GARLAND

RISK MANAGEMENT
FIELD INCIDENT REPORT

SECTION 1 - GENERAL INFORMATION

Employee: Last Name: Lambert First Name: Heather MI: K

Employee Involvement: ◯ Involved in incident ◯ Not involved but witnessed incident ◉ Reporting incident only (not involved or witness)

Dept. Name: Parks, Recreation and Cultural Arts Dept. #: 200 Report Date: / /

Date Occurred: / / Time: AM PM Date Incident first known to Dept: / /

Incident Description:

Location Description: Holford Recreation Center

Address / Intersection: 2314 Homestead Place

City: Garland State: Texas Zip: 75044

Witness 1 - Name: Phone (if known):

Witness 2 - Name: Phone (if known):

Incident Type: (Select all that apply to this incident and provide additional information in the apropriate section below. Complete additional field reports for multiple employees, non-employees, or City Vehicles)

☐ Injured City Employee *(Section 2)*
☐ Injured Non-City Employee *(Section 3)*
☐ Damaged City Vehicle *(Section 4)*
☐ Damaged Non-City Vehicle *(Section 5)*
☐ Damaged City Property *(Section 6)*
☐ Damaged Non-City Property *(Section 7)*

ALSO COMPLETE SECTION 8 - SUPERVISOR REVIEW FOR ALL INCIDENTS

SECTION 2 - Injured City Employee

Injured Employee: Last Name: First Name: MI:

Address 1: Speaks English: ❑ Y ❑ N # of Dependents:

Address 2: Marital Status: ❑ Married ❑ Single ❑ Divorced

City: State: Zip: Spouse Name

Home Phone: Work Phone: Cell Phone:

Initial Treatment: ☐ No Medical Treatment ☐ First Aid only ☐ CityCare Clinic only ☐ EMS Transported ☐ Hospitalized

Hospital/Clinic Name: Physician Name *(If known)* :

Last Worked Date: Loss Time Anticipated: First Full Workday Lost:

Injury Cause: *(check all that apply)*

☐ Slip, Trip, Fall ☐ Struck By or Struck Against ☐ Exposure to chemicals, disease ☐ Inhaled dust, gases, fumes or vapors
☐ Cut, Puncture, Scrape, abrasion ☐ Exposure to Temperature Extremes ☐ Electrical contact ☐ Bite from animal, insect, other
☐ Sprain, Strain ☐ Burn from heat, fluids, chemical ☐ Cumulative trauma ☐ Foreign Object
☐ Motor Vehicle Accident ☐ Caught in, under, or between ☐ Other than physical injury ☐ Other

Part of Body Injured: *(check all that apply - also indicate (L) Left or (R) Right side, if applicable, next to injured body part)*

☐ Eye ☐ Nose ☐ Face ☐ Neck ☐ Arm ☐ Wrist ☐ Finger ☐ Leg ☐ Ankle ☐ Toe ☐ Back ☐ Ear
☐ Mouth ☐ Head ☐ Shoulder ☐ Elbow ☐ Hand ☐ Hip ☐ Knee ☐ Foot ☐ Abdomen ☐ Trunk ☐ Other

Other Party Involved: ◯ Y ◯ N Name:

SECTION 3 - Injured Non-City Employee

Injured Non-Employee: Last Name: First Name:

Contact Information (if known) Address: Phone:

Description of Injury:

Onsite Medical: ☐ None ☐ First Aid ☐ EMS-Not Transported ☐ EMS-Transported ☐ Other

City Employee Involved ◯ Y ◯ N Name:

SECTION 4 - Damage to City Vehicle or City Vehicle Involved

City Vehicle Operator: Last Name: _____ First Name: _____ MI: ____

Unit #: _____ Unit Type: _____ Status at time of damage: ◯ In Operation ◯ Parked ◯ Unoccupied ◯ Unknown

Description of City Vehicle Damage: _____

Weather Condition:	☐ Clear	☐ Cloudy	☐ Rain	☐ Snow	☐ Other
Road Type:	☐ Paved	☐ Rock	☐ Dirt	☐ Off road	☐ Other
Light Condition:	☐ Daylight	☐ Dark	☐ Lighted		☐ Other
Road Condition:	☐ Dry	☐ Wet	☐ Ice/snow		☐ Other

Collision Type:

☐ Rear-ended other vehicle	☐ Backed into other vehicle	☐ Hit fixed object	☐ Non-collision accident
☐ Rear-ended by other vehicle	☐ Backed into by other vehicle	☐ Hit pedestrian or cyclist	☐ Other _____
☐ Intersection collision - w/ traffic control	☐ Backed into fixed object	☐ Hit by pedestrian or cyclist	
☐ Intersection collision - w/o traffic control	☐ Head-on with other vehicle	☐ Ran off road	

Other Party Involved: ◯ Y ◯ N Name: _____

SECTION 5 - Damage to Non-City Vehicle

Non-City Vehicle Operator/Owner: Last Name: _____ First Name: _____

Owner/Operator Address: _____

City: _____ State: _____ Zip: _____ Contact #: _____

Non-City Vehicle Make: _____ Model: _____ Year: _____

Vehicle Plate #: _____ State: _____ VIN #: _____

Insurance Company: _____ Policy #: _____

Insurance Agent: _____ Insurance Agent Phone: _____

Description of Non-City Vehicle Damage: _____

Status of Non-City Vehicle at time of damage: ☐ In Operation ☐ Parked ☐ Unoccupied ☐ Unknown

City Employee Involved ◯ Y ◯ N Name: _____

SECTION 6 - Damage/Loss to City Property (Non-Vehicle)

Person Responsible for loss (if known): Last Name: _____ First Name: _____

Contact information: _____

Property Description: _____ Estimated Value of Loss: _____

Nature of Loss:

☐ Fire	☐ Flood	☐ Quake/Earth Movement	☐ Sewer Overflow	☐ Explosion	☐ Lost
☐ Hail	☐ Freeze	☐ Power Surge/failure	☐ Pollution	☐ Theft/Burglary/Robbery	☐ Vehicle Accident
☐ Windstorm	☐ Theft	☐ Mechanical Breakdown	☐ Collapse	☐ Vandalism & Malicious Mischief	☐ Other

Other Party Involved: ◯ Y ◯ N Name: _____

SECTION 7 - Damage/Loss to Non-City Property (Non-Vehicle)

Property owner: Last Name: _____ First Name: _____

Contact information: _____

Property Description: _____ Estimated Value of Loss: _____

Nature of Loss:

☐ Fire	☐ Flood	☐ Quake / Earth Movement	☐ Sewer Overflow	☐ Explosion	☐ Lost
☐ Hail	☐ Freeze	☐ Power Surge/failure	☐ Pollution	☐ Theft/Burglary/Robbery	☐ Vehicle Accident
☐ Windstorm	☐ Theft	☐ Mechanical Breakdown	☐ Collapse	☐ Vandalism & Malicious Mischief	☐ Other

City Employee Involved ◯ Y ◯ N Name: _____

SECTION 8 - EMPLOYEE SIGNATURE & SUPERVISOR REVIEW

Employee Signature: _____ **Date:** _____

Supervisor Review:

Employee Performing Regular Job Duties: ◯ Y ◯ N Drug Test Administed: ◯ Y ◯ N If no, reason: _____

Applicable Safety Equipment? _____ Safety Equipment in Use? ❑ Y ❑ N

Supervisor Comments: _____

Supervisor Last Name: _____ First Name: _____

Supervisor Signature: _____ **Date:** _____