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**Incident Report**

Report Number:

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| 1. *Call police (9-911) immediately report burglary, property damage, or any violent act or threat that may endanger the public, staff or park property*
2. *Call Fire Department (9-911) to report any fire you feel was started deliberately, with intention of causing bodily harm or property damage.*
3. *If possible, attempt to secure building if needed. If emergency occurs on holidays, weekends, or after normal working hours, call Kelly’s Communications at 467-3005 and request that the Parks Emergency Duty Supervisor contact you as soon as possible to resolve the problem.*
 | 1. *Note all damage and check for missing items.*
2. *During regular shop hours (7AM to 3:30PM) call for immediate repairs if needed to secure building (i.e. replace window, repair door or lock). For non-emergency repair, call the Job Line, 684-7250.*
3. *Notify your immediate supervisor and security supervisor (684-7088) or Safety Office (991-3321) as soon as possible*
4. *Complete Incident Report. If additional space is needed, use a separate sheet of paper. Send original to Safety and make copies for the appropriate personnel listed on back and for your files.*
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| **Incident** |
| **Incident Date:**Click here to enter a date. | **Time:** | **Day of Week:** |
| **Location (Be Specific):** |
| **Incident Type (check one):**[ ]  Vandalism[ ]  Burglary/Theft/Stolen PropertyEstimated Value:      [ ]  Accident creating property damage[ ]  Fire[ ]  Violence by stranger[ ]  Violence by customers/clients[ ]  Violence by co-workers[ ]  Violence in personal/domestic relationships[ ]  Other       | **Check appropriate boxes:****[ ]  Police Called****. Case Number** **Police arrived onsite at**  **Police report requested?** **[ ]  yes** **[ ]  no** **Comments:** **[ ]  Burglary/Theft/Stolen Property Est. Value** **[ ]  Park Facility** **[ ]  School Facility** **School District notified?** **[ ]  yes** **[ ]  no** **Comments:**  **If facility entered, check all that apply:****[ ]  Shops called. Date:** Click here to enter a date.**[ ]  Keys used** **[ ]  Facility Open** **[ ]** **Other** |

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| **Description of Incident** (Attach additional sheets if necessary.) |
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| **Victim** (List additional victims on page 2 or on a separate sheet.) |
| **Does victim want to be contacted for follow-up?** **[ ]  yes** **[ ] no** |
| **Name (Last, First, Middle):** | **Employee Number:**  | **Sex:** **[ ] male** **[ ] female** |
| **Department:****Parks and Recreation** | **Low Org:****K** | **Work Phone: (include area code)** |
| **Was victim injured?** **[ ]  no** **[ ]  yes if yes 🡪** | **Describe injuries:** (if yes, fill out accident report and attach to this form.)  | **Did victim receive medical attention?****[ ]  no** **[ ]  yes** |

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| **Perpetrator** (List any additional perpetrators on a separate sheet.) |
| **Name (if known) (Last, First, Middle):** | **Description (Race, Gender, Age, Height, Weight, Clothing, Weapons)** |
| **Address:** | **Relationship to victim:** |
| **[ ] Stranger** | **[ ] Customer or Client** |
| **[ ] Co-worker** | **[ ] Personal/Domestic Relation** |

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| **Witness** (For witness statements and additional witnesses list on separate page.) |
| **Name (Last, First, Middle):** | **Address:** |
| **Department:****Parks and Recreation** | **Low Org:****K** | **Work Phone: (include area code)** |

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| **Additional Victim/Perpetrator/Witness Information** |
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| **Report Filed by** |
| **Name (Last, First, Middle):** |
| **Department:****Parks and Recreation** | **Low Org:****K** | **Work Phone: (include area code)** |

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| **Investigating Supervisor (Supervisor of person filing report)** |
| **Name (Last, First, Middle):** |
| **Department:****Parks and Recreation** | **Low Org:****K** | **Work Phone: (include area code)** |
| **Check all that apply:****[ ] Employee was able to defuse situation without assistance or further incident.****[ ] Employee was able to defuse situation with assistance of co-workers or others.****[ ] Employee was singled out or violence was directed at more than one individual (explain).** **[ ] Weapon used in the incident. If checked, type of weapon used:****[ ] Similar incidents have occurred with this victim or other co-workers.****[ ] Critical incident team notified.****[ ] Team responded to scene. If checked, arrival time:** **[ ]  am** **[ ]  pm****[ ] There is an ongoing pattern of similar incidents at this location.****Action Taken:** |

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| **Attachments** | **[ ] User Accident Report Form** **[ ] Additional Statements** **[ ] Other:**  |
| **Distribution** | **1. Originator 2. Supervisor 3. Manager 4. Safety Office (Box 8) 5. Security (Box25)**  |