2 tagged, one not.</p> <p>a. How many dingoes present    3</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>2</td> <td>1</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                          | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 2 | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) staff entered building</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by tour operator</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Fencing modifications made and KBRV staff briefed on dingo safety.<br/> <b>Distribution date:</b> 17/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Male                                                                                                                                                                                     | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |        |             |             |       |  |  |  |           |  |  |  |          |  |   |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                          | 2      | 1           |             |       |  |  |  |           |  |  |  |          |  |   |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                          |        |             |             |       |  |  |  |           |  |  |  |          |  |   |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16White16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 12/02/2017<br/> Time (of Interaction 24hrs): 1930<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): KBRV Dingo bar<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: [redacted] - personal information<br/> Address: KBRV<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Dingo was loitering near the dingo Bar before being chased away by staff member.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: White, also had a collar</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Both front paws white consitant with 16White16F</p> |                                                                                                                                                                                 | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input checked="" type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input checked="" type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by tour operator</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Fencing modifications made and KBRV staff briefed on dingo safety.<br/> <b>Distribution date:</b> 17/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Male                                                                                                                                                                            | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                 |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Code C - Dingo Interaction Report Form

Dingo ID: **Tagged 16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 12/02/2017<br/> Time (of Interaction 24hrs): 1000<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): KBRV staff accommodation<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name sch 4 - personal information<br/> Address: KBRV<br/> Phone # sch 4 - mobile phone<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Dingo was observed loitering near staff accommodation. No threatening behaviour observed. Dingo left after a short period.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description: also collared</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Juvenile female with short sock on both front legs.<br/> 16W16F or 16O16F.</p> |                                                                                                                                                                                               | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Briefed by tour operator</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Fencing modifications made and KBRV staff briefed on dingo safety.<br/> <b>Distribution date:</b> 17/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Male                                                                                                                                                                                          | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                               |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## Code C - Dingo Interaction Report Form

Dingo ID: **UT16M & 2 Unidentified**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 12/02/2017<br/> Time (of Interaction 24hrs): 2200<br/> How long did the interaction last: 1 min<br/> Location (of Interaction): KBRV staff accomodation<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Nam sch 4 - personal information<br/> Address: KBRV<br/> Phone sch 4 - mobile phone<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Two dingoes were observed near room 37 in the staff village. They approached the witness before being chased off by the smaller male dingo with the high right sock. No threatening behaviour towards witness was observed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                            |        |             |             |       |  |  |  |           |  |  |  |          |   |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present 3<br/> b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td>1</td> <td></td> <td>2</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Juvenile male with long right sock</p> |                                                                                                                                                                                            | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 |  | 2 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) chased away by male dingo</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Briefed by tour operator</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Fencing modifications made and KBRV staff briefed on dingo safety.<br/> <b>Distribution date:</b> 17/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Male                                                                                                                                                                                       | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV Fa**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 13/02/2016<br/> Time (of Interaction 24hrs): 05:59am<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): Jetty hut vehicle gate<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: _____<br/> Address: _____ sch 4 - personal information<br/> Phone #: _____ sch 4 - mobile phone<br/> Visitor type: Tour participant</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Email received from Kingfisher resort Duty manager with photographs supplied by a guest. Juvenile dingo identified as 16Orange16F was observed exiting the KBRV area through an open gate. NRM Ranger spoke to witness who stated that the dingo was loitering near the gate so she opened it and the dingo exited the fenced area onto the beach.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                  |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify) _____<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify) _____<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear    <input type="checkbox"/> Left Ear<br/> Tag description: Orange (identified by photo)</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                                  | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) witness opened gate to let it out</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    Briefed by tour operator</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Install double gates<br/> <b>Distribution date:</b> 14/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Male                                                                                                                                                                                                             | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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# Code C - Dingo Interaction Report Form



## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F & Unidentified16M**

Management Area (NRM use only): **KBRV Fa**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 14/02/2016<br/> Time (of Interaction 24hrs): 07:10am<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): Kingfisher resort Vila 710<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: sch 4 - personal information<br/> Address: sch 4 - mobile phone<br/> Phone # sch 4 - mobile phone<br/> Visitor type: Tour participant</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Email received from witness stating she had just spotted 2 Dingos in front of the Vila at 710, one came right up close and had a sniff at us and our stuff then ran off, this dingo had an orange tag on its ear and yellow and green collar (identified as 16O16F), the other one didn't get close enough but was definitely a male. Please note that 16O16F was known to outside the fence on the 13/02/2017.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |        |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line KBRV<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description: Orange (identified by witness)</p> <p>a. How many dingoes present 2</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th><th>Male</th><th>Female</th><th>Sex Unknown</th></tr> </thead> <tbody> <tr> <td>Adult</td><td></td><td></td><td></td></tr> <tr> <td>Sub adult</td><td></td><td></td><td></td></tr> <tr> <td>Juvenile</td><td>1</td><td>1</td><td></td></tr> <tr> <td>Pup</td><td></td><td></td><td></td></tr> <tr> <td>Unknown Age</td><td></td><td></td><td></td></tr> </tbody> </table> |                                                                                                                                                                                                                    | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Install double gates, improve fencing<br/> <b>Distribution date:</b> 14/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Male                                                                                                                                                                                                               | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16O16F & UT16M**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 17/02/2017<br/> Time (of Interaction 24hrs): 0730 hrs<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): Kingfisher Bay fenced area<br/> Dingo bar<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: Kingfisher Staff<br/> Address:<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Received from Dingo Ranger Email - Untagged male (long socks) stayed away, Orange tag female tried to come onto the deck of the dingo bar until a staff member used the hose to deter the animal.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: 16Orange16F</p> <p>a. How many dingoes present    2</p> <p>b. How many dingoes involved in the Interaction<br/> (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                           | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) hosed</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input checked="" type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> report is 4 weeks old</p> <p><b>Distribution date:</b> 16/03/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Male                                                                                                                                                      | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                                                                                                         | 1      |             |             |       |  |  |  |           |  |  |  |          |   |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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## Code C - Dingo Interaction Report Form

Dingo ID: **Tagged16**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 17/02/2017<br/> Time (of Interaction 24hrs): 2200 hrs<br/> How long did the interaction last: 5 min.<br/> Location (of Interaction): Kingfisher Bay fenced area<br/> Villa 548<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: Kingfisher Staff<br/> Address:<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Receive from Dingo Ranger Email - Dingo observed, calm, sitting down, more scared of staff than us of it.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                           |        |             |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i><br/> <b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: to dark to see</p> <p>a. How many dingoes present   <b>1</b></p> <p>b. How many dingoes involved in the Interaction<br/> (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td></td> <td style="text-align: center;">1</td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                           | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  |  | 1 | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> report is weeks old</p> <p><b>Distribution date:</b> 16/03/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Male                                                                                                                                                      | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |  |   |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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## Code C - Dingo Interaction Report Form

