

Reports from Nations Tobin  
staff concerning PARD  
guideline violations from  
hockey team



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

Incident Date: 9/16/25	Incident Time: 6:30 PM	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>
Incident Location: Nations Tobin			
Person(s) Involved: Gabriel Mendez			
Parent's Name (if minor):			
Street Address:			
City: El Paso	State: TX	Zip Code: 799	Phone: (915) 212-

39 Park

Type of Injury/Incident (Continue on Page 2, if more space needed)

Gabriel Mendez was changing in the Bleachers (individual called Front desk to inform us)

Describe What Happened (Continue on Page 2, if more space needed)

I David Caro received a phone call saying Gabriel Mendez was changing in the bleachers when told to go to lockers he said no and I had to ask Eric Torres to get him to go to locker or games would not happen.

Action Taken (Continue on Page 2, if more space needed)

Told him he had to go to correct area and had Eric Torres help.

EMS Called? Yes  No  Transported to \_\_\_\_\_

Police Called? Yes  No  PD Case No. \_\_\_\_\_

Witnesses	Check One		Title (if applicable)
	Staff	Other	
Name Griselinda Navarrete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sport Site Spec

Employee Completing Injury/Incident Report

Employee Name (print)	Title	Signature	Date
David Caro	Rec Leader	<i>[Signature]</i>	9/16/25

Reviewer	Reviewed		
	Employee Name (print)	Signature	Date
Supervisor			
Manager			
Parks & Recreation Assistant Director	Steven R. Bingham		
Parks & Recreation Director	Tracy A. Novak		



**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

Incident Date: 9/18/25	Incident Time: 8:08	AM	X	PM
Incident Location: Big rock				
Person(s) Involved: David Sime				
Parent's Name (if minor):				
Street Address:				
City:	State:	Zip Code:	Phone:	

**Type of Injury/Incident (Continue on Page 2, if more space needed)**

He was changing (and had no shirt) outside dressing room

**Describe What Happened (Continue on Page 2, if more space needed)**

Mr. Sime was looking for a uniform shirt to wear, but he was shirtless and David Caro told him to remember to change inside the dressing room but he still continued to be w/o a shirt outside

**Action Taken (Continue on Page 2, if more space needed)**

EMS Called?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Transported to _____
Police Called?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	PD Case No. _____

Witnesses Name	Check One		Title (if applicable)
	Staff	Other	
David Caro	✓		Rec. Leader

**Employee Completing Injury/Incident Report**

Employee Name (print): Anselm Naranjo	Title: Sports Site	Signature:	Date: 9/18/25
---------------------------------------	--------------------	------------	---------------

**Reviewed**

Reviewer	Employee Name (print)	Signature	Date
Supervisor			
Manager			
Parks & Recreation Assistant Director	Steven R Bingham		
Parks & Recreation Director	Tracy A Novak		

3



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.

Incident Date: 9/23/25	Incident Time: 7:00 PM	AM	X	X	PM
Incident Location: Nations Tobin					
Person(s) Involved: Drese					
Parent's Name (if minor):					
Street Address: 8831 Rail Road					
City: El Paso	State: TX	Zip Code: 79904	Phone: (915) 212-6550		

**Type of Injury/Incident (Continue on Page 2, if more space needed)**

Hellfire Hornets Played Ineligible Player Last name Drese in 7:00pm game

**Describe What Happened (Continue on Page 2, if more space needed)**

Player Drese (First Name Unknown) played majority of 1st game unknown to staff because he wore Golek mask all of the time in Pinks. Eric Torres was completely aware and did not inform staff

**Action Taken (Continue on Page 2, if more space needed)**

Informed by supervisor of what happened because I was unaware

EMS Called?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Transported to: _____
Police Called?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	PD Case No: _____

Witnesses	Check One		Title (if applicable)
	Staff	Other	
David Caro	Self		Rec Leader
Malanie Gardea			Rec Program Supervisor

**Employee Completing Injury/Incident Report**

Employee Name (print)	Title	Signature	Date
David Caro	Rec leader	<i>[Signature]</i>	9/23/25

Reviewed			
Reviewer	Employee Name (print)	Signature	Date
Supervisor	Malanie Gardea		9/23/25
Manager			
Parks & Recreation Assistant Director	Steven R. Bingham		
Parks & Recreation Director	Tracy A. Novak		



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.

Incident Date:	9.23.25	Incident Time:	7:45	AM	X	PM	
Incident Location:	Big Park						
Person(s) Involved:	Jose Aleman						
Parent's Name (if minor):							
Street Address:	8831 Rail Road						
City:	El Paso	State:	TX	Zip Code:	79904	Phone:	(915) 212-0550

**Type of Injury/Incident (Continue on Page 2, if more space needed)**

Player w/o shirt

**Describe What Happened (Continue on Page 2, if more space needed)**

Jose Aleman came out of the dressing room shirtless I told him that he couldn't be outside the dressing room like that and asked him to go back in and put a shirt on he took a hockey shirt, went inside dressing room but came out again without a shirt and was putting on an undershirt

**Action Taken (Continue on Page 2, if more space needed)**

Informed supervision and told player he needs to follow rules

EMS Called?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Transported to	
Police Called?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	PD Case No	

Witnesses	Check One		Title (if applicable)
	Staff	Other	
Name			

**Employee Completing Injury/Incident Report**

Employee Name (print)	Title	Signature	Date
Einseida Nuvarrete	Sport Site S		9/23/25

**Reviewed**

Reviewer	Employee Name (print)	Signature	Date
Supervisor	Melanie Gardea		
Manager			
Parks & Recreation Assistant Director	Steven R. Bingham		
Parks & Recreation Director	Tracy A. Novak		

5



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

Incident Date:	9.25.25	Incident Time:	7:35	AM	X	PM	
Incident Location:	Big Park						
Person(s) involved:	Lukas Zonosko						
Parent's Name (if minor):							
Street Address:	8831 Railroad Drive						
City:	El Paso	State:	TX	Zip Code:	79904	Phone:	(915) 212-0550

<b>Type of Injury/Incident</b> (Continue on Page 2, if more space needed)	
XI. (F) Changing outside dressing room	
<b>Describe What Happened</b> (Continue on Page 2, if more space needed)	
Mr Zonosko was changing outside dressing room.	

