

INCIDENT REPORTS

RivCo Parks

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What is an Incident Report?

Incident reports serve as official records of incidents, accidents, damage, and non-employee injuries. Depending on the nature of the incident and the parties involved, RivCoParks utilizes one of three types of incident reports: County of Riverside Confidential Incident/Accident Report, County of Riverside Confidential Vehicle Accidents/Incident Report, and RivCoParks Incident Report.

Incident reports are required according to County Safety Policy 4001, which states that “any and all incidents must be reported immediately and followed up with a written report to the department or District’s Safety Representative within 24 hours.”

Incident reports serve a variety of purposes. They can be used to keep people informed of activities within the District, compile statistical information, identify problems at a specific location, or identify departmental training needs. In addition, these reports may be used to facilitate investigations, prepare cases for Risk Management, or defend cases in court.

Therefore, writing a detailed and accurate incident report is extremely important.



The Importance of Well-Written Reports

Poorly written reports hurt our credibility by making staff appear less than competent and professional. They can also undermine the District's goals in a number of ways. A poorly written report can cause the District to lose a case in court, make it difficult to accurately identify training and equipment needs, or result in failure to take appropriate follow-up action.

Just as important as the content of the report are grammar, punctuation, spelling, and word choice. Something as simple as improper use or omission of a comma can change the meaning of a sentence. So can the use of a wrong word.

Well-written reports require some effort. They should not be thrown together between calls or during the last couple of minutes of a shift. It is important to carefully review and edit each report before forwarding it to the Supervisor and the District Safety Coordinator. The writer must ensure that the report accurately reflects what happened and how staff responded.

What is an incident?

- Incidents include but are not limited to:
 - Injury or illness of guest/park guest
 - Injury to a volunteer
 - Employee related vehicle accident
 - Private vehicle / boat accident within a Park
 - Accidents resulting in injury or property damage
 - Incident within a park:
 - fight, disturbance, lost child, report of theft
 - Damage to District property or Guest personal property

What is *NOT* an incident?

- Injury of an employee. In this case:
 - Required Workers Compensation paperwork must be completed
 - An incident report is not completed

“Which form do I use?”

County Safety 942-6

- District Vehicle Accident

County Safety 943

- All other vehicle accidents
- Property damage
 - Parks
 - Guest personal property
- Public Vehicle Accidents
- Non-employee injury/illness
- Volunteer injury

District Incident Report

- Incident not involving injury/illness
 - Lost child, fight, theft, noise, intoxication, etc.

Good and Bad

Characteristics



Just Think...
Their Next Trip May Be To the Bank!

Common problems

- Text or content confusing to someone who was not there
- Thoughts not presented in an organized manner
- Not enough detail (who, what, when, where, why, and how)
- Not clear and concise
- Poor grammar, punctuation, and spelling
- Incorrect word usage
- Use of terms, abbreviations, and acronyms that the reader may not be familiar with
- Inconsistency in style throughout report
- Photos are not clear

Characteristics of a good report

The following are characteristics of a good incident report (or any other document for that matter)

- Accurate and Specific
- Factual
- Objective
- Clear
- Concise
- Well-organized
- Grammatically correct
- Light on abbreviations
- Clear photos (Scanned or mailed, not faxed)

A good report is:

Accurate and Specific

- Write report as soon as possible while details are still fresh
- Double check dates, times, names, phone numbers, etc.
- Spell check
- Sign both pages of the report and have your supervisor do the same
- Proof documents/report carefully
 - ensure spell check did not change the word completely
- Being accurate also means being specific
 - Vague references do not give the reader enough information
 - Vague: The camper appeared drunk.
 - Specific: The camper appeared to be under the influence of alcohol, as he was slurring his words, stumbled a couple of times, and was holding a Bud Light.

A good report is:

Factual

- Incident reports should contain statements of fact
 - A fact is something that can be proved or disproved
 - The camper was refunded the money for 1 night's stay
- Incident reports may also use inference
 - An inference is a conclusion based on reasoning. It becomes sound or believable if supported by facts.

Inference: We suspected that he was driving under the influence because we could smell alcohol on his breath, his speech was slurred and he hit a tree when he parked.

Fact: Sheriff's tests and report confirmed that he had a blood alcohol level of .12

A good report is:

Objective

- Objective reports are fair and impartial, not influenced by emotion or opinion.
- One key to being objective is to avoid words whose connotations change the tone of the report. Ex.:
 - Grumpy old man
 - Crazy lady
- An objective report includes both sides of the story and does not favor one side or another.
- Statements from those involved, witnesses, or others may not be objective. However, when you include those statements in your report, you need to make it clear that you are quoting someone else.