Dingo ID: **Untagged 16M**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 18/02/2017<br/> Time (of Interaction 24hrs): 0530<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): KBRV Sand bar<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name:<br/> Address: resort_admin@kingfisherbay.com<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Dingo was observed loitering near Sandbar. No threatening behaviour observed. Dingo was hanging in the bracken fern not causing an issue.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                         |        |             |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: Juvenile male with long sock right leg<br/> a. How many dingoes present    1<br/> b. How many dingoes involved in the Interaction</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                         | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile | 1 |  |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input checked="" type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> “Be Dingo Safe” information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> This dingo was tagged and removed from fence area<br/> <b>Distribution date:</b> 17/3/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Male                                                                                                                                                                    | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |   |  |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 20/02/2017<br/> Time (of Interaction 24hrs): During last 24 hours<br/> How long did the interaction last:<br/> Location (of Interaction): KBRV FA<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name:<br/> Address: sch 4 - personal information<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>After confirming 16Orange16F was outside the fenced area on the 19/02/2017, 16Orange16F was sighted back inside the fence line at approx. 1200 hrs by resort staff. The circumstances of how the dingo entered are not known at present.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input checked="" type="checkbox"/> Entered dingo deterrent fence line unknown entry location<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: 16Orange</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>16Orange16F</p> |                                                                                                                                                                       | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   Briefed by Ranger</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Kingfisher management notified of resort staff intentionally propping gates open, in one case for approximately 1 hour.<br/> <b>Faxed/emailed date:</b> 21/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Male                                                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                       | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 20/02/2017<br/> Time (of Interaction 24hrs): 1600<br/> How long did the interaction last: 5 min<br/> Location (of Interaction): KBRV FA<br/> Reporting Officer/s details: 1423322</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name:<br/> Address: sch 4 - personal information<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Dingo walked under the deck, went up the path to front door of villa 515 and stole a shoe.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                       |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input checked="" type="checkbox"/> Stealing food or property (specify) Shoe<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description: 16Orange</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>16Orange16F, wearing a collar</p> |                                                                                                                                                                       | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input checked="" type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Briefed by tour operator</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Dingo was euthanised for high risk behaviour<br/> <b>Faxed/emailed date:</b> 17/03/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Male                                                                                                                                                                  | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

| <p>Date (of Interaction): 25/02/2017<br/> Time (of Interaction 24hrs): 0910 hrs<br/> How long did the interaction last: less than 1 min.<br/> Location (of Interaction): Kingfisher Bay fenced area near Jetty<br/> Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: [redacted] - personal information<br/> Address:<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Receive from Dingo Ranger Email - This morning (Sat 25 Feb) the orange tag dingo was let outside the large gate by Sunset Bar at approximately 9.10am and slowly made her way south along the beach, not paying much attention to the people that were about, but more sniffing around the dunes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                            |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: Orange</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>16Orange16F</p> |                                                                                                                                                                            | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) when let out the gate</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input checked="" type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6 "Be Dingo Safe" information received prior to interaction.</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> continue patrols and opportunistic briefings in the area</p> <p><b>Distribution date:</b> 28/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Male                                                                                                                                                                       | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Sub adult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                            |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Juvenile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                            | 1      |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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## Code C - Dingo Interaction Report Form



Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **Dund-MJ**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 26/02/2017<br/> Time (of Interaction 24hrs): 16:50hrs<br/> How long did the interaction last: approx 5 mins<br/> Location (of Interaction): Kingfisher Bay beachfront<br/> Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name: [redacted] - personal information<br/> Address:<br/> Phone #:<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>Reported through Dingo Ranger Email - At approx 4.50pm Sun 26 Feb, a female dingo with an orange tag was hanging around outside the fence on Sunset Beach. The dingo followed two people walking who continually had to shoo the dingo off with a stick. This continued for around five minutes. The dingo then got distracted by something in the bushes and moved on.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                            |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i></p> <p><b>Code C - Nuisance or problem.</b></p> <p><input checked="" type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes</p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear   <input type="checkbox"/> Left Ear<br/> Tag description: Orange tag</p> <p>a. How many dingoes present    1</p> <p>b. How many dingoes involved in the Interaction<br/> (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>16Orange16F</p> |                                                                                                                                                                            | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p><input type="checkbox"/> voluntarily, for no apparent reason<br/> <input checked="" type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input type="checkbox"/> other (specify)</p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p><input type="checkbox"/> Not present<br/> <input type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input checked="" type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other</p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p><b>Question 7:</b> Follow up actions.</p> <p><input type="checkbox"/> NTC Issued<br/> <input type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified</p> <p><b>Details of further actions:</b> Continue regular patrols and opportunistic briefings<br/> <b>Distribution date:</b> 28/02/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Male                                                                                                                                                                       | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                            |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening – growling, snarling, dominant towards humans. E: High Risk – nipping, biting, attacking*

|                                                                                                                                                                                                                                       |                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date (of Interaction): 27/02/2017<br>Time (of Interaction 24hrs): 19:30hrs<br>How long did the interaction last: under 1 min.<br>Location (of Interaction): Kingfisher Bay Resort Fenced area<br>Reporting Officer/s details: 1423683 | <b>Details of person(s) involved in dingo Interaction.</b><br>Name: sch 4 - personal information<br>Address:<br>Phone #:<br>Visitor type: Resort staff |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

