Judicial Council of California
Administrative Office of the Courts

Executive Office Programs Division
455 Golden Gate Avenue ◆ San Francisco, CA 94102-3660
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RONALD M. GEORGE
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Chair of the Judicial Council

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Administrative Director of the Courts

RONALD G. OVERHOLT
Chief Deputy Director

PAT SWEETEN
Director
Executive Office Programs Division

March 12, 2002

Legislative Counsel
State of California
State Capitol, Room 3021
Sacramento, California 95814

Mr. Gregory P. Schmidt
Secretary of the Senate
State Capitol, Room 400
Sacramento, California 95814

Mr. E. Dotson Wilson
Chief Clerk of the Assembly
State Capitol, Room 3196
Sacramento, California 95814

RE: Skateboarding Injuries in Public Skateboard Parks or Facilities
Health and Safety Code Section 115800

Dear Mr. Schmidt and Mr. Wilson:

Enclosed is the Judicial Council report required pursuant to Health and Safety Code section 115800 on skateboarding injuries in public skateboard parks or facilities.

Skateboarding Injuries in Public Skateboard Parks or Facilities

Report to the Legislature
March 13, 2002

Report Summary

The Judicial Council submits to the Legislature this report on injuries from skateboarding in public skateboard parks or facilities pursuant to section 115800 of the Health and Safety Code. Section 115800 requires that "The appropriate local public agency shall maintain a record of all known or reported injuries incurred by a skateboarder in a public skateboard park or facility. The local public agency shall also maintain a record of all claims, paid and not paid, including any lawsuits and their results, arising from those incidents that were filed against the public agency." These public agencies are required, in turn, to report these items annually to the Judicial Council. As of January 1, 2001, public agencies are only required to report injuries incurred in skateboard parks built on or after January 1, 1998.

The report includes a table summarizing the injuries reported by the public agencies that recognized their obligation to submit this information. Eighty injuries were documented. No lawsuits or claims were filed as a result of these injuries. Copies of the reports submitted by these agencies are attached.

Skateboarding Injuries in Public Skateboard Parks or Facilities

Report to the Legislature
March 13, 2002

The Judicial Council submits to the Legislature this report on injuries from skateboarding in public skateboard parks or facilities pursuant to section 115800 of the Health and Safety Code. Section 115800 requires that "The appropriate local public agency shall maintain a record of all known or reported injuries incurred by a skateboarder in a public skateboard park or facility. The local public agency shall also maintain a record of all claims, paid and not paid, including any lawsuits and their results, arising from those incidents that were filed against the public agency." These public agencies are required, in turn, to report these items annually to the Judicial Council. As of January 1, 2001, public agencies are only required to report injuries incurred in skateboard parks built on or after January 1, 1998.

Summary of Findings

Nine public agencies submitted reports of skateboarding injuries in their jurisdictions for the year 2001: the cities of Campbell, Chico, Elk Grove, Fullerton, Morgan Hill, Pico Rivera, Santa Barbara, Stockton, and Vacaville. Their detailed reports are provided as attachments. A total of 80 injuries were reported for calendar year 2001. The nature of the injuries ranged from minor lacerations to broken bones, dislocated joints, and one slight concussion. No claims or lawsuits were filed against these public agencies as the result of the reported injuries. Figure 1 provides a summary table of the numbers and types of injuries, as well as the numbers of claims and lawsuits filed as a result.

Figure 1. Reported Skateboard Injury Accidents in Public Skateboard Parks and Facilities: Calendar Year 2001

City Name	Number of Injury Accidents	Number of Claims	Number of Lawsuits	Type of Injuries[1]				
				Minor Fall or Laceration	Dislocated / Sprained Joint	Broken Bone	Minor Head Injury	Unknown
Campbell	3	0	0	2	1	0	0	0
Chico	2	0	0	0	1	1	0	0
Elk Grove	4	0	0	2	0	2	0	0
Fullerton	7	0	0	2	0	2	2	1
Morgan Hill	1	0	0	1	0	0	0	0
Pico Rivera	8	0	0	1	6	1	0	0
Santa Barbara	14	0	0	5	4	3	1	1
Stockton	9	0	0	0	0	0	0	9
Vacaville	32	0	0	0	0	0	0	32
TOTAL	**80**	**0**	**0**	**13**	**12**	**9**	**3**	**43**

Data and Methodology

The Research and Planning Unit of the Administrative Office of the Courts collected reports from agencies that recognized their obligation to report skateboarding injuries. In addition, a search was conducted in the legal journals and periodicals for any summary articles on this topic, yielding no results. A search of the Westlaw® and LEXIS® databases revealed no case filings in California involving skateboarding injuries in 2001. Filings and disposition data that the Administrative Office of the Courts receives from the trial courts do not allow us to identify skateboarding injuries as a specific case type.

It is possible that more than nine agencies were required to report this information to the Judicial Council. Unfortunately, there is no way to identify the errant agencies. The legislation (Senate Bill 994) did not appropriate any funds for data collection for this report.

Attachment 1, City of Campbell
Attachment 2, City of Chico
Attachment 3, City of Elk Grove

[1] Most of the reporting agencies chose to send detailed information on the nature of the injuries; however, this was not specifically required by the legislation.

Attachment 4, City of Fullerton
Attachment 5, City of Morgan Hill
Attachment 6, City of Pico Rivera
Attachment 7, City of Santa Barbara
Attachment 8, City of Stockton
Attachment 9, City of Vacaville

CITY OF CAMPBELL
Recreation & Community Services

January 22, 2002

Judicial Council of California
Research and planning Unit
Re: Skateboarding Records, Per H&S 115800
455 Golden Gate Avenue
San Francisco, CA 94102

Judicial Council of California,

Enclosed are the records for reported injuries, which occurred at the City of Campbell Skate Park for the 2001 year. No claims were recorded during the year. If you have any further questions please feel free to contact me.

