

ARTICLE 130

Risk Management

INCIDENT REPORT POLICY

Purpose:

The purpose of this policy is to create uniform procedures to preserve necessary documentary evidence in the event of incidents which could give rise to liability against the District due to personal bodily injury or property damage.

Policy:

District employees responding or witnessing incidents which could give rise to liability against the District due to personal bodily injury or property damage shall immediately complete a District-approved Incident Report form.

Incident Report:

- (1) **Use of Incident Report.** Whenever an incident occurs which involves bodily injury or property damage, the employee who responds to or is witness to the incident shall immediately complete the attached District-approved Incident Report.
- (2) **Witnesses.** All persons who witnessed the subject incident or who have any information related to the subject incident should be requested to complete the "Witnesses" portion of the Incident Report at the earliest possible time. Persons who should complete the "Witnesses" section include District employees, as well as any third-party witnesses who are willing to provide any witness statements.
- (3) **Completion of "Witnesses" Section.** An employee who completes the "Witnesses" portion of an Incident Report or who assists a third-party witness with completing the Witnesses section should attempt to gather as much relevant information as possible about the subject incident, which may require additional pages to be attached to the Incident Report if necessary. Questions which may assist a witness in providing a complete account of the subject incident include the following:
 - a. What were you doing at the time of the incident?
 - b. Where were you when the incident occurred?
 - c. Who was involved in the incident?
 - d. Describe the weather conditions at the time of the incident (if the incident took place outdoors).
 - e. What did you see happen?
 - f. What was the injured party doing?
 - g. Did you notice any other witnesses?

- h. Was anyone hurt or was any property damaged? If so, please describe.
- i. Are you affiliated with any of the people involved in the incident? If so, please explain.
- j. Did you notice anything else you feel is important or is there anything else you would like to add?

(4) No Knowledge. If a witness has no knowledge of a particular matter contained in the Incident Report, he or she should be requested to check the “No Knowledge” box.

(5) Signature and Date. Witnesses should be asked to sign and date the portions of the Incident Report they completed.

(6) Third-Party Witnesses. Third party witnesses shall not be compelled to complete the “Witnesses” portion of the Incident Report form against their will.

(7) Viewing of Incident Report by Witnesses. In order to ensure impartiality when completing an Incident Report, witnesses should only be given a copy of the portion of the Incident Report they completed.

(8) Chain of Custody. Following completion and signing of the Incident Report, the Incident Report is to be delivered directly to the District’s General Manager. The General Manager shall maintain the original for a period of at least five (5) years and shall distribute copies to the Board of Trustees and the District’s legal counsel.

~~(9)~~ Privileged Information.

~~(10)~~(9) The information in the Incident Report and any attachments are for the sole purpose of assisting the District’s legal counsel to review and advise the District about any potential liability associated with respond to the incident, if any. The attorney-client privilege and the attorney work product doctrine therefore apply, and the Incident Report and all attachments may not be disclosed to anyone other than individuals specified in this Policy.

Reference: Resolution No. 2026-



ORANGE COUNTY CEMETERY DISTRICT

INCIDENT REPORT

Name of Injured:	
Age:	
Sex:	
Address:	
City, State, ZIP:	
Date of Birth:	
Personal Phone:	
Work Phone:	
Date of the Accident:	
Time of the Accident:	
Location of the Accident:	
Description of injury/ parts of body involved:	
What was the injured person doing at the time the accident occurred?	
Who was notified?	
Relationship?	
Was the injured Person taken:	<input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Other
If other, where?	
Was 911 called?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was first aid provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, who administered first aid?	
<u>Address of individual administering first aid:</u>	
<u>Phone number of person administering aid:</u>	
If injured person was taken to the hospital, give name and address of hospital:	
Was the injured person participating in a District sponsored activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No



ORANGE COUNTY CEMETERY DISTRICT

INCIDENT REPORT

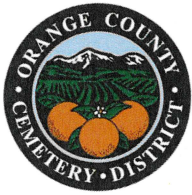
Name of person in charge:	
Was there any property damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Describe:	
Was a police or fire report filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a citation issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, by whom? <u>And what was the citation, incident or report number??</u>	

WITNESSES

Witness Name:	
Personal phone:	
Work phone:	
Address:	
City, State, ZIP	
District Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Signature:	
Date:	

Witness Name:	
Personal phone:	
Work phone:	
Address:	
City, State, ZIP	
District Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Signature:	
Date:	

Witness Name:	
Personal phone:	
Work phone:	
Address:	
City, State, ZIP	
District Employee	



ORANGE COUNTY CEMETERY DISTRICT

INCIDENT REPORT

	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Signature:	
Date:	

COMPLETED BY:

Name:	
Title	
Signature:	
Date:	

REVIEWED BY:

Name:	
Title	
Signature:	
Date:	