SUPERVISOR'S FIRST REPORT OF INCIDENT / MISHAP

PLEASE PRINT – COMPLETE ALL ITEMS IF DWC –1 FORM SUBMITTED TO WORKERS' COMP. SUBMIT IMMEDIATELY COMPLETE HIGHLIGHTED ITEMS TO DOCUMENT FIRST AID INCIDENT ONLY

Completees I LABIR			Davidson O		lacelfication Parkir	
Employee: Joe Williams		Dept/Div: PW/	Parking Services		Massification. Faith	ng Control Rep
Address		City/Zip:		Hom	e Phone:	
Birthdate: / / Ag	e: MoFo	Date of Hire	: / / Sh	ift: Day □	Evening D Night	0
Date of Incident: 5/31/12	Time of Incident: 8:10	(ÁM) PM Tin	ne reported to work	: Date: 5 /31/1	2 Time: 8:30	(AM) PM
Date Incident Reported: 5	/31/12 Rep	orted to Whom? Se	ecurity Guard and A	rlene Armendariz		
Location of Incident: City Ha	all parking structure stai	irwell at main entrar	nce.			
Type of Incident: Injury X	Property Damage	Equipme	nt Damage 🏻	Vehicle Collision	on ⊜ Near-Mi	ss Li
(1) Was employee given 1st	Aid	Yes No 🖰	(2) Was treatm	ent refused by er	nployee Ye	s C Nox
Notify Workers' Compens	ation for "YES" answ	ers to Items #3, #4	8, #5			
(3) Was employee sent to:	Emergency Room	Yes 🗶 No 🗓	Name of Hospit	al Riverside Co	mmunity Hospital_	
	Preferred Clinic	Yes 🗆 No 🗓	Name of Clinic			
Pre-	designated Physician	Yes 🗇 No 🗇	Name of Physic	ian		
	Other					
(4) Was employee admitted	l to hospital	Yes U No	(5) Fatality	Yes 🛛	NoX	
Did employee wear protec	tive equipment	Yes X No	List equipment	used:		
Butter				Tune of Indiana	abaak)	
Part of Body U No Injury		⊕ Re	action to foreign sul	Type of Injury (ostance/object	☐ Contusion	Fracture
Fill in Blank (be specific)	1. 11. +		ncture		☐ Burn	Amputation
Kight Nadial	nead frecus	Lo J □ Lo	ss of Consciousnes emical Exposure	5	Sprain / Strain OPIM Exposure	
eloow.	alrasjon or	vacue & Got	her		Of IN Exposu	
Incident Cause (check)	near.				© Deals is	sive from lifting
Fall from stairs / obstacle Defective equipment		t or procedure ill on floor / surface		falling objects use of equipment		njury from lifting
☐ Horseplay		petitive Motion	K. Milproper			
☐ Other						
	INE		ess: Conn.D	EV. BLDG	- DIV Pho	one: X 5720
Witnesses (1)Name: Jo HN PE		Dept/Addr	ess: COMM.D	NEV. BLDG	- DIV Pho	one: <u>X 5720</u>
Witnesses (1)Name: Jo HN PE		Dept/Addr	ess: <u>Comm.</u> D	DEV. BLDG	- DIV Pho	one: <u>X 5<i>730</i></u>
Witnesses (1)Name: Jo HN PE		Dept/Addr	ess:		Pho	one:
Witnesses (1)Name:Jo HN PE. (2)Name:	Year/Make/Model	Dept/Addr	ess:Type Vehicle Turn signals	used: Yes 🛈	Pho A No (1) Hom use	sset#No @
Witnesses (1)Name: Jo HN PE (2)Name:	Year/Make/Model DB Warning Lights Yes B No B Passe	Dept/Addr Dept/Addr son: Yes □ No □	ess:Type Vehicle Turn signals	used: Yes 🛈	Pho A No (1) Hom use	sset#
Witnesses (1)Name:OHN PE (2)Name: City Vehicle Information: Headlights on: Yes :: No Seatbelts Worn: Driver Other Vehicle Information	Year/Make/Model	Dept/Addr Dept/Addr s on: Yes 3 No 3	Type Vehicle Turn signals Police Repo	used: Yes 0 I	A No ∄ Horn use Reporting	sset#sset# No 🗆