<b>Action Taken</b> (Continue on Page 2, if more space needed)	
I took out a copy of the CoC he signed and show him XI. (F). He promised not to do it again	

EMS Called?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Transported to:	
Police Called?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	PD Case No.:	

Witnesses	Check One		Title (if applicable)
	Staff	Other	
Name			
Eriselda Navarrete	<input checked="" type="checkbox"/>		Sport Site Specialist

Employee Completing Injury/Incident Report			
Employee Name (print)	Title	Signature	Date
Eriselda Navarrete	Sport Site Spc		9.25.25
Reviewed			
Reviewer	Employee Name (print)	Signature	Date
Supervisor			
Manager			
Parks & Recreation Assistant Director	Steven R. Bingham		
Parks & Recreation Director	Tracy A. Novak		



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

Incident Date:	9.25.25	Incident Time:	7:30 <sup>PM</sup>	AM	X	PM	
Incident Location:	Big Rock						
Person(s) involved:	Luis Ramirez Torres						
Parent's Name (if minor):							
Street Address:	8831 Railroad Drive						
City:	El Paso	State:	TX	Zip Code:	79904	Phone:	(915) 212-0850

**Type of Injury/Incident (Continue on Page 2, if more space needed)**

XI (F) Changing outside of dressing room.

**Describe What Happened (Continue on Page 2, if more space needed)**

Luis came in late for his game and he was changing shirts outside dressing room.

**Action Taken (Continue on Page 2, if more space needed)**

I gave him a copy of Cot C and showed him XI (F) He said he wasn't aware of it but promise not to do it again.

EMS Called?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Transported to	
Police Called?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	PD Case No	

Witnesses	Check One		Title (if applicable)
	Staff	Other	
Name			
Griselda Navarrete	<input checked="" type="checkbox"/>		Sport Site Specialist

**Employee Completing Injury/Incident Report**

Employee Name (print)	Title	Signature	Date
Griselda Navarrete	Sport Site Spec		9.25.25
Reviewed			

Reviewer	Employee Name (print)	Signature	Date
Supervisor			
Manager			
Parks & Recreation Assistant Director	Steven R. Bingham		
Parks & Recreation Director	Tracy A. Novak		



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

Incident Date: 9.25.25	Incident Time: 6:30	AM	X	PM
Incident Location: Big rink				
Person(s) involved:	[Redacted]			
Parent's Name (if minor):				
Street Address:				
City: El Paso	State: TX	Zip Code: 79904	Phone: (915) 212-0550	

**Type of Injury/Incident (Continue on Page 2, if more space needed)**

Violation to Code: Respect the prop of others, including City prop & facilities

**Describe What Happened (Continue on Page 2, if more space needed)**

Check in table was removed from where it was placed by staff (between dressing rooms). Table was put back in between dressing rooms again by staff and was moved to the side of 1st dressing room again, and jerseys were put in the middle of the dressing rooms. No one asked if table could be moved.

**Action Taken (Continue on Page 2, if more space needed)**

Check in table was left to the side of 1st dressing room

EMS Called? Yes  No  Transported to \_\_\_\_\_

Police Called? Yes  No  PD Case No \_\_\_\_\_

Witnesses	Check One		Title (if applicable)
	Staff	Other	
Griselda Navarrete	✓		Sport Site Sp
Malanie Gardea	✓		
David Caro	✓		

**Employee Completing Injury/Incident Report**

Employee Name (print)	Title	Signature	Date
Griselda Navarrete	Sport Site Sp		9.25.25
<b>Reviewed</b>			
Reviewer	Employee Name (print)	Signature	Date
Supervisor			
Manager			
Parks & Recreation Assistant Director	Steven R. Bingham		
Parks & Recreation Director	Tracy A. Novak		



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.

Incident Date: 9/25/25	Incident Time:	AM	X	PM
Incident Location: Nations Town				
Person(s) involved: Eric Torres, Javier Marras				
Parent's Name (if minor):				
Street Address: 8831 Nations Town				
City: El Paso	State: TX	Zip Code: 79904	Phone: (915) 212-0550	

Type of Injury/Incident (Continue on Page 2, if more space needed)

Javier/Eric were confrontational toward David Caro and Griselda Navarrete

Describe What Happened (Continue on Page 2, if more space needed)

Both Javier/Eric were very aggressive toward me and Eric, they were demanding to see incident reports filed and said many things that came across as threats not only toward Melany, but Griselda and I.

Action Taken (Continue on Page 2, if more space needed)

Informed them that it was closing time repeatedly and that this was something best suited to discuss with Melany.

EMS Called? Yes  No  Transported to: \_\_\_\_\_

Police Called? Yes  No  PD Case No.: \_\_\_\_\_

Witnesses	Check One		Title (if applicable)
	Staff	Other	
Griselda Navarrete	X		Site Specialist

Employee Completing Injury/Incident Report

Employee Name (print)	Title	Signature	Date
David Caro	Pres. Leader	<i>[Signature]</i>	9/25/25

Reviewer	Employee Name (print)	Signature	Date
Supervisor			
Manager			
Parks & Recreation Assistant Director	Steven R. Bingham		
Parks & Recreation Director	Tracy A. Novak		