

OREGON PARKS AND RECREATION DEPARTMENT
INCIDENT ANALYSIS – Agency ID Number **63400**

Staff Example



725 Summer Street NE, Suite C, Salem Oregon 97301
Phone: (503) 986.0657
Fax: 1- (888) 346.8398

REGION, DISTRICT, MANAGEMENT UNIT, AND PARK LOCATION NUMBER MUST BE COMPLETED

Region: Coastal Region

District: South Coast District

Management Unit Number: _____

Park Location ID: _____

Specific Incident Location: Bullards Beach

Date of Incident: 7/22/12

Time of Incident: 6:30pm

Manager/Supervisor's Name: Park Mgr

Completed By: Park Mgr

Photos Attached: Yes No

IMPORTANT: Form must be completed within 48 hours of incident and copy faxed or e-mailed to Safety & Risk Services at 1-(888) 346.8398
If a serious injury or liability exposure occurs contact OPRD's Risk Manager at (503) 986.0652
Complete for all incidents reported to OPRD staff or where staff are involved.

SECTION 1:

~ INCIDENT TYPE ~

COMPLETE THIS SECTION FOR ALL INCIDENTS

CHECK ALL THAT APPLY:

- Visitor Incident** – Complete section(s) 1, 2 and 4. For visitor injury only reported by the injured party. ALCOHOL RELATED
 - Visitor Note** – Complete section(s) 1, 2 and 4. For visitor incidents other than injury, property or vehicle damage. ALCOHOL RELATED
 - Child Abuse /Mandatory Reporter Incident** – Complete section(s) 1 & 2 **Report Made To:** Local DHS Office Law enforcement
Note detailed report information bottom of section 2.
 - Employee Incident – 801?** Yes No
 - Host Incident – 801?** Yes No
- For employee or Host Incident, complete 801 form if medical attention is needed, lost time or fatality. Complete section(s) 1, 2, 5 and 6.
- Volunteer Incident** – Complete section(s) 1, 2, and 6. This is only for injuries to volunteers.
 - Inmate Incident** – Complete section(s) 1, 2, 3 and 6. This includes any injury or property damage done by an inmate.
 - First Aid Only Transported to Hospital by Ambulance Transported to Hospital by other veh Went to Personal Physician
 - Contractor/Vendor Incident** – This is for incidents and/or injuries involving a contractor. Complete all sections which pertain.
 - Vehicle Incident – Employee** – Complete all sections which pertain. **Complete DMV rpt if damage to property is over \$1500.00 or injury.**
This is for *moving* vehicle incidents such as pickups, tractors, mowers, trailers and boats.
 - Vehicle Incident – Visitor** – Complete section(s) 1, 2, 4, 5 and 6. **Complete DMV rpt if damage to property is over \$1500.00 or injury.**
This includes *moving* vehicles and may also include state or non-state property.
 - Vehicle Incident – Volunteer** – Complete all sections that pertain. **Complete DMV rpt if damage to property is over \$1500.00 or injury.**
This is for *moving* vehicle incidents involving equipment or licensed vehicles and volunteers.
 - Property Damage – State** – Such as thefts, fee machine damage, storm damage, non-moving vehicle. Complete all sections that pertain.
Two estimates for repair attached: Yes No
 - Property Damage – Non-state** – Such as car clouts, thefts, non-moving vehicle incidents. Complete section(s) 1, 2, and 4.
 - Environmental Incident** – Fuel or chemical spill, garbage dump, unknown substance spill. Complete all sections.

Describe Incident using 200 characters or less: *(Just the facts – who, what, when, where and how)* * **Attach additional pages if necessary**
Park host admitted kicking child in the rear end, on trail from Loop C to restroom building.

Manager/Supervisor's Signature: _____ *Managers need to initial at the bottom of 2, 3, 4, 5, and signature lines on 1 and 6 indicating the form is complete and accurate.*

***Submission of this document via e-mail is your electronic signature.**

SECTION 2:
 ~ GENERAL INFORMATION ~
 COMPLETE THIS SECTION FOR ALL INCIDENTS.
 Insert Name of Individual Involved in Incident. Last name first.