Witnesses (1)Name:OHN PE (2)Name: City Vehicle Information: Headlights on: Yes Diver Seatbelts Worn: Driver Other Vehicle Information Driver Name:	Year/Make/Model Warning Lights Yes (ii) No (ii) Passe (if applicable)	Dept/Addr Dept/Addr s on: Yes I No I	Type Vehicle Turn signals Police Repo	used: Yes 0 I	A No ⊕ Horn use Reporting	sset#sset# No AgencyPhone
Witnesses (1)Name:OHN PE. (2)Name: City Vehicle Information: Headlights on: Yes : No Seatbelts Worn: Driver Other Vehicle Information Driver Name: Driver's License #	Year/Make/Model Warning Lights Yes (in No (in Passe (if applicable)	Dept/Addr Dept/Addr s on: Yes I No I	Type Vehicle Turn signals Police Repo	used: Yes 0 I	A No ⊕ Horn use Reporting	sset#sset# No Agency Phone
Witnesses (1)Name: Jo HN PE (2)Name: City Vehicle Information: Headlights on: Yes : No Seatbelts Worn: Driver	Year/Make/Model Warning Lights Yes (in No (in Passe (if applicable)	Dept/Addr Dept/Addr s on: Yes I No I	Type Vehicle Turn signals Police Repo	used: Yes 0 I	A No ⊕ Horn use Reporting	sset#sset# No AgencyPhone
Witnesses (1)Name:	Year/Make/Model Warning Lights Yes \(\text{No } \text{Passe} \) (if applicable) Vehices \(\text{Vehice} \)	Dept/Addr Dept/Addr s on: Yes □ No □ nger Yes □ No □ Address cle Year/Make/Mod	Type Vehicle Turn signals Police Repor	used: Yes 0 I	A No ⊕ Horn use Reporting	sset#sset# No 🗈 Agency Phone
Witnesses (1)Name:OHN PE. (2)Name: City Vehicle Information: Headlights on: Yes : No Seatbelts Worn: Driver Other Vehicle Information Driver Name: Driver's License #	Year/Make/Model Warning Lights Yes \(\text{No } \text{Passe} \) (if applicable) Vehices \(\text{Vehice} \)	Dept/Addr Dept/Addr s on: Yes □ No □ nger Yes □ No □ Address cle Year/Make/Mod	Type Vehicle Turn signals Police Repor	used: Yes 0 I	A No ⊕ Horn use Reporting	sset#asset#ad: Yes 0 No 0 AgencyPhone
Witnesses (1)Name:	Year/Make/Model D	Dept/Addr Dept/Addr s on: Yes □ No □ nger Yes □ No □ Address cle Year/Make/Mod	Type Vehicle Turn signals Police Repor	used: Yes 0 I	A No ⊕ Horn use Reporting	sset#asset#ad: Yes 0 No 0 AgencyPhone
Witnesses (1)Name:	Year/Make/Model Warning Lights Yes ① No ① Passe : (if applicable) Vehice by # to property, equipment	Dept/Addr Dept/Addr s on: Yes No	Type Vehicle Turn signals Police Repor	used: Yes 0 I	A No ⊕ Horn use Reporting	sset#asset#ad: Yes 0 No 0 AgencyPhone
Witnesses (1)Name:	Year/Make/Model D	Dept/Addr Dept/Addr s on: Yes □ No □ nger Yes □ No □ Address cle Year/Make/Mod and/or vehicles	ess:Type Vehicle Turn signals Police Reported elent / Materials	used: Yes () I	Pho	sset#asset#ad: Yes 0 No 0 AgencyPhone
Witnesses (1)Name:	Year/Make/Model Warning Lights Yes ① No ② Passe : (if applicable) Vehic by # to property, equipment at time of incident:	Dept/Addr Dept/Addr s on: Yes No	ess:Type Vehicle Turn signals Police Report el ent / Materials condition © Lights	used: Yes () I t #(inoperative () tion failure ()	Pho A No THorn use Reporting City Vehicle Lice Lubrication Belt adjustment	corroded Leaking hose / fitting
