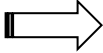




District Internal Confidential Incident Report



**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: _____ Bureau Chief Initials: _____ Date: _____

Manager's Signature: _____ Date: _____