Sincerely,

Chris Ghione
Community Center Coordinator
(408) 866-2741
ChrisG@ci.campbell.ca.us

3 wrist
tooth
face bruise

1 West Campbell Ave., No. C-31 · Campbell, CA 95008-1039 · TEL 408.866.2105 · FAX 408.374.6965 · TDD 408.866.2790

City of Campbell Skate Park
Record of Injuries and Claims

	Injuries			
Date	Inury	Name	Age	Equipment Involved
2/3/2001	Dislocated Wrist	[redacted]	12	Spine
3/17/2001	Chipped front tooth	[redacted]	10	Half Pipe
8/2/2001	Bruise and Laceration to Face	[redacted]	9	Quarter Pipe

	Record of Claims			
	None			

Campbell Recreation & Community Services Department

REPORT# 2001-
DATE REC'D 2-5-

ACCIDENT REPORT

1. Accident location: Skate park
   Specific Area: ☐ athletic field ☐ asphalt area ☐ apparatus ☐ gym
   ☐ swimming pool ☐ center building Other _____

2. Accident occured at 1:10 a.m. (p.m.) on Sat. (Day) / 2/3/01 (Date)

   Weather conditions: Sunny

3. [redacted] / [redacted] / [redacted] / 12 / M
   Name of Injured / Address / Phone / Age / Sex

4. _____ / _____ / _____
   Occupation / Employer/School / Employer or School Address

5. Information about the injury:
   A. Part of body injured: right wrist
   specify side & precise area (e.g.right index finger)
   B. Nature and extent of injury: dislocated right wrist
   be specific (e.g. 1/2" cut)
   C. Was blood present? ___yes X no

6. Description of the accident by injured person: _____
   _____
   _____ Signature of injured person: _____

7. Description of the accident by witness:
   A. How did the accident happen and what was injured person doing? _____
   rollar blading fell and landed on wrist
   B. Was any equipment involved? X yes ___ no What? spine
   C. What can be done to prevent a similiar injury in the future? _____
   nothing

8. _____
   Name of Witness / Address / Phone

   _____
   Name of Witness / Address / Phone

9. Action taken: Copy of Report to be submitted to Community Services Office, within 24 hours. If serious accident, contact Office by phone - 866-2106.

   A. What treatment was given (if any)? ice
   B. Were "universal precautions" employed if dealing with blood? ___yes ___no
   If no, why not? _____
   C. Was family member notified? X Yes ___ No
   Family member's name _____ Relationship mother
   D. Were Paramedics or other emergency service contracted? ___yes X no
   Explain: _____ Report#_____
   E. Other details: _____

10. Signature of person completing this form: [signature] Title: [illegible]
    Date: 2/3/01

Chris

ACCIDENT REPORT

DATE REC'D 3-20-c

1. Accident location: skate park
   Specific Area: ☐ athletic field ☐ asphalt area ☐ apparatus ☐ gym
   ☐ swimming pool ☐ center building Other _____

2. Accident occured at 12:20 a.m. (p.m.) on Sat. / 3/17/01
   Day / Date

   Weather conditions: Sunny

3. [redacted] / _____ / [redacted] / 10 / m
   Name of Injured / Address / Phone / Age / Sex

4. _____ / _____ / _____
   Occupation / Employer/School / Employer or School Address

5. Information about the injury:
   A. Part of body injured: teeth / chipped two front
      specify side & precise area (e.g.right index finger)
   B. Nature and extent of injury: _____
      be specific (e.g. 1/2" cut)
   C. Was blood present? ✓ yes ___ no

6. Description of the accident by injured person: fell on half pipe on his mouth
   _____ Signature of injured person: _____

7. Description of the accident by witness:
   A. How did the accident happen and what was injured person doing? _____
      riding on half pipe & fell forward
   B. Was any equipment involved? X yes ___ no What? half pipe
   C. What can be done to prevent a similiar injury in the future? _____
      nothing

8. _____
   Name of Witness / Address / Phone

   _____
   Name of Witness / Address / Phone

9. Action taken: Copy of Report to be submitted to Community Services Office, within 24 hours. If serious accident, contact Office by phone - 866-2106.

   A. What treatment was given (if any)? gave him cool wet cloth
   B. Were "universal precautions" employed if dealing with blood? ___ yes X no
      If no, why not? he was able to handle his own injury
   C. Was family member notified? X Yes ___ No
      Family member's name Karen Relationship mother
   D. Were Paramedics or other emergency service contracted? ___ yes X no
      Explain: _____ Report# _____
   E. Other details: _____

10. Signature of person completing this form: Melvin Cook
    Date: 3/17/01 Title: skate park attendant

Campbell Recreation & Community Services Department

REPORT# 2001-3
DATE REC'D _____

ACCIDENT REPORT

1. Accident location: Skatepark
   Specific Area: ☐ athletic field ☐ asphalt area ☒ apparatus ☐ gym
   ☐ swimming pool ☐ center building Other Skateparks

2. Accident occured at 5:00 a.m./p.m. on Thursday / 5/2/01
   Day / Date

   Weather conditions: Sunny

3. [redacted] / [redacted] / [redacted] / 9 / M
   Name of Injured / Address / Phone / Age / Sex

4. — / Blossom Hill Elem. / —
   Occupation / Employer/School / Employer or School Address

5. Information about the injury:
   A. Part of body injured: Left side of face (lip + eye)
   specify side & precise area (e.g.right index finger)

   B. Nature and extent of injury: small scrape, fat lip
   be specific (e.g. 1/2" cut)

   C. Was blood present? X yes ___ no

6. Description of the accident by injured person: tried to step in, fell on face off of ramp
   Signature of injured person: [signature]

7. Description of the accident by witness:
   A. How did the accident happen and what was injured person doing? _____

   B. Was any equipment involved? X yes ___ no What? ramp (quarterpipe)
   C. What can be done to prevent a similiar injury in the future? _____

8. Brad Behrens / 5200 Wabash Mac Ct. / 225-6645
   Name of Witness / Address / Phone

   Chris Ghione / 866-2741
   Name of Witness / Address / Phone

9. Action taken: Copy of Report to be submitted to Community Services Office, within 24 hours. If serious accident, contact Office by phone - 866-2106.

