



District Internal Confidential Incident Report



For property damage, automobile accidents, or non-employee injuries, use
County of Riverside Confidential Incident/Accident Report (943)

Date of Incident: _____ Time: _____ A.M. _____ P.M. (Circle one)

Reported By: _____ Contact Number: _____

Reported To: _____ Contact Number: _____

Park: _____

Location of Incident: _____

Was Sheriff/Local Police/Fire personnel contacted? ☐ YES ☐ NO

If Yes: Agency? _____ Report # (if any): _____

Were Pictures taken or are there supporting documents? ☐ YES ☐ NO

Description of Incident: (When/Who/What/Why/How)

❖ ATTACH ADDITIONAL PAGES AS NEEDED

WITNESSES: ☐ CHECK HERE IF NO WITNESSES

Name: _____ Phone: _____ Statement taken? YES ☐ NO ☐

Address: _____

Name: _____ Phone: _____ Statement taken? YES ☐ NO ☐

Address: _____

Reported by Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

OFFICE USE ONLY

Safety Rep. Initials: _____ Date: _____ Manager initials: _____ Date: _____

Assistant Parks Director or Designee Signature: _____ Date: _____

[illegible]