Witnesses (1)Name:	Year/Make/Model D	Dept/Addr Dept/Addr Son: Yes No	Type Vehicle Turn signals Police Report ent / Materials condition C Lights condition C Insula	inoperative © too failure © Loose / missing	Pho A No □ Horn use Reporting City Vehicle Lice Lubrication □ Belt adjustment □ Gua	corroded Leaking hose / fitting ards defective / missi
Witnesses (1)Name:	Year/Make/Model Warning Lights Yes ① No ② Passe : (if applicable) Vehice by # to property, equipment at time of incident: trinal)	Dept/Addr Dept/Addr Son: Yes No	ess:Type Vehicle Turn signals Police Report ent / Materials condition :: Lights condition :: Insula oper adjustment :: rect tool	inoperative (i) Loose / missing (ii) Defective mate	Pho A A No T Horn use Reporting City Vehicle Lice Lubrication The self adjustment The self adjust	corroded Leaking hose / fitting ards defective / missionrect materials
Witnesses (1)Name:	Year/Make/Model D	Dept/Addr Dept/Addr Son: Yes No No Onger Yes No Onger Yes No No Onger Yes No Onger	Type Vehicle Turn signals Police Report ent / Materials condition Lights condition Insula oper adjustment Condition pper design / type	inoperative (i) Loose / missing (ii) Defective mate	Pho A A No T Horn use Reporting City Vehicle Lice Lubrication The self adjustment The self adjust	corroded Leaking hose / fitting ards defective / missionrect materials
Witnesses (1)Name:	Year/Make/Model Warning Lights Yes ① No ① Passe : (if applicable) Vehice by # to property, equipment at time of incident: trnal) nt k / dawn er	Dept/Addr Dept/Addr Son: Yes No No nger Yes No No Address Cle Year/Make/Mod and/or vehicles Tire of Bett of Incor	ess:Type Vehicle Turn signals Police Report ent / Materials condition	inoperative tion failure Defective mate	Pho A A No ☐ Horn use Reporting City Vehicle Lice Lubrication Belt adjustment ☐ hardware ☐ Guarials ☐ Incomp	corroded Leaking hose / fitting ands defective / missionrect materials
Witnesses (1)Name: John PE (2)Name: City Vehicle Information: Headlights on: Yes Diver Other Vehicle Information Driver Name: Driver's License # Insurance Company & Police Damages: List all damage Select conditions present Environment (Internal / External Parish Sunny Driver Damages: Divernal Parish Sunny Driver	Year/Make/Model	Dept/Addr Dept/Addr Dept/Addr Son: Yes No No No No No No No No No N	ent / Materials condition	inoperative (inoperative (inope	Pho A A No T Horn use Reporting City Vehicle Lice Lubrication The self adjustment The self adjust	corroded Leaking hose / fitting ards defective / missionrect materials
Witnesses (1)Name:	Year/Make/Model Warning Lights Yes ① No ① Passe : (if applicable) Vehice by # to property, equipment at time of incident: trnal) nt k / dawn er	Dept/Addr Dept/Addr Dept/Addr Son: Yes No	ess:Type Vehicle Turn signals Police Report ent / Materials condition	inoperative (inoperative (inope	Lubrication Delardware Delardware Delards Dela	corroded Leaking hose / fitting and defective / missionrect materials