   A. What treatment was given (if any)? —
   B. Were "universal precautions" employed if dealing with blood? X yes ___ no
   If no, why not? —
   C. Was family member notified? X Yes ___ No
   Family member's name Kim Relationship mom
   D. Were Paramedics or other emergency service contracted? ___ yes X no
   Explain: not needed Report#_____
   E. Other details: —

10. Signature of person completing this form: [signature]

RECEIVED

OCT 17 2001

CITY MANAGER
CITY OF CHICO

CITY OF CHICO
REPORT OF ACCIDENT, THEFT, OR DAMAGE INVOLVING CITY PROPERTY

INSTRUCTIONS: Complete this form as soon after incident as possible. Turn it in to your department head for approval and signature. The department head will detach the orginator's copy and forward the other copies to the Risk Manager for review and distribution.

SECTION I. DATE AND PERSONS INVOLVED

Type of Report: Accident ☒ Theft ☐ Damage ☐ Date of Incident 10-14-01 Time 1342 P M

PERSONS INVOLVED:

(1) Name [redacted] Address [redacted] Phone [redacted]

(2) Name _____ Address [redacted] Phone _____

WITNESSES:

(1) Name _____ Address _____ Phone _____

(2) Name _____ Address _____ Phone _____

SECTION II. DESCRIPTION

LOCATION OF INCIDENT: Humboldt Neighborhood Park 359 Humboldt Ave.

INJURY SUSTAINED (if any): Possible Fracture To (R) Femur

DESCRIPTION (What happened; how it happened; extent and description of accident, theft or damage to City property, and City property inventory number):

[redacted] was roller-blading @ the Time. Injury Occured while falling.

[redacted] was Transported To Enloe Hospital via Enloe ground Ambulance. Pt. Mother present @ Scene. Fire Inc. # 01-5646

(Attach additional page if necessary for complete description)

SECTION III. VEHICLE INFORMATION

If Vehicles Involved, Complete the Following:

	NAME AND ADDRESS OF DRIVER	Driver License No.	VEHICLE INFORMATION Make	Year	License	Insurance Company/ Policy No.
Veh. No. 1						
Veh. No. 2						

Registered Owner, Veh. No. 1 _____ Address _____

Registered Owner, Veh. No. 2 _____ Address _____

SECTION IV. PERSON MAKING REPORT AND ACTION TAKEN

This report completed by John R. Staveley Postion Fire Capt.

Department Fire Date 10-14-01

Action taken _____

By Whom _____ Date 10-15-01

DEPARTMENT HEAD SIGNATURE

☐ White Copy-City Manager L-GEN-4 ☐ Blue Copy-General Services ☐ Yellow Copy-Originator

☐ Pink Copy-Claims Administrator ☐ Goldenrod Copy-Finance Officer

11-1 2/95 2.5M

10-11-20-1

CITY OF CHICO

REPORT OF ACCIDENT, THEFT, OR DAMAGE INVOLVING CITY PROPERTY

INSTRUCTIONS: Complete this form as soon after incident as possible. Turn it in to your department head for approval and signature. The department head will detach the orginator's copy and forward the other copies to the Risk Manager for review and distribution.

RECEIVED
MAR 19 2001
CITY MANAGER
CITY OF CHICO

SECTION I. DATE AND PERSONS INVOLVED

Type of Report: Accident ☒ Theft ☐ Damage ☐ Date of Incident 3-12-01 Time 1157 A M

PERSONS INVOLVED:
(1) Name [redacted] Address [redacted] Phone [redacted]

(2) Name _____ Address _____ Phone _____

WITNESSES:
(1) Name _____ Address _____ Phone _____

(2) Name _____ Address _____ Phone _____

SECTION II. DESCRIPTION

LOCATION OF INCIDENT: Skate Park 359 Humboldt Av.

INJURY SUSTAINED (if any): Possible dislocated (R) Ankley

DESCRIPTION (What happened; how it happened; extent and description of accident, theft or damage to City property, and City property inventory number):

P-1 was Skate-boarding. Unknown type movement. No Pads observed. Incident was Videoed by friend. P-1 Transported to Medical Facility by Enloe Medics.

F.D. Incident # 01-1313

(Attach additional page if necessary for complete description)

SECTION III. VEHICLE INFORMATION

If Vehicles Involved, Complete the Following:

	NAME AND ADDRESS OF DRIVER	Driver License No.	VEHICLE INFORMATION Make	Year	License
Veh. No. 1	- - - - - - - - - - - -				
Veh. No. 2	- - - - - - - - - - - -				

Registered Owner, Veh. No. 1 _____ Address _____

Registered Owner, Veh. No. 2 _____ Address _____

Put Copy in D-14-30-1

SECTION IV. PERSON MAKING REPORT AND ACTION TAKEN

This report completed by John R. Staveley Postion Capt.

Department Fire Date 3-12-01

Action taken _____

By Whom _____ Date 3-16-01

DEPARTMENT HEAD SIGNATURE

☐ White Copy-City Manager L-GEN-4 ☐ Blue Copy-General Services ☐ Yellow Copy-Originator
☐ Pink Copy-Claims Administrator ☐ Goldenrod Copy-Finance Officer

11-1 2/95 2.5M

ELK GROVE
COMMUNITY
SERVICES
DISTRICT

DEPARTMENT OF
PARKS AND RECREATION

8820 ELK GROVE BLVD.
SUITE 3
ELK GROVE, CA 95624

(916) 685-3917
(916) 685-6942 FAX

January 31, 2002

Judicial Council of California
Research and Planning Unit
55 Golden Gate Avenue
San Francisco, CA 94102

Re: Skateboarding Records, Per H&S 115800

Attached are the records of reported injuries, which occurred in 2001 at the public skate park operated by the Elk Grove Community Services District, Department of Parks and Recreation.

If you have any questions please contact me at (916) 686-5381.

