

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:	3/20/2025			Incident Time:	1:00	AM x F
Incident Location: Wellington Chew Seni		nior Center				
Person(s) involved:	ert Limas	Limas				
Parent's Name (if minor):	n/a					
Street Address: 4430 Maxwell	Ave					
City: El Paso	State:	TX	Zip Code:	79904	Phone:	915-212-0423
		-14-			4 1	
Тур	e of Injury/Incide	nt (Continu	ue on Page 2	, if more space n	eded)	
Behavioral						
Desc.	ribe What Happer	ned (Contin	ue on Page :	2, if more space r	needed)	4 3
does not mind helping out. She told any questions please see Rebecca of his 300 hundred hours so he doesn She wanted to know if he was state commented again, with all due resp	or Ruby. She ignored hin I't need to be here, there e mandated or local mand pect if you have any ques	n and continu is enough vo dated to do h stions please	ied to question plunteers. He roours, what is hask Rebecca o	why he is here. S repeated himself and its position here and r Ruby. Roberto ta	he comment d she continu d why is he s lked to me al	ed he already finished ued to question him. still here? Roberto bout the
	Action Taken (Co	ontinue on F	Page 2, if mo	re space needed)	Ontinued	dn pg #2
EMS Called?	Yes No x		Transported to			
Police Called?	res no_x	_		•		
Witnesses						2698
			ck One		Title (if app	licable)
	Ş	Che Staff			Title (if app	
Name	S		ck One			
Name	Ş		ck One			
Name		Staff	Other	Vol		
Name	Employee Con	Staff	Other	Vol		
Name	Employee Con	Staff mpleting 1	Other Other	ident Report Signature		
Name Lob & T Conce Employee Name (print)	Employee Con	Staff mpleting 1 litle	Other Other	ident Report Signature	ndre	Date
Mame Lob & T Long Employee Name (print) Ruby M. Ybarra	Employee Con T Rec Specialist Employee Na	Staff mpleting 1 litle	Other Other Injury/Inc	ident Report Signature Manaybo	ndre	Date 3/20/2025
Employee Name (print) Ruby M. Ybarra Reviewer	Employee Con T Rec Specialist Employee Na	Staff mpleting 1 litle t Revie	Other Other Injury/Inc	ident Report Signature Manaybo	ndre	Date 3/20/2025
Employee Name (print) Ruby M. Ybarra Reviewer Site Supervisor / Coordinator	Employee Con T Rec Specialist Employee Na	Staff mpleting 1 itie Revieume (print)	Other Other Injury/Inc	ident Report Signature Manaybo	ndre	Date 3/20/2025

Type of Injury/Incident (Continued from first page)	
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Describe What Happened (Continued from first page)	다 하기 더 근로 네무지를 하지않았습니다.
uation and had a concern how she knew how many hours needed. I assured hi	m it did not come from us he
uduon dha hab bub was wardaring why she was questioning him as much. I so	and him if he would like for me
d he knew that but was wondering why she was questioning him so much. I as	the state of the same of the s
talk to her and ask if she has any questions or concerns for us and he sald no b	this are appears again he was ten
right away and we could talk to her. I did tell him if she did it again and makes	nim uncomfortable to please let
know right away so we can address any questions or concerns she might have.	
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Action Taken (Continued from first page)	
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