

PATRON INCIDENT/ PROPERTY DAMAGE REPORT – ALLEN COUNTY PARKS

Today's Date: _____ Facility/Park: _____

☐ Incident (property damage, patron issue) ☐ Accident (patron-physical injury, injury involving equipment or vehicle)

Date of Incident/Accident: _____ Time Occurred: _____ a.m. _____ p.m.

If applicable: Control Number _____ Officer's Name: _____ Agency: _____

Address where Incident/Accident occurred: _____

Specific Location at Site: _____

☐ Educational Program

☐ Special Event – ACP

☐ Special Event – Other Sponsor

☐ ACP Park Site / Facility (name/describe)

☐ Facility Rental (include name of Renter)

If applicable for Incident/Accident – Number of staff present _____ Number of patrons in attendance: ____

If applicable, give the following information on person/persons involved in Incident/Accident:

• Is the person involved in this patron incident or property damage an employee of Allen County? ☐ Yes ☐ No

• M F Name: _____ Phone #: _____ Age: _____

Address: _____ City: _____ Zip: _____

• M F Name: _____ Phone #: _____ Age: _____

Address: _____ City: _____ Zip: _____

Describe in DETAIL exact nature of Incident/Accident. Use back of this page and/or attach additional pages if necessary:

Did the injured person continue to participate in program, etc? ☐ Yes ☐ No ☐ N/A

Witness Name: _____ Phone #: _____ Age: _____

Address: _____ City: _____ Zip: _____

Relative/Person Notified of Injury: _____

(if injured was a minor)

Name

Relationship

What type of aid was given ☐ None ☐ Ice ☐ Band-Aid ☐ Other (describe) _____

Was EMS Called? _____ Who Responded? _____

☐ Follow-up on Incident/Accident Performed on _____ by _____
Date Staff Name

Record Follow-up Details on Back of Page.

NAME OF PERSON REPORTING INCIDENT / ACCIDENT:

How Reported? ☐ In Person ☐ By Phone ☐ By Email

STAFF MEMBER COMPLETING REPORT: _____

Print Name

Signature

SUPERVISOR'S SIGNATURE: _____ DATE: _____

DEPARTMENT DIRECTOR'S SIGNATURE: _____ DATE: _____

HR/RISK MGMT.: _____ DATE: _____

When to file this report:

- Incident or accident occurs on County park property to person not employed by the County
- Damage or vandalism
- Theft of property
- Vehicle accidents (privately owned vehicle)

Please note that in addition to completing this report, when there is an incident involving damage or theft of property, the appropriate municipal or county police agency should be notified immediately.

In regard to vehicle accidents, if the employee is operating a privately owned vehicle in the performance of official duties they should follow the procedure required by law for reporting of accidents, and the Incident/Accident Report should be completed when the employee returns to a County facility. (If the employee is operating a County vehicle at the time of the accident, the employee should complete the Accident Report as required by the County.)

All employee injuries should be reported immediately to your supervisor and a First Report of Injury Packet shall be completed. Do not use this form to report employee injuries.

How to complete the report:

This report should be completed by a County employee. Please obtain as much information as you can. Please provide a complete address (street, city and zip code) for the location of the incident/accident. Please state as accurately and objectively as possible the facts regarding the incident/accident.

Subjective interpretation of the incident/accident and personal judgments or statements should be kept to a minimum.

Any secondary information such as police reports, damage estimates, or follow-up should be included with the report or forwarded to the Human Resources Department to attach to the original report. This supplemental information may be forwarded after the 48 hour deadline, but should be forwarded as soon as they are available.

After completion, sign the report and forward immediately to your supervisor for review. After review, the supervisor should sign the report and forward to the Superintendent of Parks. The Superintendent is responsible for forwarding the report to the Human Resources Department within 48 hours of the occurrence.