SUPERVISOR'S FIRST REPORT OF INCIDENT / MISHAP

ATTACH ADDITIONAL SHEETS OF PAPER AS NEEDED FOR NARRATIVES

靐	Employee statement on how incident occurred: If check box if statement is attached
employee section	SEE ATTACHED
E	
6	Employee statement on how recurrence could be prevented: © check box if statement is attached
10,01	
NES AND	Describe in detail what employee was doing at time of incident (what, how, why): □ check box if statement is attached
	· 60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Employee returned to his which parked un the City
1	Hall garage to retrieve his mistre when he was
	going down the stair he slipped and dell ferward.
	Wetsled to make the sail but missed it and fell
	on his sight hand.
	Describe what act / condition(s) contributed to the incident (i.e., improper use of equipment, wet floor, etc.): 🖰 check box if statement is attached
	Qualance Discolor Dellande to the star
	- Compressed gripped and gell while raking the seleps
	_ down and lost his fratance.
5	
UPERVISOR SECTION	Supervisors conclusions: check box if statement is attached
	Suche as did not hald ont the will a which
(2)	conferme and mor more on to the raceing which
8	Could have prevented his stall. Employees
E	male are worn and may have contributed to the
981	fall imployee may have fell diggy from sugar medicalon.
	to the state medicate interior to a sure of animals
8	Complainte vailes medication as might to prevent seisures
	una cuases ausziness. medication so regimes to regards
5	Supervisors recommendation(s) to prevent recurrence: (Type of training, repairteplace equipment, etc.)
8	Supervisors recommendation(s) to prevent recurrence: (Type of training, repairreplace equipment, etc.) _ check box if statement is attached
	Employee should purchase new walking shoes
No.	immediately. Employee should also hold
	on to the Sailing whenever taking the stays.
	Employee has been seminded to take his reducation.
	which caused dissiness with Lood hitere
	Colotine.
Fn	nployee's Signature: Le Welliam Date: 6/6/12,
	pervisor's Signature: Date: 4/6/121
Su	perintendent/ Manager Signature: Date: Date:
	· · ·

Distribution:

City Safety Officer (Original) Department / Division (File copy)

Safety Officer will route copies as needed

PCR INCIDENT REPORT

PCR Name: joe williams # 10	0
Date of Incident: 5 /31/12	
Time of incident: 8:10 AM	<u>~</u>
Citation #:	
Location:	· · · · · · · · · · · · · · · · · · ·
Vehicle Information:	
Summary of	
Events: AT APPROX, 810 HKS ON	MAY 31, 2012, I WENT TO
THE PARKING GARAGE AT CITY HA	TO geT MY MISTER OUTOF
MY CARIT WAS WALKING DOWN TH	e STAIRS IN THE GARAGE, WHEAR
I Slipped on THE STEPS. I TRIED	TO GRAB THE RAIL BUT MISSED I
Fell DOWN THE STAIRS- PARAMEDIUS U	PERE CALLED BECAUSE I INDUKED
MY RIGHT ARM AND WRIST I WASTA	KEN TO THE HOSPITAL TO GET CHECKED
* Attach and additional materials	- di ii.d
* Attach any additional notes take	n during incident that would
support your summary of events	
PCR Signature: fo williams	Date: 6/6/12
Administrators Signature:	Date:

mal many

SUPERVISOR'S FIRST REPORT OF INCIDENT / MISHAP

PLEASE PRINT - COMPLETE ALL ITEMS IF DWC -1 FORM SUBMITTED TO WORKERS' COMP- SUBMIT IMMEDIATELY COMPLETE HIGHLIGHTED ITEMS TO DOCUMENT FIRST AID INCIDENT ONLY