A good report is:

Complete

- Appropriate incident report form is filled out *completely*
- It covers who, what, where, when, why, and how.
- It does not leave questions unanswered.
- Amount of detail included depends largely on the incident
- Consider how the report may be used in the future
 - Will we need to compare circumstances of this incident with others that may be related?
 - Might it be used for the purposes of future litigation?
- If there are details that may be needed in the future, include them in your report



A good report is:

Concise

It may seem contradictory to say the report should be complete and concise.

- This does not mean to leave out important details
- It means using words economically and omitting words that do not add value
- Excessive wordiness interferes with readability and may cause confusion



A good report is:

Well-Organized

- Poorly organized reports can leave readers feeling lost and confused
- The best way to organize will depend somewhat on the type of incident and the complexity of the situation
- Most reports are best if completed in chronological order

A good report is:

Clear

- A clear report is one that is easily understood and contains no ambiguities
- If different people read the same report and come up with different interpretations, the report is not clear
- Be sure to provide specific details
- Use diagrams, sketches and photographs as appropriate
- Be sure the information in the report is consistent with the visual aids that are included

A good report is:

Grammatically Correct

- Many errors made in writing incident reports are in grammar, punctuation, spelling, and word choice
- Errors in grammar and punctuation can affect both the clarity and accuracy of your report
- Reports with errors look unprofessional
- Proofreading is necessary to ensure spell check did not change any word to a completely to a different word
- Use active voice as much as possible
 - Active voice emphasizes the one doing the action
 - Passive voice emphasizes the person or thing being acted upon
 - Active voice is generally clearer, more powerful, more interesting, and more concise than passive voice.

Active: EMT was doing CPR when we arrived

Passive: CPR was being performed prior to our arrival

A good report is:

Light on Abbreviations

- Some abbreviations are acceptable in almost any document i.e.: Dr., Mr., Mrs.
- Minimize the use of unnecessary abbreviations
- Too many abbreviations can distract the reader and/or make terms unfamiliar to the reader
- Too many abbreviations can undermine the clarity of the message

Where to find the forms?

• <http://intranet.rivcoparks.org/>

The screenshot shows a web browser window with the address bar displaying "Parks Intranet | The online s...". The browser's taskbar includes icons for Zendesk, Riverside County Regional..., Yammer rivcoparks, Parks Intranet The online..., County of Riverside Intranet, and Basecamp. The website header features the title "Parks Intranet" and the subtitle "The online site for District employees & volunteers", along with a search bar. A navigation menu contains links for Home, Help Desk, Documents, Finance, Links, Ask the GM, Who We Are, and Nominate Employee/Volunteer. A main text block reads: "Welcome to the employee portal for current Riverside County Regional Park & Open-Space District staff and volunteers. This is the site for finding up-to-date documents, forms, and news. you can also request support for a variety of technical and finance issues. check back often as items are updated frequently." Below this is a banner for "Parks Finance Calendar Now Available" with a background image of a pair of glasses on a green grid with numbers.

Select:

- Documents
 - Safety
 - Incident Report: Park District
 - or
 - Incident Report: County

The screenshot shows a web browser window with the URL <http://intranet.rivoparks.org/documents/>. The browser's address bar and tabs are visible. The website header includes the text "Parks Intranet" and "The online site for District employees & volunteers". A navigation menu is displayed with the following items: Home, Help Desk, Documents, Finance, Links, Ask the GM, Who We Are, and Nominate Employee/Volunteer. The "Documents" menu item is highlighted with a green arrow. Below the navigation menu, a list of categories is shown, including District Policies, General Publications, Work Plan, Annual Reports, Human Resources, Safety, Reservations Software, GENERAL PUBLICATIONS, ANNUAL REPORTS, WORK PLAN, HUMAN RESOURCES, and SAFETY. The "Safety" category is highlighted with a green arrow.