Sincerely,

Michelle Lacy
Recreation Supervisor

NO lawsuits or claims

Skateboarding Records 2001

Elk Grove CSD Skate Park Injury Report 2001

Date	Time	Person	DOB	Injury	Result
5/18/2002	3:35	[redacted]	[redacted]	Broken leg	No Claim
8/24/2001	3:55	[redacted]	[redacted]	Cut on head	No Claim
8/22/2001	4:10	[redacted]	[redacted]	Broken leg	No Claim
8/12/2001	12:30	[redacted]	[redacted]	Cut lip/abrasion	No Claim

CITY OF CHICO
INC 1872

OFFICE OF THE
CITY MANAGER

411 Main Street
P.O. Box 3420
Chico, CA 95927

(530) 895-4500
FAX (530) 895-4825
ATSS 459-4800

D-14-30-1/Chrono

January 17, 2002

Administrative Office of the Courts
California Judicial Council
Attn: Jacquelyn Harbert, Sr. Research Analyst
455 Golden Gate Avenue, 5th Floor
San Francisco, CA 94102

RE: City of Chico - Annual Report of Skate Park Injuries and Claims - Pursuant to Section 115800 of the California Health and Safety Code.

Dear Ms. Harbert:

As required by paragraph (d)(4) of Section 115800 of the California Health and Safety Code, enclosed are copies of City of Chico reports of skate park accidents which occurred at the City's skate park during calendar year 2001.

To summarize, there were two injury accidents which were either reported to the City or otherwise came to our attention. These accidents resulted in one broken leg and one dislocated ankle. As of this date, , no tort claims or lawsuits have been filed against the City as a result of these accidents, and no damages have been paid.

If you have questions regarding this information, please call me at (530) 895-4820, or contact me by e-mail at bkoch@ci.chico.ca.us.

Sincerely,

Robert E. Koch
Risk Manager

c: CM/ACM (w/o enc.)
Park Director (w/o enc.)

PERSONNEL/RISK MANAGEMENT DEPARTMENT
303 West Commonwealth Avenue, Fullerton, CA 92832-1775 Website: www.ci.fullerton.ca.us

Personnel (714) 738-6361
Risk Management (714) 738-5321
Fax (714) 738-3113

January 29, 2002

Judicial Council of California
Research and Planning Unit
455 Golden Gate Avenue
San Francisco, CA 94102

RE: City of Fullerton
Skateboarding Records, Per H&S 115800

To the Judicial Council of California:

Enclosed are the City of Fullerton's Incident, Police and Fire/Paramedic reports that were received during the period of May 29, 2001 through January 22, 2002.

The City had seven injury reports submitted. As of this date, the City has not received any claims or lawsuits pertaining to bodily injuries sustained while using the Skate Park.

If you have questions pertaining to the above information, please contact me at 714) 738 – 6868.

Sincerely,

Haydee M. Sainz
Risk Management Specialist

Enclosure

Fullerton Fire Department F0104514

INCIDENT REPORT

INCIDENT

Fire Department:	Fullerton Fire Department
Incident Number:	F0104514
Exposure Number:	00
Multi-Agency IC#:	
Incident Date:	06/24/01
Dispatch Time:	17:33:16
Arrival Time:	17:39:29
Ending Time:	18:08:24
Additional Days:	0
First-In Company:	FT1
District:	F1122
Situation Found 1:	Medical Call
Situation Found 2:	
Situation Found 3:	
Situation Found 4:	
Auto/Mutual Aid:	NONE - No Aid Provided or Received
Method of Alarm:	Telephone direct to fire department
Type Weather:	Clear
Air Temperature:	81
Property Management:	Private tax-paying property
Address,CSZ:	INDEPENDENCE PK, 801 W VALENCIA DR FULLERTON, CA 9
Census Tract:	
Fire Haz Sev Zone:	Medium
Total Personnel:	0
#Apparatus Resp Eng:	0
#Apparatus Resp Trk:	1
#Apparatus Resp Med:	0
#Apparatus Resp Oth:	0
General Property:	
Specific Prop Use:	
Bldg Code Occ Type:	
Structure Type:	
Structure Status:	
Occupied at Time:	

EMERGENCY MEDICAL SERVICE

Number of Patients:	2
Lvl Care Capable-FD:	Basic emergency medical technician
Lvl Care Capable-Oth:	
Lvl Care Provided-FD:	Basic emergency medical technician
Lvl Care Provided-Oth:	
EMS Situation Found 1:	Minor Slip or Fall
EMS Situation Found 2:	
EMS Situation Found 3:	
EMS Situation Found 4:	

Fullerton Fire Department F0104514

INCIDENT REPORT

#Patients Trans-Fire: 0
#Patients Trans-Amb: 1
#Patients Trans-Cor: 0
#Patients Trans-Oth: 1

ACTION TAKEN/SPECIAL STUDIES

Type Action Taken 1: No action taken
Type Action Taken 2:
Type Action Taken 3:
Type Action Taken 4:
Spec Studies-Local:
Spec Studies-St Wide:

PATIENT

Name:Last,First,MI: [redacted]
DOB,Age,Sex:
Address,CSZ
Country: USA
Telephone:
Drivers Lic#:
SS Number:
Employer:
Emp Telephone:
Relative:
Rel Telephone:
Insurance:
Policy#:
Billing Care: BLS
Status: Mild
Situation: Minor Slip or Fall
Transported To: St Jude Medical Center
Transported By: Ground Ambulance
ALS Intervention: N
Escorted: N

PATIENT

Name:Last,First,MI: [redacted]
DOB,Age,Sex: [redacted] 11 M
Address,CSZ
Country: USA
Telephone: 7145029322
Drivers Lic#:
SS Number:
Employer:
Emp Telephone:

Fullerton Fire Department F0104514

INCIDENT REPORT

Relative:
Rel Telephone:
Insurance:
Policy#:

Billing Care:	BLS
Status:	Mild
Situation:	Minor Slip or Fall
Transported To:	St Jude Medical Center
Transported By:	Ground Ambulance
ALS Intervention:	N
Escorted:	N

COMMENTS

***** FT1 *****

FT1 Responded to a reported medical aid call at 801 West Valencia Drive . Upon our arrival we found two male minor patients inside the skate board park . Patient #1 a 14 year old male was suffering from a fractured right ankle . Patient # 2 was suffering from a possible fracture right wrist . We provided basic medical care and requested Fullerton police to make contact with the patients parents . The patients were transported to Saint Jude Hospital in AMR Ambulance . We secured and cleared .