Employee: Joe Williams		BOX P. WHOLE		Total Comment	ng Services	Classi		110			
Address	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		ty/Zip:	34.30		-0.76		Phon			
Birthdate: / / A	Contract to the contract of th		of Hire:		Shift:) Night		
Date of Incident: 11/15 /201:	7 Time of Incident:	10:00 AM	PM	Time repor	ted to work:	Date:	1 1		Time:	AM	PM
Date Incident Reported:	/ / R	eported to W	hom?								
ocation of Incident: 4000		eet, between	10 th and	11th Street							
Type of Incident: Injury D			_		e ()	Vehicle C	Collision	n O	Nea	r-Miss 🛘	
(1) Was employee given 1			NoO		Vas treatme				90	Yes 🛭	No xx
Notify Workers' Compen	The state of the s	nswers to Ite	ms #3, i	#4 & #5	1010/14/01						
(3) Was employee sent to:					of Hospital	Rivers	ide Co	mmun	ity Hospi	tal	
	Preferred Clinic	Yes 🗆	No 🗆	Name	of Clinic						
Pre	-designated Physici	an Yes 🗆	No 🗆	Name	of Physicia	n					
	Other										
(4) Was employee admitte	d to hospital	Yes 🛚	No xx	(5)	Fatality	,	res 🛚	No:	xx		
Did employee wear prote		Yes 🗆	No 🗆	List e	quipment us	ed:					
	** * · · *···					-/20-	0	Tanana 140			
Part of Body xx No Injury			rı F	Reaction to	(II) foreign subs	ype of in tance/ob			ontusion		☐ Fracture
Fill in Blank (be specific)			D F	Puncture			•	□ Bu	ım		□ Amputat
				Loss of Con Chemical Ex	sciousness				prain / SI PIM Exp		☐ Lacerati
A 400 P 101 A 2						ıln seizur	e		—		
Market Services			XX	Other -	L neginie nie						
Incident Cause (check)									n D-	ak latur	from lifting
Fall from stairs / obstack		Act or proce	edure	01	njury from fa	alling obje	ects	/ inetr		ck Injury	from lifting
☐ Fall from stairs / obstack ☐ Defective equipment	I	☐ Fall on floo	edure r / surfac	01		alling obje	ects	/ instru		ck injury	from lifting
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay	[edure r / surfac	01	njury from fa	alling obje	ects	/ instru		ck Injury	from lifting
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca	use	□ Fall on floo □ Repetitive N	edure r / surfac Motion	01 Se 01	njury from fa Improper use	alling obje e of equip	ects oment		ment		
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female	use (called 911)	□ Fall on floo □ Repetitive N	edure r / surfac Motion Dept/A	ce 🗆	njury from fa mproper use	alling obje	ects exment		ument	_ Phone:	
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca	use (called 911)	□ Fall on floo □ Repetitive N	edure r / surfac Motion Dept/A	ce 🗆	njury from fa mproper use	alling obje	ects exment		ument	_ Phone:	
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n	use (called 911)otified parking service	□ Fall on floo □ Repetitive M □ Repetitive M	edure r / surfac Motion Dept/A	ce	njury from fa mproper use	alling obje	ects exment		ment	Phone: _Phone.	(909) 533-97
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female	use (called 911) otified parking service: Year/Make/Model	□ Fall on floo □ Repetitive M □ Repetitive M	edure r / surfac Motion _ Dept/A _ Dept/A	ddress:	njury from fa Improper use SVehicle This signals us	alling objet of equip	ects ement	lo O	Hom	Phone: Phone: Asset#	(909) 533-97 Yes 8 No D
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n	use (called 911) otified parking service: Year/Make/Model	☐ Fall on floo ☐ Repetitive M	edure r / surface Motion Dept/A Dept/A	ddress:Typ	njury from fa Improper use SVehicle This signals us	alling objet of equip	ects ement	lo O	Hom	Phone: Phone: Asset#	(909) 533-97
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (no City Vehicle Information Headlights on: Yes ☐ N Seatbelts Wom: Driver	use (called 911) otified parking service Year/Make/Model o	Pall on floo Repetitive M ces dispatch) n/a ights on: Y assenger Y	edure r / surface Motion Dept/A Dept/A	ddress:	njury from fa improper use Vehicle n signals us lice Report #	alling objet of equip	ects oment	lo O	Hom Report	Phone: Phone Asset# used: ting Aget	Yes No D
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes ☐ N Seatbelts Wom; Driver Other Vehicle Information Driver Name:	use (called 911) otified parking service Year/Make/Model o	Pall on floo Repetitive M ces dispatch) n/a ights on: Y essenger Y	edure r / surface Motion Dept/A Dept/A	ddress:	njury from fa improper use Vehicle n signals us lice Report #	alling objet of equip	ects oment	lo 0	Horn Report	_ Phone: _ Phone. _ Assetti _ used: ting Aget	Yes No D