Clear Form		EMAIL		
County of Riverside Confidential Vehicle Accidents/Incidents Report County of Riverside • Safety Division 3403 10 th Street, Suite 501 • Riverside, CA 92501 • Mail Stop 2170 Phone 951.955.3520 • Fax 951.955.8200			Please use this form to - report all vehicle accidents/incidents only! DO NOT Use this form to - report employee (on-the-job) injuries.	
This Form Should be Provided to the Safety Division and to your Department Safety Representative Within 48 Hour of any Accidents.				
SECTION I - COUNTY VEHICLE DATA				
1. DRIVER'S NAME (Last, First, MI/MA) <input type="checkbox"/>	2. EMPLOYEE ID NUMBER	3. DRIVER'S LICENSE NO./STATE/LIMITATIONS	4. DATE OF ACCIDENT	
5a. DEPARTMENT/AGENCY/DISTRICT	5b. DIVISION/FLOOR/ROOM	5c. OFFICE ADDRESS	5d. WORK TELEPHONE NUMBER	
6. COUNTY VEHICLE NUMBER - (Rt. Mark Code Low Entitlement and Fire Only)	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	
11. DESCRIBE VEHICLE DAMAGE			10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION II - OTHER VEHICLE DATA				
12. DRIVER'S NAME (Last, First, MI/MA)		13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS		
14a. DRIVER'S WORK ADDRESS		14b. WORK TELEPHONE NUMBER		
15a. DRIVER'S HOME ADDRESS		15b. HOME TELEPHONE NUMBER		
16. DESCRIBE VEHICLE DAMAGE				
17. YEAR OF VEHICLE	18. MAKE OF VEHICLE	19. MODEL OF VEHICLE	20. LICENSE PLATE NUMBER AND STATE	
21a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS		21b. POLICY NUMBER		
		21c. TELEPHONE NUMBER		
22a. VEHICLE IS <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> RENTAL <input type="checkbox"/> PRIVATELY OWNED	22b. OWNER'S NAME - IF DIFFERENT FROM DRIVER'S (Last, First, MI/MA)		22c. TELEPHONE NUMBER	
23. OWNER'S ADDRESS				
SECTION III - INJURIES				
24. NAME (Last, First, MI/MA)		25. SEX	26. DATE OF BIRTH	
27. ADDRESS				
A	28. MARK "X" IN THE APPROPRIATE BOXES <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN	29. PART OF BODY INJURED	30. TYPE/EXTENT OF INJURY	
	31. FIRST AID GIVEN BY			
	32. TRANSPORTED BY	33. TRANSPORTED TO		
B	34. NAME (Last, First, MI/MA)	35. SEX	36. DATE OF BIRTH	
	37. ADDRESS			
	38. MARK "X" IN THE APPROPRIATE BOXES <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN	39. PART OF BODY INJURED	40. TYPE/EXTENT OF INJURY	41. FIRST AID GIVEN BY
42. TRANSPORTED BY		43. TRANSPORTED TO		
44. Pedestrian		45. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO		
46. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (crossing intersection with signal, against signal, displaying, walking, hitchhiking, etc.)				

Form No: 942.6

Revised Date: January 11, 2017

1. Driver's name
2. Employee ID number
3. Driver's license number/state
4. Date of accident
5. Parks District/division/office address/work phone number
6. County vehicle number
7. Year of vehicle
8. Make
9. Model
10. Seatbelts
11. Describe vehicle damage
12. Driver's name
13. Driver's license number/state/limitations
14. Work address/work phone number
15. Home address/ cell phone number
16. Describe vehicle damage
17. Year of vehicle
18. Make
19. Model
20. License plate number/state
21. Insurance company/policy and phone number
22. Vehicle ownership information/name/number
23. Owner's address
24. Name of person injured
25. Sex
26. Date of birth
27. Address
28. Who was injured
29. Part of body injured
30. Type/extent of injury
31. First aid given by
32. Transported by
33. Transported to
34. Information for pedestrian

SECTION IV - ACCIDENT TIME AND LOCATION

46. DATE OF ACCIDENT		46. PLACE OF ACCIDENT (Street address, PO Box, ZIP Code, nearest landmark, business nearest intersection, kind of locality, industrial, business, residential, open country, etc.); floor designation.	
47. TIME OF ACCIDENT		<input type="radio"/> AM <input type="radio"/> PM	
48. INDICATE AREA(S) OF IMPACT			
DRIVERS SIDE		PASSENGER SIDE	
COUNTY VEHICLE	TOP VIEW	PASSENGER SIDE	
OTHER VEHICLE	TOP VIEW	PASSENGER SIDE	
49. DESCRIBE WHAT HAPPENED (Refer to vehicle as "1", "2", "3", etc. Please include information as to what speed limit, approximate speed of the vehicle, road conditions, whether stopping, slow moving, condition of traffic signals, traffic control (warning light, stop sign), etc.; condition of light (day/night, dusk, night, dawn, twilight, fog, etc.) and driver actions (braking, steering, swerving, etc.).			