Captain Tom Schultz

INCIDENT NUMBER 004514

EMERGENCY MEDICAL SERVICE

COUNTY OF ORANGE, CA. HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
PRE-HOSPITAL CARE REPORT

FREQUENCY

[x] EMT ONLY ☐ PAU ONLY ☐ BH CONTACT ☐ NO BH CONTACT

[x] MILD ☐ MODERATE ☐ ACUTE MEDICAL ☐ MTV ☐ CTV ☐ CARD / RESP ARREST ☐ NEURO ☐ FIELD DEATH ☐ DNR ☐ BURN ☐ MVI

DISTRICT	UNITS	BH	YEAR	MONTH	DAY	RUN	PT
	BLS / ALS		01	02	24		1

NAME (FIRST, LAST): [redacted]

INCIDENT LOCATION / CITY: [redacted]

AGE | DOB | SEX M F | WEIGHT KG / LBS | ☐ COMM PROB ☐ LANG BARR

MAILING ADDRESS: [redacted] PHONE/DL

CHIEF COMPLAINT
P C T

DURATION X

MED HISTORY ☐ NONE ☐ UNK ☐ OTHER
☐ ANGINA [x] CVA ☐ COPD ☐ ETOH ☐ PREGNANT
☐ ASTHMA ☐ CARDIAC ☐ DIABETES ☐ HTN ☐ PSYCH
☐ CANCER ☐ CHF ☐ DRUGS ☐ PACEMAKER ☐ OBS ☐ SEIZ

HX OF ILLNESS/INJ: FALL / SKATE BOARD

TX PTA

MEDS [x] NONE ☐ UNK

ALLERGIES [x] NONE ☐ UNK PMD [x] NONE ☐ UNK

PRIMARY SURVEY

A: [x] NORMAL ☐ PART OBST ☐ TOTAL OBST

B: ☐ NORMAL ☐ LABORED ☐ RAPID ☐ SHALLOW ☐ ABSENT

C: [x] NORMAL ☐ WEAK ☐ BOUNDING ☐ IRREG ☐ ABSENT; EBL ____ CC

[x] ALERT — L O C — ORIENTED X 4 (☐ PERSON ☐ TIME ☐ PLACE ☐ SITUATION)
☐ ANXIOUS ☐ ETOH ODOR ☐ LETHARGIC ☐ UNCOOPERATIVE ☐ UNCONSCIOUS X ____ ☐ SIL / SLURRED ☐ CONFUSED ☐ VIOL / COMB ☐ POST-ICTAL

C-SPINE: ☐ PAIN ☐ MOTOR LOSS ☐ NUMBNESS [x] MECHANISM ☐ TENDERNESS; SEAT BELT WORN? ☐ YES ☐ NO ☐ UNK

TEMP: ☐ NORMAL ☐ WARM ☐ COOL ☐ HOT ☐ COLD

COLOR: [x] NORMAL ☐ PALE ☐ FLUSHED ☐ CYANOTIC ☐

MOIST: [x] NORMAL ☐ DRY ☐ MOIST ☐ WET/DIAPH

PUPILS: ☐ PERL (L R) ☐ PINPOINT ☐ CONST ☐ FIXED ☐ DILATED ☐ BLIND ☐ MID ☐ RESPONDS ☐ SLUGGISH ☐ CATARACT __ __ SIZE MM

☐ O2 ____ LPM VIA CANN / MASK ☐ PP / BVM ☐ SUCTIONING ☐ CPR ☐ EMT-D ☐ REFUSED CARE ☐ REL SIGNED ☐ CERV STAB ☐ B/B ☐ C/C ☐ H/B [x] BANDAGING ☐ BLEED CONTROL [x] TRAC / SPLINT ☐ OTHER STAB

SECONDARY SURVEY

	WNL	N/A	ABN	COMMENTS
NEURO	[x]	☐	☐	☐ EQUAL GRIPS/PUSHES
HEAD	[x]	☐	☐	
NECK	[x]	☐	☐	☐ NO JVD
CHEST	☐	☐	☐	☐ NEG BARREL HOOP
LUNGS	[x]	☐	☐	☐ LUNGS CLEAR BILAT
ABD	[x]	☐	☐	☐ SOFT/SUPPLE
BACK-SPINE	[x]	☐	☐	
PELVIS	[x]	☐	☐	☐ NEG BARREL HOOP
EXTREM	☐	☐	[x]	☐ FROM ☐ NO DISTAL EDEMA — PAIN (R) ANKLE DEFORMITY

GLASGOW			GLUCOSE	A L S AIRWAY
TIME	(1745)	( )	TIME ( )	E T SIZE ____ MM
EYES			____ MG %	ET/EOA BY # ____
MOTOR			☐ CLOT TUBE	# OF ATTEMPTS ____
VERBAL				VERIFIED BY ____ MD
TOTAL	15			

I V THERAPY

TIME	NORMAL SALINE	SALINE LOCK	GAUGE	SITE	RATE
	250cc / 1000cc				
	250cc / 1000cc				

TOTAL FLUID INTAKE ____ IV ATTEMPT(S) UNSUCCESSFUL

TIME	PULSE	REPS	B / P	E K G
1745	100	20	128/ P	N/T
			/	
			/	
			/	
			/	
			/	
			/	
			/	

TIME	TREATMENT / RESPONSE
1745	☐ SO ☐ CPR SPLINT / ICE PACK
	☐ SO ☐ CPR TRANSPORT
	☐ SO ☐ CPR FPD TO CONTACT PARENTS
	☐ SO ☐ CPR
	☐ SO ☐ CPR
	☐ SO ☐ CPR
	☐ SO ☐ CPR
	☐ SO ☐ CPR