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes ☐ N Seatbelts Wom: Driver Other Vehicle Information Driver Name: Driver's License #	use (called 911) otified parking service Year/Make/Model O Warning Li Yes No Pa	Pall on floo Repetitive M ces dispatch) n/a ights on: Y essenger Y	edure r / surface Motion Dept/A Dept/A	ddress:	njury from fa improper use Vehicle n signals us lice Report #	alling objet of equip	ects oment	lo 0	Horn Report	_ Phone: _ Phone. _ Assetti _ used: ting Aget	Yes No D
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes ☐ N Seatbelts Wom; Driver Other Vehicle Information Driver Name:	use (called 911) otified parking service Year/Make/Model O Warning Li Yes No Pa	Pall on floo Repetitive M ces dispatch) n/a ights on: Y essenger Y	edure r / surface Motion Dept/A Dept/A	ddress:	njury from fa improper use Vehicle n signals us lice Report #	alling objet of equip	ects oment	lo 0	Horn Report	_ Phone: _ Phone. _ Assetti _ used: ting Aget	Yes No D
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes ☐ N Seatbelts Worn: Driver Other Vehicle Information Driver Name: ☐ Driver's License # Insurance Company & Poli	use (called 911) ptified parking service: Year/Make/Model O Warning Li Yes No Parr: (if applicable)	pes dispatch) n/a ights on: Y assenger Y Addre	edure r / surface Motion Dept/A Dept/A es ① No /es ② No ess Make/Mo	ddress:	njury from fa improper use Vehicle n signals us lice Report #	alling objet of equip	ects oment	lo 0	Horn Report	_ Phone: _ Phone. _ Assetti _ used: ting Aget	Yes No D
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes ☐ N Seatbelts Wom: Driver Other Vehicle Information Driver Name: Driver's License #	use (called 911) ptified parking service: Year/Make/Model O Warning Li Yes No Parr: (if applicable)	pes dispatch) n/a ights on: Y assenger Y Addre	edure r / surface Motion Dept/A Dept/A es ① No /es ② No ess Make/Mo	ddress:	njury from fa improper use Vehicle n signals us lice Report #	alling objet of equip	ects oment	lo 0	Horn Report	_ Phone: _ Phone. _ Assetti _ used: ting Aget	Yes No D
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes ☐ N Seatbelts Worn: Driver Other Vehicle Information Driver Name: ☐ Driver's License # Insurance Company & Poli	use (called 911) ptified parking service: Year/Make/Model O Warning Li Yes No Parr: (if applicable)	pes dispatch) n/a ights on: Y assenger Y Addre	edure r / surface Motion Dept/A Dept/A es ① No /es ② No ess Make/Mo	ddress:	njury from fa improper use Vehicle n signals us lice Report #	alling objet of equip	ects oment	lo 0	Horn Report	_ Phone: _ Phone. _ Assetti _ used: ting Aget	Yes No D
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes ☐ N Seatbelts Wom: Driver Other Vehicle Information Driver Name: ☐Driver's License # Insurance Company & Poli Damages: List all damage	use (called 911)	□ Fall on floo □ Repetitive M □ Address Address Address Address Address M □ Repetitive M □	edure r / surface Motion Dept/A Dept/A es [] No /es [] No make/Motion	ddress:	e Vehicle	alling objet of equip	ects oment	lo 0	Horn Report	_ Phone: _ Phone. _ Assetti _ used: ting Aget	Yes No D
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes ☐ N Seatbelts Wom: Driver Other Vehicle Information Driver Name: ☐Driver's License # Insurance Company & Poli Damages: List all damage Select conditions present	use (called 911)	□ Fall on floo □ Repetitive M □ Address Address Address Address Address M □ Repetitive M □	edure r / surface Motion Dept/A Dept/A es No /es No Make/Mo ehicles Equip	ddress:	e Vehicle	ed: Ye	ects oment	lo 0	Hom Report	_ Phone: _ Phone. _ Assetti _ used: ting Aget	Yes No D
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes ☐ N Seatbelts Worn: Driver Other Vehicle Information Driver Name: ☐Driver's License # Insurance Company & Poli Damages: List all damage Select conditions present Environment (Internal / Exi ☐ Sunny ☐ GRai	use (called 911)	□ Fall on floo □ Repetitive M □ Address Address Address Address Address M □ Repetitive M □	edure r / surface Motion Dept/A Dept/A es D No es D N	address:	njury from famproper use vehicle	e of equipment of	ects prent /	ity	Horn Report	Phone: Phone Assetti used: ting Aget License	Yes No Dancy Phone At #
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes ☐ N Seatbelts Worn; Driver Other Vehicle Information Driver Name: ☐Driver's License # ☐nsurance Company & Poli Damages: List all damage Select conditions present Environment (Internal / Ex ☐ Sunny ☐ Rai ☐ Bright sun / glare ☐ Nig occloudy / fog ☐ Du	use (called 911)	□ Fall on floo □ Repetitive M □ Address Address Address Address Address M □ Repetitive M □	edure r / surface Motion Dept/A Dept/A es No ess No ess No ess No ehicles	ddress:	njury from famproper use vehicle	ed: Ye	ects coment /	ity	Horn Report Vehicle	Phone: Phone Assetti used: ting Aget License	Yes No Dancy None American Market No Dancy No Da
