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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 Property  Estimated 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)** |