INITIAL ASSESSMENTS
FX
(R) ANKLE

DILLON — RADIO EMT-P
PT. EMT-P
CO OFFICER/TRAINEE/MICN/MD

COMMENTS/DETAILS
P
Q PT WAS SKATE BOARDING AT SKATE BOARD
R PARK ... BOARD SLIPPED OUT FROM UNDER
S ... DURING A SMALL DROP
T PT ... HELMET

ALARM	1732	902-H	1755
10-97	1740	10-97 HOSP	
CONT BH		FINISHED	1755

REC CTR: SJMC
REC'D BY ETA

TRANSPORT: ☐ AMB+ EMT/P ☐ AMB ☐ CODE 3 ☐ AIR AMB ☐ AMR

COMM MODE: ☐ RADIO ☐ PHONE ☐ FREQ SHARE [x] COMM PROB

☐ ADDITIONAL PAGES

Fullerton Fire Department F0106078

INCIDENT REPORT

INCIDENT

Fire Department:	Fullerton Fire Department
Incident Number:	F0106078
Exposure Number:	00
Multi-Agency IC#:	
Incident Date:	08/25/01
Dispatch Time:	20:48:13
Arrival Time:	20:52:17
Ending Time:	21:58:06
Additional Days:	0
First-In Company:	FE2
District:	F1122
Situation Found 1:	Medical Call
Situation Found 2:	
Situation Found 3:	
Situation Found 4:	
Auto/Mutual Aid:	NONE - No Aid Provided or Received
Method of Alarm:	Telephone direct to fire department
Type Weather:	Clear
Air Temperature:	72
Property Management:	Private tax-paying property
Address,CSZ:	801 W VALENCIA DR FULLERTON, CA 92832
Census Tract:	
Fire Haz Sev Zone:	Medium
Total Personnel:	0
#Apparatus Resp Eng:	1
#Apparatus Resp Trk:	0
#Apparatus Resp Med:	0
#Apparatus Resp Oth:	0
General Property:	
Specific Prop Use:	
Bldg Code Occ Type:	
Structure Type:	
Structure Status:	
Occupied at Time:	

EMERGENCY MEDICAL SERVICE

Number of Patients:	1
Lvl Care Capable-FD:	Advance life support
Lvl Care Capable-Oth:	
Lvl Care Provided-FD:	Advance life support
Lvl Care Provided-Oth:	
EMS Situation Found 1:	Major Slip or Fall
EMS Situation Found 2:	
EMS Situation Found 3:	
EMS Situation Found 4:	

Fullerton Fire Department F0106078

INCIDENT REPORT

#Patients Trans-Fire: 0
#Patients Trans-Amb: 1
#Patients Trans-Cor: 0
#Patients Trans-Oth: 1

ACTION TAKEN/SPECIAL STUDIES

Type Action Taken 1: Not classified
Type Action Taken 2:
Type Action Taken 3:
Type Action Taken 4:
Spec Studies-Local:
Spec Studies-St Wide:

PATIENT

Name:Last,First,MI: [redacted]
DOB,Age,Sex:
Address,CSZ
Country: USA
Telephone: 7145240482
Drivers Lic#:
SS Number: 564-71-2489
Employer:
Emp Telephone:
Relative:
Rel Telephone:
Insurance:
Policy#:
Billing Care: ALS
Status: Moderate
Situation: Major Slip or Fall
Transported To: Kaiser Permanente
Transported By: Ground Ambulance
ALS Intervention: Y
Escorted: Y

COMMENTS

***** FE2 *****

FE2 responded to a person who fell and hit his head at 801 W Valencia Ave. Upon our arrival we found the patient lying on the ground with a laceration to the back of his head. The patient was treated with oxygen, IV, placed on a monitor then escorted to Kaiser Hospital for further observation.

Captain Stancyk

INCIDENT NUMBER F 6078

EMS EMERGENCY MEDICAL SERVICE

COUNTY OF ORANGE, CA. HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
PRE-HOSPITAL CARE REPORT

FREQUENCY 6 C

☐ EMT ONLY ☐ PAU ONLY ☒ BH CONTACT ☐ NO BH CONTACT

☐ MILD ☒ MODERATE ☐ ACUTE MEDICAL ☐ MTV ☐ CTV ☐ CARD / RESP ARREST ☐ NEURO ☐ FIELD DEATH ☐ DNR ☐ BURN ☐ MVI

DISTRICT	UNITS	BH	YEAR	MONTH	DAY	RUN	PT
1122	BLS / ALS 2	3	01	08	25	07	

NAME [redacted]

INCIDENT LOCATION / CITY [redacted]

AGE [redacted] SEX F WEIGHT 85 KG / LBS ☐ COMM PROB ☐ LANG BARR

MAILING [redacted] PHONE/DL

CHIEF COMPLAINT PCT (2054) Head Laceration

DURATION X

MED HISTORY ☒ NONE ☐ UNK ☐ OTHER BREA
☐ ANGINA ☐ CVA ☐ COPD ☐ ETOH ☐ PREGNANT
☐ ASTHMA ☐ CARDIAC ☐ DIABETES ☐ HTN ☐ PSYCH
☐ CANCER ☐ CHF ☐ DRUGS ☐ PACEMAKER ☐ OBS ☐ SEIZ

HX OF ILLNESS/INJ Fell backward to Concrete

TX PTA Ø

MEDS ☒ NONE ☐ UNK

ALLERGIES ☒ NONE ☐ UNK PMD ☒ NONE ☐ UNK

PRIMARY SURVEY

A: ☐ NORMAL ☒ PART OBST ☐ TOTAL OBST

B: ☒ NORMAL ☐ LABORED ☐ RAPID ☐ SHALLOW ☐ ABSENT

C: ☒ NORMAL ☐ WEAK ☐ BOUNDING ☐ IRREG ☐ ABSENT EBL 50 CC

☐ ALERT LOC 4 ORIENTED X ☐ PERSON ☐ TIME ☐ PLACE ☐ SITUATION

☐ ANXIOUS ☐ ETOH ODOR ☐ LETHARGIC ☐ UNCOOPERATIVE ☐ UNCONSCIOUS X ☐ SIL / SLURRED ☐ CONFUSED ☐ VIOL / COMB ☐ POST-ICTAL UNK.

