

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:	2/10/2025		1			1 1	1 1
Incident Location:				Incident Time:	10:40	X AM	PN
	Happiness Senior Cen	Happiness Senior Center					
Person(s) Involved:	MariaElena Sarmiento	David Perez					
Parent's Name (if minor):							
Street Address: 563 N. Carolina	<u> </u>						
City: El Paso	State:	Texas	Zip Code:	79915	Phone:	9152120435	
						323212073	25442
T)	pe of injury/incider	nt (Continue	on Page 2, if	more space need	ed)	4.00	
Complaint							
Des	scribe What Happer	ed (Continu	ia on Page 2.	If more space ne	ided)		
fariaElena came in to office as she h							
Monday 2/3/25. She stated that she							
ner as she made the decision on her	own and did not get it ap	proved by Ad	visory Board. S	she also made the	complaint th	at he was no	t doing his
ob and always late.							
	Action Taken (Co	ntinue on Pa	pe 2. If more	space needed)	C-252		
wrote an incident report							
IN DEC BY PROPERTY CONTRACTOR				-			
EMS Called?	res No x	Ti	ansported to				
					3110		
Police Called?	res No x		PD Case No.:				
Witnesses			k One				
		Staff	Other		Title (if applicable)		
Name		Stati	Other		тия (и обр	KCEDIO)	
					_		
			7.00		-		_
	Employee Cor	noistino ir	ام م الدسية	nat Ponert			
				HIK LEADOLF			
Employee Name (print)			gury/incide			T 0	ate
Employee Name (print)	TRI		AA	Signature		0	ate
	TRI		Aa		_	1	ate
		ram Supervis	10			2/10/2025	ate
Angel Juarez	Recreation Prog	ram Supervisi Reviev	10	Signature	\ \\	2/10/2025	
Angel Juarez Reviewer	Recreation Prog	Review	10			2/10/2025	ate
Angel Juarez Reviewer Site Supervisor / Coordinator	Recreation Prog	Review	10	Signature		2/10/2025	
Angel Juarez Reviewer Site Supervisor / Coordinator Division Manager	Recreation Prog	Review	10	Signature		2/10/2025	
Employee Name (print) Angel Juarez Reviewer Site Supervisor / Coordinator Division Manager Assistant Oirector	Recreation Prog	ram Supervise Review (print)	10	Signature		2/10/2025	

Type of Injury/Incident (Continued from first page)
MariaElena came in to office as she had an issue with David Perez treasure. She explained that she purchased
brisket the day of our potluck Monday 2/3/25. She stated that she was trying to get reimburst cause of the purchase
and David told her they made decision they could not pay her as she made the decision on her own and did not get
it approved by Advisory Board. She also made the complaint that he was not doing his job and always late.
he approved by Advisory boold. Site also made the companie that he was not doing his job and aways late.
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Describe What Happened (continued from first page)
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Action Taken (continued from first page)