□ Fall from stairs / obstack □ Defective equipment □ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes □ N Seatbelts Worn: Driver Other Vehicle Information Driver Name: □ Driver's License # Insurance Company & Poli Damages: List all damage Select conditions present Environment (Internal / Ex □ Sunny □ Rai □ Bright sun / glare □ Nig xxCloudy / fog □ Du □ Windy □ Oth	use (called 911)	□ Fall on floo □ Repetitive M □ Address Address Address Address Address M □ Repetitive M □	edure r / surface Motion Dept/A Dept/A es No es N	address:	erials C Lights in	operative operative operative operative	ects coment /	ity	Horn Report Vehicle	Phone: Phone Assetti used: ting Aget License	Yes No Dancy Phone At #
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes ☐ N Seatbelts Worn; Driver Other Vehicle Information Driver Name: ☐Driver's License # ☐nsurance Company & Poli Damages: List all damage Select conditions present Environment (Internal / Ex ☐ Sunny ☐ Rai ☐ Bright sun / glare ☐ Nig occloudy / fog ☐ Du	use (called 911)	□ Fall on floo □ Repetitive M □ Address Address Address Address Address M □ Repetitive M □	edure r / surface Motion Dept/A Dept/A es No es N	address:	njury from famproper use vehicle	operative operative operative operative	ects coment /	ity	Horn Report Vehicle	Phone: Phone Assetti used: ting Aget License	Yes No Dancy None American Market No Dancy No Da
□ Fall from stairs / obstack □ Defective equipment □ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (n City Vehicle Information Headlights on: Yes □ N Seatbelts Worn: Driver Other Vehicle Information Driver Name: □ Driver's License # Insurance Company & Poli Damages: List all damage Select conditions present Environment (Internal / Ex □ Sunny □ Rai □ Bright sun / glare □ Nig xxCloudy / fog □ Du □ Windy □ Oth	use (called 911)	□ Fall on floo □ Repetitive M □ Address Address Address Address Address M □ Repetitive M □	edure r / surface Motion Dept/A Dept/A es [] No ess Make/Mo ehicles Equip [] The [] Inc [] Inc [] Ing [] Perso	ddress:	erials Lights in Insulation	operative on failure Loose / m Defective Other	ects oment	ubrica	Horn Report Vehicle	Phone: Phone. Asset# used: ting Aget License License License License Incorrect	Yes No Day
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (no City Vehicle Information Headlights on: Yes ☐ No Seatbelts Wom: Driver Other Vehicle Information Driver Name: ☐ Driver's License # ☐ Insurance Company & Political ☐ Damages: List all damage Select conditions present Environment (Internal / Ext ☐ Sunny ☐ Rai ☐ Bright sun / glare ☐ Nig oxCloudy / fog ☐ Du ☐ Windy ☐ Oth ☐ Hot or Cold Facility ☐ Layout of equipment ☐ ☐ ☐ Capparent ☐ Capparent ☐ ☐ Capparent ☐ C	use (called 911)	Pall on floo Repetitive M ces dispatch) n/a ights on: Y assenger Y Addre /ehicle Year//	edure r / surface Motion Dept/A Dept/A es [] No ess Make/Mo ehicles [] Im [] Inc [] Im [] Perso [] Fat	ddress:	erials Distribution of the proper use the proper u	ed: Yetoperative of failureoose / malning	ects oment	ubrica	Horn Report Vehicle	Phone: Phone. Asset# used: ting Aget License License License License Incorrect	Yes No Dancy None American Market No Dancy No Da
☐ Fall from stairs / obstack ☐ Defective equipment ☐ Horseplay xx Other - no apparent ca Witnesses (1)Name: unknown female (2)Name: Mario Herrera (no City Vehicle Information Headlights on: Yes ☐ No Seatbelts Wom: Driver Other Vehicle Information Driver Name: ☐ Driver's License # ☐ Insurance Company & Political ☐ Damages: List all damage Select conditions present Environment (Internal / Ext ☐ Sunny ☐ Rai ☐ Bright sun / glare ☐ Nig oxCloudy / fog ☐ Du ☐ Windy ☐ Oth ☐ Hot or Cold Facility ☐ Layout of equipment ☐ ☐ Housekeeping ☐	use (called 911)	Pall on floo Repetitive M ces dispatch) n/a ights on: Y assenger Y Addre /ehicle Year/	edure r / surface Motion Dept/A Dept/A es [] No ess Make/Mo ehicles [] Im [] Inc [] Im [] Perso [] Fat	ddress:	erials Lights in Insulation	ed: Yetoperative of failureoose / malning	ects oment	ubrica	Horn Report Vehicle	Phone: Phone. Asset# used: ting Aget License License License License Incorrect	Yes No Day