C-SPINE: ☐ PAIN ☐ MOTOR LOSS ☐ NUMBNESS ☒ MECHANISM ☐ TENDERNESS SEAT BELT WORN? ☐ YES ☐ NO ☐ UNK

TEMP: ☒ NORMAL ☐ WARM ☐ COOL ☐ HOT ☐ COLD

COLOR: ☒ NORMAL ☐ PALE ☐ FLUSHED ☐ CYANOTIC ☐

MOIST: ☒ NORMAL ☐ DRY ☐ MOIST ☐ WET/DIAPH

PUPILS ☒ PERL
L R ☐☐ PINPOINT ☐☐ CONST ☐☐ FIXED ☐☐ DILATED ☐☐ BLIND
L R ☐☐ MID ☐☐ RESPONDS ☐☐ SLUGGISH ☐☐ CATARACT SIZE 5 5 MM

☒ 02 4 LPM VIA CANN / MASK ☐ PP / BVM ☐ SUCTIONING ☐ CPR ☐ EMT-D ☐ REFUSED CARE ☐ REL SIGNED
☒ CERV STAB ☒ B/B ☒ C/C ☒ H/B ☐ BANDAGING ☐ BLEED CONTROL ☐ TRAC / SPLINT ☐ OTHER STAB

SECONDARY SURVEY

	WNL	N/A	ABN	COMMENTS
NEURO	☒	☐	☐	☐ EQUAL GRIPS/PUSHES
HEAD	☒	☐	☒	Laceration Occ
NECK	☒	☐	☐	☐ NO JVD
CHEST	☒	☐	☐	☐ NEG BARREL HOOP
LUNGS	☒	☐	☐	☐ LUNGS CLEAR BILAT
ABD	☒	☐	☐	☐ SOFT/SUPPLE
BACK-SPINE	☒	☐	☐	
PELVIS	☒	☐	☐	☐ NEG BARREL HOOP
EXTREM	☒	☐	☐	☐ FROM ☐ NO DISTAL EDEMA

GLASGOW: TIME ( ) ( ) EYES MOTOR VERBAL TOTAL 15

GLUCOSE: TIME MG % ☒ CLOT TUBE

ALS AIRWAY: ET SIZE MM; ET/EOA BY #; # OF ATTEMPTS; VERIFIED BY MD

IV THERAPY

TIME	NORMAL SALINE	SALINE LOCK	GAUGE	SITE	RATE
2111	250cc / 1000cc		18	R AC	TKO

TOTAL FLUID INTAKE; IV ATTEMPT(S) UNSUCCESSFUL

TIME	PULSE	REPS	B/P	EKG
2055	80	20	144/80	
2106	88	20	136/78	
2133	70	20	110/60	

unable to see Laceration, Matted hair

Repetative Questioning in the Field

TIME	TREATMENT / RESPONSE
	☒ SO Full Spinal Precautions
	O2 IV Escort
	NO Δ 10-97.

INITIAL ASSESSMENTS: Head Injury

COMMENTS/DETAILS: TY old walking Backwards in Scandal SPO2 98%

Kaiser - ANA.

RADIO EMT-P; PT. EMT-P; CO OFFICER/TRAINEE/MICN/MD

ALARM	2049	902-H	2120
10-97		10-97 HOSP	2134
CONT BH	2157	FINISHED	

REC CTR AMP; REC'D BY Triad; ETA 12

TRANSPORT: ☒ AMB+ EMT/P ☐ AMB ☐ CODE 3 ☐ AIR AMB ☐ AMP

COMM MODE: ☒ RADIO ☐ PHONE ☐ FREQ SHARE ☐ COMM PROB

☐ ADDITIONAL PAGES

INCIDENT REPORT

INCIDENT

Fire Department:	Fullerton Fire Department
Incident Number:	F0106200
Exposure Number:	00
Multi-Agency IC#:	
Incident Date:	08/30/01
Dispatch Time:	12:35:21
Arrival Time:	12:40:32
Ending Time:	13:04:43
Additional Days:	0
First-In Company:	FE2
District:	F1122
Situation Found 1:	Medical Call
Situation Found 2:	
Situation Found 3:	
Situation Found 4:	
Auto/Mutual Aid:	NONE - No Aid Provided or Received
Method of Alarm:	Telephone direct to fire department
Type Weather:	Clear
Air Temperature:	73
Property Management:	City, town, village or other local government prop
Address,CSZ:	INDEPENDENCE PK, 801 W VALENCIA DR FULLERTON, CA 9
Census Tract:	
Fire Haz Sev Zone:	Medium
Total Personnel:	4
#Apparatus Resp Eng:	1
#Apparatus Resp Trk:	0
#Apparatus Resp Med:	0
#Apparatus Resp Oth:	0
General Property:	Outdoor Properties
Specific Prop Use:	Not classified
Bldg Code Occ Type:	
Structure Type:	
Structure Status:	
Occupied at Time:	

EMERGENCY MEDICAL SERVICE

Number of Patients:	1
Lvl Care Capable-FD:	Advance life support
Lvl Care Capable-Oth:	
Lvl Care Provided-FD:	Basic emergency medical technician
Lvl Care Provided-Oth:	
EMS Situation Found 1:	Minor Slip or Fall
EMS Situation Found 2:	
EMS Situation Found 3:	
EMS Situation Found 4:	

Fullerton Fire Department F0106200

INCIDENT REPORT

#Patients Trans-Fire: 0
#Patients Trans-Amb: 1
#Patients Trans-Cor: 0
#Patients Trans-Oth: 1