SECTION V - WITNESS/PASSENGER

A. 51a. NAME (Last, first, middle)	51b. WORK TELEPHONE NUMBER	51c. MOBILE TELEPHONE NUMBER
B. 51a. NAME (Last, first, middle)	51b. WORK TELEPHONE NUMBER	51c. MOBILE TELEPHONE NUMBER

SECTION VI - PROPERTY DAMAGE

52a. NAME OF OWNER	52b. WORK TELEPHONE NUMBER	52c. MOBILE TELEPHONE NUMBER
53a. PROPERTY/ITEM DAMAGED	53b. ADDRESS OF DAMAGED PROPERTY/ITEM	
54a. NAME OF INSURANCE COMPANY	54b. TELEPHONE NUMBER	54c. POLICY NUMBER

SECTION VII - POLICE INFORMATION

55a. NAME OF POLICE OFFICER	55b. BADGE NUMBER	55c. TELEPHONE NUMBER
56. PRECINCT OR HEADQUARTERS	57. POLICE REPORT NUMBER	

SECTION VIII - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

58. ORIGIN	58b. DESTINATION				
59. EXACT PURPOSE OF TRIP					
61. TRIP BEGAN	DATE	TIME	62. ACCIDENT OCCURRED	DATE	TIME (Circle one)
		8:00 9:00			8:00 9:00

63. WAS AUTHORITY FOR THE TRIP GIVEN TO THE OPERATOR ORALLY? <input type="radio"/> NO <input type="radio"/> YES (explain)	64. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input type="radio"/> NO <input type="radio"/> YES (explain)
65. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input type="radio"/> YES <input type="radio"/> NO (explain)	66. DID THE OPERATOR WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input type="radio"/> NO <input type="radio"/> YES (explain)
67. a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY? <input type="radio"/> YES <input type="radio"/> NO (explain)	

68a. NAME AND TITLE OF EMPLOYEE/DRIVER	68b. EMPLOYEE SIGNATURE	DATE	68c. TELEPHONE NUMBER
69a. NAME AND TITLE OF SUPERVISOR	69b. SUPERVISOR SIGNATURE	DATE	69c. TELEPHONE NUMBER
70a. NAME AND TITLE OF SAFETY REPRESENTATIVE	70b. SAFETY REPRESENTATIVE SIGNATURE	DATE	70c. TELEPHONE NUMBER
71a. DEPUTY DIRECTOR/DEP. HEAD (IF REQUIRED)	71b. DEPUTY DIRECTOR/DEP. HEAD SIGNATURE	DATE	71c. TELEPHONE NUMBER

Page two as needed

35. Date of accident
36. Place of accident
37. Time of accident
38. Fill in diagram
39. Describe what happened
40. Witness name/work and cell phone#
41. Second witness name/work and cell phone#
42. Property damage information Owner's name work/cell#
43. Property/item damaged and address
44. Insurance company name/telephone and policy#
45. Name of police officer/badge number/telephone#
46. Precinct
47. Police Report Number
- 48-66 Details of the trip
67. Supervisor only
68. Employee's name/title/signature/telephone#
69. Supervisor's name/title/signature/telephone#
70. Safety representative name/title/signature/telephone#
71. Dept. head name/title/signature/telephone#

Form 943 Incident/Accident Report (Non-Automobile)

This Form Is Not To Be Used To Report Employee Injuries

County of Riverside Confidential Incident/Accident Report (Non-Automobile)

SUBMIT FORM TO:
 County of Riverside H.R. Safety Division
 3403 10th Street • Riverside, CA 92501 Mail Stop 2170
 Ph: 951.955.3520 FAX 951.955.9200
 safetydivision@rivco.org