### Question 1: Detailed report of events.

Information received from Dingo Ranger Email.

was jogging to her room at about 7.30pm when she saw a dingo running through the leaf litter, (identified as 16Orange16F), she clapped her hands and shouted at the dingo and the dingo moved on.

| <b>Question 2: What were the actions of the dingo(s) during the Interaction? (click on box(s) to check/uncheck)</b><br><b>Code C - Nuisance or problem.</b><br><input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br><input type="checkbox"/> Stealing food or property (specify)<br><input type="checkbox"/> Soliciting food<br><input type="checkbox"/> Being fed or encouraged<br><input type="checkbox"/> Living under or in infrastructure<br><input type="checkbox"/> Following closely (distance)<br><input type="checkbox"/> Damaging property (specify)<br><input type="checkbox"/> Tent ripping (vacant campsite or tent)<br><input checked="" type="checkbox"/> Entered dingo deterrent fence line<br><input type="checkbox"/> Interference with dingoes<br><br><b>Question 3: Dingo identification &amp; numbers</b><br><b>Was the dingo tagged:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br>Tag description: Orange tag<br><br>a. How many dingoes present 1<br>b. How many dingoes involved in the Interaction (use table below)<br><br><table border="1"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> 16Orange16F |      | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <b>Question 4: How/why did the dingo(s) leave?</b><br><input type="checkbox"/> voluntarily, for no apparent reason<br><input type="checkbox"/> when yelled at<br><input type="checkbox"/> when chased away<br><input checked="" type="checkbox"/> when yelled at and chased away<br><input type="checkbox"/> when person stopped moving/making a noise<br><input type="checkbox"/> when person left<br><input type="checkbox"/> other (specify)<br><br><b>Question 5: Persons activity at time of interaction.</b><br><input type="checkbox"/> Not present<br><input type="checkbox"/> Eating/preparing food<br><input type="checkbox"/> Sleeping<br><input type="checkbox"/> Sitting/standing<br><input type="checkbox"/> Walking<br><input type="checkbox"/> Playing<br><input checked="" type="checkbox"/> Running<br><input type="checkbox"/> Swimming<br><input type="checkbox"/> Fishing/bait collection<br><input type="checkbox"/> Driving/parked vehicle<br><input type="checkbox"/> Other<br><br><b>Question 6 "Be Dingo Safe" information received prior to interaction.</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No click to select<br>Resort Ranger staff<br><b>Question 7: Follow up actions.</b><br><input type="checkbox"/> NTC Issued<br><input type="checkbox"/> PIN Issued<br><input checked="" type="checkbox"/> NRM ranger notified<br><br><b>Details of further actions:</b> Regular patrols and reviewing camera data<br><b>Distribution date:</b> 28/02/2017 |
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## Code C - Dingo Interaction Report Form



Released by NPSR under the RTI Act 2009

## Code C - Dingo Interaction Report Form

Dingo ID: **16Orange16F**

Management Area (NRM use only): **KBRV FA**

**Complete high risk interaction form for all Code D and E interactions and refer to NRM ranger.**

*D: Threatening* – growling, snarling, dominant towards humans. *E: High Risk* – nipping, biting, attacking

