

City of El Paso

Parks and Recreation Department Injury/Incident Report



(NON-EMPLOYEE)

Complete this report immediately following any injury/incident and notify the immediate supervisor. Reports are due to the Parks and Recreation Administrative Office within 2 business days.

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Incident Date:		2/25/2025			Incident Time:	1:00		AM	х	PM	
Incident Location:		Wellington Chew Senior Center									
Person(s) involved:		Roberto Limas (volunteer) and Theresa Valadez									
Parent's Name (if minor):					_					
Street Address: 4430	Maxwell St										
City: El Paso State:			TX	Zip Code:	79904	Phone: 212-2245					
							7				
	Type of In	ury/Inciden	t (Continu	e on Page 2	, if more space r	needed)	_				
/erbal altercation											
	Describe W	hat Happene	ed (Continu	ue on Page	2, if more space	needed)					
nas been assisting at the c sn't the first time that The	resa has made co	mments about Ro	bert's ethnic	city.	re space needed		KODE	ert said	i that i	unis	
I have chosen not to speal EMS Called?	k to Theresa as I f	ind that she has a		nper and calle		apprise him o	f the s	situatio	າດ.		
Police Called?	Yes	res No x P									
Witnesses			Chec	ck One							
Name			Staff	Other	AD websets as	Title (if applicable) AB volunteer and WC member				_	
Robert Limas				x		Community Service Volunteer				_	
RODER BINDS											
Faralana Blanca da -1-a		1		njury/Inc	Signature	0.00	1		Date		
Employee Name (print) Rebecca Freeman-Hendricks		100	Title		10 0 1		Date				
		Program Supervisor		Wy sky XX			2/25/2025				
Particular in the second				Signature Date							
Reviewer		Employee Nam	************	Signature			7 -75-1		-2 0		
Site Supervisor / Coordin							2/200				
Division Manager		Enrique Valadez		1	- (Jony III		13	10	3/	1	
Assistant Director		VACAN	т	-		1000		5 /-		P	
Director		Pablo Caba	ltero		750	W		1/2	87	26	