DATE OF REPORT		NOTE (1): Please do not use this report if injured person is an employee. NOTE (2): The employer other witnessing the accident or supervising at the time, should complete and submit this form within 24 hours.	
NAME OF INJURED (LAST, FIRST, M.I.)		AGE	PH NUMBER OF INJURED PERSON
IS INJURED PERSON A MINOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF PARENT OR LEGAL GUARDIAN (IF INJURED IS A MINOR)	
ADDRESS OF PERSON INJURED (NUMBER, STREET, APT#, CITY, STATE, ZIP CODE)			
WHERE DID ACCIDENT/INCIDENT OCCUR? (Be specific, e.g. Home steps, lobby, parking lot, etc...)			DATE (MONTH, DAY, YEAR) TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
DESCRIBE HOW ACCIDENT/INCIDENT OCCURRED (USE FACTS ONLY, EXCLUDE OPINIONS AND/OR ASSUMPTIONS). IF NECESSARY, USE ADDITIONAL SHEET(S).			
NAME (FIRST AND LAST) OF PERSON IN CHARGE AT TIME OF ACCIDENT		TITLE	WAS HE/SHE PRESENT AT THE TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED PERSON VIOLATE ANY RULES? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF WITNESSES)		ADDRESS	TELEPHONE NO.
NAME OF DEPARTMENT/AGENCY/DISTRICT, ETC.			
ADDRESS (NUMBER, STREET, CITY, ZIP CODE)		TELEPHONE NO.	
APPARENT NATURE OF INJURY (PLEASE CHECK): <input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Contusion <input type="checkbox"/> Cut <input type="checkbox"/> Dislocation <input type="checkbox"/> Internal <input type="checkbox"/> Concussion <input type="checkbox"/> Other (explain)		INJURED PART OF BODY (PLEASE CHECK): <input type="checkbox"/> Head <input type="checkbox"/> Finger <input type="checkbox"/> Arm <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Eye <input type="checkbox"/> Leg <input type="checkbox"/> Hand <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Face <input type="checkbox"/> Foot <input type="checkbox"/> Other (explain)	
FIRST AID PROCEDURES USED (IF ANY)		NAME OF PERSON WHO ADMINISTERED FIRST AID (IF KNOWN)	
DISPOSITION OF INJURED AFTER INCIDENT (ACCIDENT IF KNOWN) <input type="checkbox"/> Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital		WHO WAS NOTIFIED	
IF INJURED PERSON LEFT PREMISES, TO WHOM RELEASED		RELATIONSHIP TO INJURED (IF KNOWN)	
		PHONE NUMBER (IF KNOWN)	
NAME OF PERSON COMPLETING REPORT		TITLE	
BUSINESS ADDRESS OF PERSON (NUMBER, STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER OF PERSON	
SIGNATURE OF PERSON COMPLETING REPORT		WAS PERSON AN EYE WITNESS <input type="checkbox"/> YES <input type="checkbox"/> NO	
		DATE SIGNED	
SIGNATURE OF PERSON APPROVING REPORT SUPERVISOR, MANAGER/DEPT HEAD (IF REQUIRED BY DEPARTMENT)		DATE SIGNED	

Continue on reverse side or next page

Form 943 Incident/Accident Report (Non-Automobile)

CONFIDENTIAL INCIDENT/ACCIDENT REPORT EQUIPMENT REPORT

(MUST COMPLETE IF EQUIPMENT ALLEGEDLY CAUSED INJURY OR PROPERTY DAMAGE)

USE BLANK SHEET IF NECESSARY

EMPLOYEE'S REPORT

Name (Print) _____ Location clean? YES NO
 How soon after incident did you inspect location? _____
 Dry? YES NO Any puddles? YES NO Describe lighting _____
 Describe location or condition _____
 Does injured person wear glasses (if known)? YES NO Type and condition of shoes (if known)? OLD NEW
 Where were you when the incident occurred? _____
 Did you see the incident? YES NO If so, describe fully _____

 Injured person's comments and attitude (IF QUESTION NOT APPLICABLE, ANSWER N/A) _____

HOUSEKEEPING/MAINTENANCE REPORT

(TO BE COMPLETED IF INJURED PERSON SLIPPED OR FELL OR IF INCIDENT INVOLVED AN ELEVATOR)

Name (PRINT) _____
 Are you responsible for maintaining incident location? YES NO If not, who is? _____
 If so, describe your time schedule for cleaning location _____ Last time cleaned _____
 Time last dressed _____ Floor product used _____
 When, before incident, did you last inspect location? _____
 Describe its condition _____
 Was location clean? YES NO Dry? YES NO Lighting? YES NO
 If elevator involved, specify exact one involved _____
 Remarks: _____

EQUIPMENT REPORT

(MUST COMPLETE IF EQUIPMENT ALLEGEDLY CAUSED INJURY OR PROPERTY DAMAGE)

Equipment involved (DESCRIBE): _____
 Brand Name _____ Model or style number _____
 Color _____ Size _____
 Date Purchased (If known) _____ Where? _____
 Manufacturer _____ Address _____
 Condition of equipment: New _____ Used _____ Repaired _____
 Approximate date of last service _____
 Who has equipment? (NOTE: IF POSSIBLE TRY TO RETAIN THE EQUIPMENT) _____
 Describe nature of injury or damage _____
 How did it occur? _____

