



INCIDENT REPORT

Report Number: _____

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 Parks Duty Officer (206-684-7250) contact you as soon as possible to resolve the problem.
4. Note all damage and check for missing items.
5. 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, 206-684-7250.
6. Notify your immediate supervisor and security supervisor (206-684-7088) or Safety Office (206-423-0624) as soon as possible
7. 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.

Incident

Incident Date: <small>Click here to enter a date.</small>	Time:	Day of Week:
Location (Be Specific and include Facility or Park Name):		
Incident Type (check one): <input type="checkbox"/> Vandalism <input type="checkbox"/> Burglary/Theft/Stolen Property Estimated Value: <input type="checkbox"/> Accident creating property damage <input type="checkbox"/> Fire <input type="checkbox"/> Violence by stranger <input type="checkbox"/> Violence by customers/clients <input type="checkbox"/> Violence by co-workers <input type="checkbox"/> Violence in personal/domestic relationships <input type="checkbox"/> Other	Check appropriate boxes: <input type="checkbox"/> Police Called. Case Number Police arrived onsite at Police report requested? <input type="checkbox"/> yes <input type="checkbox"/> no Comments: <input type="checkbox"/> Burglary/Theft/Stolen Property Est. Value <input type="checkbox"/> Park Facility <input type="checkbox"/> School Facility School District notified? <input type="checkbox"/> yes <input type="checkbox"/> no Comments: If facility entered, check all that apply: <input type="checkbox"/> Shops called. Date: <small>Click here to enter a date.</small> <input type="checkbox"/> Keys used <input type="checkbox"/> Facility Open <input type="checkbox"/> Other	

Description of Incident (Attach additional sheets if necessary.)

Victim (List additional victims on page 2 or on a separate sheet.)

Does victim want to be contacted for follow-up? <input type="checkbox"/> yes <input type="checkbox"/> no			
Name (Last, First, Middle):		Employee Number:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Department or Address:		Low Org: PR	Phone: (include area code)
Was victim injured? <input type="checkbox"/> no <input type="checkbox"/> yes if yes →	Describe injuries: (if yes, fill out accident report and attach to this form.)		Did victim receive medical attention? <input type="checkbox"/> no <input type="checkbox"/> yes

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: <input type="checkbox"/> Stranger <input type="checkbox"/> Co-worker <input type="checkbox"/> Customer or Client <input type="checkbox"/> Personal/Domestic Relation

Witness (For witness statements and additional witnesses list on separate page.)

Name (Last, First, Middle):	Address:	
Department or Address:	Low Org: PR	Phone: (include area code)

Additional Victim/Perpetrator/Witness Information

Report Filed by

Name (Last, First, Middle):	Date:	
Department: Parks and Recreation	Low Org/Location: PR /	Work Phone: (include area code)

Investigating Supervisor (Supervisor of person filing report)

Name (Last, First, Middle):	Date:	
Department: Parks and Recreation	Low Org/Location: PR /	Work Phone: (include area code)
<p>Check all that apply:</p> <p><input type="checkbox"/> Employee was able to defuse situation without assistance or further incident.</p> <p><input type="checkbox"/> Employee was able to defuse situation with assistance of co-workers or others.</p> <p><input type="checkbox"/> Employee was singled out or violence was directed at more than one individual (explain).</p> <p><input type="checkbox"/> Weapon used in the incident. If checked, type of weapon used:</p> <p><input type="checkbox"/> Similar incidents have occurred with this victim or other co-workers.</p> <p><input type="checkbox"/> Critical incident team notified.</p> <p><input type="checkbox"/> Team responded to scene. If checked, arrival time: <input type="checkbox"/> am <input type="checkbox"/> pm</p> <p><input type="checkbox"/> There is an ongoing pattern of similar incidents at this location.</p> <p>Action Taken:</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>		

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