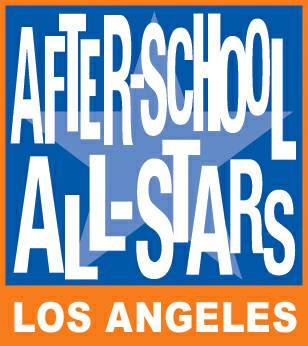
****

**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”*.**

|  |  |  |
| --- | --- | --- |
| **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 |
|  |
|
|  |
|  |

**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**