| <p>Date (of Interaction): 28/02/2017<br/> Time (of Interaction 24hrs): 17:00hrs<br/> How long did the interaction last: less than 1 min.<br/> Location (of Interaction): Dingo Bar Kitchen loading dock<br/> Reporting Officer/s details: 1423683</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>Details of person(s) involved in dingo Interaction.</b><br/> Name sch 4 - personal information<br/> Address:<br/> Phone # sch 4 - mobile phone<br/> Visitor type: Resort staff</p> |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>Question 1:</b> Detailed report of events.</p> <p>At approximately 17:00hrs, staff member was sitting down on the loading dock area of the Dingo Bar with a plate of food on his lap. He noticed a dingo (16Orange16F) approach while he was eating his meal. The dingo eventually came up to and took a piece of steak from the plate that was on his lap and took off.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                          |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p><b>Question 2:</b> What were the actions of the dingo(s) during the Interaction? <i>(click on box(s) to check/uncheck)</i><br/> <b>Code C - Nuisance or problem.</b></p> <p> <input type="checkbox"/> Loitering at recognized visitor sites (people nearby)<br/> <input type="checkbox"/> Stealing food or property (specify)<br/> <input type="checkbox"/> Soliciting food<br/> <input checked="" type="checkbox"/> Being fed or encouraged<br/> <input type="checkbox"/> Living under or in infrastructure<br/> <input type="checkbox"/> Following closely (distance)<br/> <input type="checkbox"/> Damaging property (specify)<br/> <input type="checkbox"/> Tent ripping (vacant campsite or tent)<br/> <input type="checkbox"/> Entered dingo deterrent fence line<br/> <input type="checkbox"/> Interference with dingoes </p> <p><b>Question 3:</b> Dingo identification &amp; numbers</p> <p><b>Was the dingo tagged:</b><br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br/> <input checked="" type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear<br/> Tag description:</p> <p>a. How many dingoes present 1</p> <p>b. How many dingoes involved in the Interaction (use table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Sex Unknown</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sub adult</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Juvenile</td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Pup</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unknown Age</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>16Orange16F</p> |                                                                                                                                                                                          | Male   | Female      | Sex Unknown | Adult |  |  |  | Sub adult |  |  |  | Juvenile |  | 1 |  | Pup |  |  |  | Unknown Age |  |  |  | <p><b>Question 4:</b> How/why did the dingo(s) leave?</p> <p> <input type="checkbox"/> voluntarily, for no apparent reason<br/> <input type="checkbox"/> when yelled at<br/> <input type="checkbox"/> when chased away<br/> <input type="checkbox"/> when yelled at and chased away<br/> <input type="checkbox"/> when person stopped moving/making a noise<br/> <input type="checkbox"/> when person left<br/> <input checked="" type="checkbox"/> other (specify) took off with food </p> <p><b>Question 5:</b> Persons activity at time of interaction.</p> <p> <input type="checkbox"/> Not present<br/> <input checked="" type="checkbox"/> Eating/preparing food<br/> <input type="checkbox"/> Sleeping<br/> <input type="checkbox"/> Sitting/standing<br/> <input type="checkbox"/> Walking<br/> <input type="checkbox"/> Playing<br/> <input type="checkbox"/> Running<br/> <input type="checkbox"/> Swimming<br/> <input type="checkbox"/> Fishing/bait collection<br/> <input type="checkbox"/> Driving/parked vehicle<br/> <input type="checkbox"/> Other </p> <p><b>Question 6</b> "Be Dingo Safe" information received prior to interaction.</p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other </p> <p>staff</p> <p><b>Question 7:</b> Follow up actions.</p> <p> <input type="checkbox"/> NTC Issued<br/> <input checked="" type="checkbox"/> PIN Issued<br/> <input checked="" type="checkbox"/> NRM ranger notified </p> <p><b>Details of further actions:</b> install electric fence on existing fenceline relocate dingo outside fenced area<br/> <b>Distribution date:</b> 02/03/2017</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Male                                                                                                                                                                                     | Female | Sex Unknown |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Pup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                          |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Unknown Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                          |        |             |             |       |  |  |  |           |  |  |  |          |  |   |  |     |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## Code C - Dingo Interaction Report Form



Released by NPSR under the RTI Act 2009