Visitor/Inmate/Volunteer Name:	Last: <u>Schmoe</u>	First: <u>Joe</u>
Employee/Host Name:	Last: <u>Smith</u>	First: <u>Xavier</u>
Job Title: <u>Host</u>	Date of Hire: <u>7/1/2000</u>	
Address of Claimant: (If employee/host insert park address) <u>Bullards Beach State Park</u>		
Phone: <u>503-347-2209</u>	Date of Report: <u>7/23/12</u>	Time of Incident: <u>6:30pm</u>

Describe Incidents Completely. Include what you were doing when the incident occurred.
 Attach additional pages if necessary.

I was at home on 7/22/12 when Park Host Xavier Smith ("Smitty") called me at about 7pm to report that he "needed to let me know he screwed up and there will probably be hell to pay." He said that he had been on the way to the restroom building nearest the host site when he saw a "a kid spray painting graffiti on the restroom wall." (photos attached) It turns out this was a 13 year old boy staying at C-47, Joe Schmoe, who was camping with his foster parents Arlo and Darlene VanDeCampe of Coos Bay. When Smitty approached Joe and told him to stop painting, Joe told him "fuck off old man" and spat in his face. He (Joe) then attempted to run, but Smitty grabbed him by the collar and "kicked his ass." When I asked him to clarify, he said that he landed one kick on the boy's backside before letting him go and he (Joe) then ran back to his camp site. Smitty returned to his RV and after he calmed down a bit, called me.

I drove to the park, arriving at the host site about 7:30pm. I interviewed Smitty and his wife Mary. Mary confirmed that they had been having problems all afternoon with Joe Schmoe and that his parents were not controlling him. Specifically, Joe had been throwing rocks at Smitty's RV and playing a radio very loudly, causing complaints from surrounding campers. I learned from the booth log that Rangers Abbot and Costello had three enforcement contacts with the VanDeCampe's regarding Joe's behavior, which included cutting on live trees with a hatchet, for which they issued a citation for damage to natural resources.

I entered site C-47 to interview the VanDeCampe's, but found they were busy packing to leave. Mrs VanDeCampe (Darlene) immediately told me that they were very sorry for Joe's behavior and they were taking him right home. She said that I should send them a bill for all damage that he had caused and they "would take care of it." She made no mention of the kick Joe received from the park host. When I asked her about this, her response was that "he deserved worse than what he got. That kid's been nothing but trouble." She refused to discuss the incident further and would not allow me to speak to Joe. They left the park by 8pm.

I contacted OSP Coos Bay and talked to Trooper Stanislavsky to report the incident. She took names, addresses and descriptions of the involved parties and said she could follow up with me after she contacted them. By this point it was 8:30pm, so I did not call District Manager to report. I let him know by email and followed up with a phone call today. He advised me to contact the Volunteer Coordinator regarding the incident and to ask Smitty to leave the park until OSP contacts us.

Witness(s): If more than three witnesses, please attach additional pages if necessary.

Names: (Last Name, First name):	Daytime Phone:	Address:	Is Witness an Employee?	
<u>Smith, Xavier</u>	<u>555-123-4567</u>	<u>911 Tower Ct, Grants Pass OR 97606</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If reporting child abuse, record name and contact information of law enforcement or DHS staff receiving the report. Note detail information provided (names of individuals involved, descriptions, vehicles, etc).

Witness, Please Describe Incidents Completely.
 Attach additional pages if necessary.

 Manager Initials

OREGON PARKS AND RECREATION DEPARTMENT
INCIDENT ANALYSIS – Agency ID Number 63400

Visitor Example



725 Summer Street NE, Suite C, Salem Oregon 97301
Phone: (503) 986.0657
Fax: 1- (888) 346.8398

REGION, DISTRICT, MANAGEMENT UNIT, AND PARK LOCATION NUMBER MUST BE COMPLETED

Region: OSF and OEC

District: None

Management Unit Number: _____

Park Location ID: _____

Specific Incident Location: Oregon State Fair

Date of Incident: Aug. 24, 2012

Time of Incident: 4:30pm

Manager/Supervisor's Name: Jack Ripper

Completed By: Joe Jones

Photos Attached: Yes No

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Describe Incident using 200 characters or less: *(Just the facts – who, what, when, where and how)* * **Attach additional pages if necessary**

I observed a fair visitor striking a female child repeatedly in the face.

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