 Comments: _____

 Name of person taking report _____ Signature _____



District Internal Confidential Incident Report

For property damage, automobile accidents, or non-employee injuries, use
County of Riverside Confidential Incident/Accident Report (942-6)

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: _____

1. Date of incident, time, a.m. or p.m.
2. Reported by whom & phone number
3. Reported to who & phone number
4. Park
5. Location – address or location with in the park.
6. Was Sheriff / police called? If so, who?
7. Pictures?
8. Summary: who, what, where, when.
9. Witnesses
10. Signatures.

Claim for Damages

If a member of the general public or a park guest requests information on any type of reimbursement, or claim direct them to the County of Riverside Clerk of the Board website @ <http://www.rivcocob.org/administration/> Click on Claims for Damages

COUNTY OF RIVERSIDE		CLAIM FOR DAMAGES TO PERSON OR PROPERTY	
		INSTRUCTIONS: 1. Read claim <i>thoroughly</i> . 2. Fill out claim as indicated; attach additional information if necessary. 3. This office needs the <i>original</i> completed claim form and clear readable copies of attachments (if any) if originals are not available. 4. This claim form <i>must</i> be signed.	
		OFFICE USE ONLY TIME STAMP HERE	
DELIVER OR U.S. MAIL TO: CLERK OF THE BOARD OF SUPERVISORS ATTN: CLAIMS DIVISION P.O. BOX 1147, 4080 LEMON ST., 1ST FL. RIVERSIDE, CA. 92502-1147 (951) 955-1060			
1. FULL NAME OF CLAIMANT		8. WHY DO YOU CLAIM THE COUNTY IS RESPONSIBLE?	
2. MAILING ADDRESS (STREET / PO BOX)			
CITY STATE ZIP CODE			
HOME TELEPHONE () BUSINESS TELEPHONE ()		9. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE)	
3. WHEN DID DAMAGE OR INJURY OCCUR (PLEASE BE EXACT)		NAME: DEPARTMENT:	
4. WHERE DID DAMAGE OR INJURY OCCUR?		10. WITNESSES TO DAMAGE OR INJURY LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:	
STREET CITY STATE ZIP CODE		NAME PHONE	
5. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED		ADDRESS PHONE	
		ADDRESS	
		NAME PHONE	
		ADDRESS	
6. WERE POLICE OR PARAMEDICS CALLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		11. LIST DAMAGES INCURRED TO DATE (attach copies of receipts or repair estimates)	
7. IF PHYSICIAN/HOSPITAL WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND HOSPITAL'S NAME, ADDRESS AND PHONE NUMBER.			
DATE OF FIRST VISIT	PHYSICIAN'S/HOSPITAL'S NAME		
PHYSICIAN'S/HOSPITAL'S ADDRESS	PHONE: ()	TOTAL DAMAGES TO DATE	TOTAL ESTIMATED PROSPECTIVE DAMAGES
		\$	\$
THIS CLAIM MUST BE SIGNED TO BE VALID.		NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72.)	
WARNING:			
<ul style="list-style-type: none"> CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2) ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2) SUBJECT TO CERTAIN EXCEPTIONS, YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6) IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6) 			
12. CLAIMANT OR PERSON FILING ON HIS/HER BEHALF		13. PRINT OR TYPE NAME DATE	
SIGNATURE	RELATIONSHIP TO CLAIMANT		

Claims for Damages cont.

- The Claim for Damages form must be completed and turned in by the claimant to the Clerk of the Board; the address and phone number are on the claim form.
- Staff may not comment on any claims to the public.
- Staff may not copy incident reports for the public.
- If someone requests a copy of an incident report please forward them to Deborah Newell 951-955-2264.

Processing Incident Reports

Once the incident report has been completed by on site staff:

- Have site supervisor/Supervising Ranger, review & sign.
- Send via fax or e-mail, or drop off the incident report to Park Headquarters, **do not send duplicate reports.**
Attn. Deborah Newell, for processing.
- Email to dnewell@rivco.org or fax to 951-955-4305.
- The HQ Safety Representative will process the report to include logging, management review and signature.
- The Safety Representative will forward a copy of the incident report to Risk Management and the Safety Office and file the original.
- ❖ If the incident involves a volunteer injury or accident notify Deborah Newell.

negotiations