SUPERVISOR'S FIRST REPORT OF INCIDENT / MISHAP

3	
	Employee statement on how incident occurred: Check box if statement is attached
ARR.	Mr. Williams (Parking Control Representative) was on his normal foot patrol of the downtown area for parking enforcement duties. Mr. Williams had
	unidentified female or a second person (Mr. Mario Herrera) noticed that Mr. Williams was "blanking out" and called 911 for assistance. Approximately 10:03am, Sr. Office Specialist (Ms. Anna Riddle) received at telephone call from Mario Herrera (909-533-9774) advising that Mr. Williams had a possible seizure and emergency responders were on scene. Two other Parking Control Representatives (Juan Moreno and Andrew
	Medrano) in the downtown area arrived at the scene and observed that Mr. Williams was responsive to emergency responders. Mr. Williams was taken by ambulance to Riverside Community Hospital Emergency for further diagnoses and treatment an. Mr. Williams wife was
3	notified and met Mr. Williams at hospital. AS FOR 2: ZOPM MR. WILLIAMS WAS PERSONS FROM HUSPITAL AND HAS GONE HOME.
English of	Employee statement on how recurrence could be prevented: check box if statement is attached
-	
	Describe in detail what employee was doing at time of incident (what, how, why): □ check box if statement is attached
	Describe in detail what employee was doing at time of includin (what, now, why).
	#
	Describe what act / condition(s) contributed to the incident (i.e. improper use of equipment, wet floor, etc.): check box if statement is attached.
	A CONTRACTOR OF THE STATE OF TH
	Activities and the second seco
5	Supervisors conclusions: check box if statement is attached
MATION OF THOM	Mr. Williams has not fully disclosed to his supervisor the extent of his medical history or medication (if any). However, Mr. Williams wife stated toda that he has gone through cancer treatment some years ago.
NOV.	Additionally, Mr. Williams has been observed by his co-workers and supervisor to be "spaced or zoned out", but usually become responsive within to
5	to 20 minutes.
300	
CINC.	
INTERNAL	Supervisors recommendation(s) to prevent recurrence: (Type of training, repair/replace equipment, etc.) check box if statement is attached
ANTE NAC	Supervisors recommendation(s) to prevent recurrence: (Type of training, repair/replace equipment, etc.) check box if statement is attached
VOI EINE	Supervisors recommendation(s) to prevent recurrence: (Type of training, repair/replace equipment, etc.) check box if statement is attached
SON ENV	Supervisors recommendation(s) to prevent recurrence: (Type of training, repair/replace equipment, etc.) check box if statement is attached
פיפו בוווע	Supervisors recommendation(s) to prevent recurrence: (Type of training, repair/replace equipment, etc.) check box if statement is attached
200 F	Supervisors recommendation(s) to prevent recurrence: (Type of training, repair/replace equipment, etc.) check box if statement is attached begin{align*} ch

Distribution:

City Safety Officer (Original) Department / Division (File copy) Safety Officer will route copies as needed