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**REPORT OF SITE INCIDENT**

**Site:\_\_\_\_\_\_\_\_\_\_\_\_\_ Operations Grant Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Operation Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Incident: \_\_\_\_\_\_\_**

**School Police Called: YES NO Time \_\_\_\_\_\_\_ Local Police Called: YES NO Time \_\_\_\_\_\_\_**

**Fire Dept Called: YES NO Time \_\_\_\_\_\_\_ After-School All-Stars Office contacted: YES NO Time \_\_\_\_\_\_\_**

**Parent/Guardian contacted: YES NO Time \_\_\_\_\_\_\_**

**Name of Parent/Guardian contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District/Charter Office contacted: YES NO Time \_\_\_\_\_\_\_ Principal contacted: YES NO Time \_\_\_\_\_\_\_**

**Operation Specialist contacted: YES NO Time \_\_\_\_\_\_\_**

**Contacted by Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Incident: *Who* was involved, *What* happened, *Where* it took place, *When* (time), *How* it occurred, specify any tool, weapon, equipment, and or vehicle: *Only state the FACTS no opinions or interpretations, be specific.* Report should be written in third person. If additional space is needed, attach additional sheets to this form. Complete all areas of form leave no blanks if something *DOES NOT APPLY* please write “*DNA”*.**

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| **Note:** |
| Part of body affected: (shade all that apply)Body Diagram | Nature of injury: (most serious one) ❑ Abrasion, scrapes❑ Amputation❑ Broken bone❑ Bruise❑ Burn (heat)❑ Burn (chemical)❑ Concussion (to the head)❑ Crushing Injury❑ Cut, laceration, puncture❑ Hernia❑ Illness❑ Sprain, strain ❑ Damage to a body system: ❑ Other \_\_\_\_\_\_\_\_\_\_\_ | Did the individual experience any of the following:❑ Lose consciousness ❑ Not coherent ❑ Dehydration ❑ Slurring Speech  |
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|  |

**Staff member’s response:**

**Witnesses:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of witness:**

**Individuals injured as a result of incident:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If School/Local Police/Fire Department/Paramedics were called, what action was taken?**

**Police/Fire: Name & Identification Number:**

**Further developments resulting from incident:**

**Follow – up by After-School All-Stars staff:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Name & Title of person who wrote report (Print) Signature of person who wrote report Date Time**

**Use additional sheet if necessary.**

**This form should be returned within 24 hours after the incident to the Director of Operations.**

**6501 Fountain Ave, Los Angeles, CA 90028**

**Fax: 323 957-6818 or email: eddiemedel@la-allstars.org**