ACTION TAKEN/SPECIAL STUDIES

Type Action Taken 1: No action taken
Type Action Taken 2:
Type Action Taken 3:
Type Action Taken 4:
Spec Studies-Local:
Spec Studies-St Wide:

PATIENT

Name:Last,First,MI: [redacted]
DOB,Age,Sex: [redacted] M
Address,CSZ
Country: USA
Telephone: 5626501497
Drivers Lic#:
SS Number: 554-99-1263
Employer:
Emp Telephone:
Relative: [redacted] mother
Rel Telephone:
Insurance:
Policy#:
Billing Care: BLS
Status: Mild
Situation: Minor Slip or Fall
Transported To: Anahiem Memorial Medical Center
Transported By: Ground Ambulance
ALS Intervention: N
Escorted: N

COMMENTS

***** FE2 *****

FE2 responded to a reported fall. We arrived on scene and found the pt. sitting on a bench. We assessed the pt. and initiated tx. We determined that the pt. was a BLS pt. He was sent with his two friends to AMH with AMR. The pt. and his friends were minors left off at the park for the day. I called the pts. mother but could only leave a message. Capt. Garrett

INCIDENT NUMBER F[illegible]

EMS EMERGENCY MEDICAL SERVICE

COUNTY OF ORANGE, CA. HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
PRE-HOSPITAL CARE REPORT

FREQUENCY

☐ EMT ONLY ☐ PAU ONLY ☐ BH CONTACT ☐ NO BH CONTACT

☒ MILD ☐ MODERATE ☐ ACUTE MEDICAL ☐ MTV ☐ NEURO ☐ CTV ☐ FIELD DEATH ☐ CARD / RESP ARREST ☐ DNR ☐ BURN ☐ MVI

DISTRICT	UNITS	BH	YEAR	MONTH	DAY	RUN	PT
1122	BLS 2 / ALS 2		01	08	30		

NAME [redacted]

INCIDENT LOCATION / CITY [redacted]

AGE [redacted] DOB [redacted] SEX M / F WEIGHT KG / LBS ☐ COMM PROB ☐ LANG BARR

MAILING ADDRESS F.V. PHONE/DL

CHIEF COMPLAINT PCT (1242) Rt Ankle Fx. DURATION X

MED HISTORY ☒ NONE ☐ UNK ☐ OTHER ☐ ANGINA ☐ CVA ☐ COPD ☐ ETOH ☐ PREGNANT ☐ ASTHMA ☐ CARDIAC ☐ DIABETES ☐ HTN ☐ PSYCH ☐ CANCER ☐ CHF ☐ DRUGS ☐ PACEMAKER ☐ OBS ☐ SEIZ

HX OF ILLNESS/INJ Skateboarding VC Skate Park. TX PTA

MEDS ☒ NONE ☐ UNK

ALLERGIES ☐ NONE ☒ UNK [illegible] PMD ☐ NONE ☒ UNK

PRIMARY SURVEY

A ☒ NORMAL ☐ PART OBST ☐ TOTAL OBST

B ☒ NORMAL ☐ LABORED ☐ RAPID ☐ SHALLOW ☐ ABSENT

C ☒ NORMAL ☐ WEAK ☐ BOUNDING ☐ IRREG ☐ ABSENT EBL ____ CC

☒ ALERT LOC 4 ORIENTED X ☐ PERSON ☐ TIME ☐ PLACE ☐ SITUATION

☐ ANXIOUS ☐ ETOH ODOR ☐ LETHARGIC ☐ UNCOOPERATIVE ☐ UNCONSCIOUS X ☐ SIL / SLURRED ☐ CONFUSED ☐ VIOL / COMB ☐ POST-ICTAL

TEMP ☒ NORMAL ☐ WARM ☐ COOL ☐ HOT ☐ COLD

COLOR ☒ NORMAL ☐ PALE ☐ FLUSHED ☐ CYANOTIC ☐

MOIST ☒ NORMAL ☐ DRY ☐ MOIST ☐ WET/DIAPH

C-SPINE ☐ PAIN ☐ MOTOR LOSS ☐ NUMBNESS ☒ MECHANISM ☐ TENDERNESS SEAT BELT WORN? ☐ YES ☐ NO ☐ UNK

PUPILS ☐ PERL (L R) ☐☐ PINPOINT ☐☐ CONST ☐☐ FIXED ☐☐ DILATED ☐☐ BLIND ☐☐ MID ☐☐ RESPONDS ☐☐ SLUGGISH ☐☐ CATARACT __ SIZE MM

☐ O2 ___ LPM VIA CANN / MASK ☐ PP / BVM ☐ SUCTIONING ☐ CPR ☐ EMT-D ☐ REFUSED CARE ☐ REL SIGNED ☐ CERV STAB ☐ B/B ☐ C/C ☐ H/B ☐ BANDAGING ☐ BLEED CONTROL ☒ TRAC / SPLINT ☐ OTHER STAB

SECONDARY SURVEY

	WNL	N/A	ABN	COMMENTS
NEURO	☒	☐	☐	☐ EQUAL GRIPS/PUSHES
HEAD	☒	☐	☐	
NECK	☒	☐	☐	☐ NO JVD
CHEST	☒	☐	☐	☐ NEG BARREL HOOP
LUNGS	☒	☐	☐	☐ LUNGS CLEAR BILAT
ABD	☒	☐	☐	☐ SOFT/SUPPLE
BACK-SPINE	☒	☐	☐	
PELVIS	☒	☐	☐	☐ NEG BARREL HOOP
EXTREM	☐	☐	☒	☐ FROM ☐ NO DISTAL EDEMA Rt Ankle FX

GLASGOW: TIME ( ) ( ) EYES MOTOR VERBAL TOTAL 15

GLUCOSE: TIME ( ) ___ MG % ☐ CLOT TUBE

A L S AIRWAY: E T SIZE ____ MM ET/EOA BY # ____ # OF ATTEMPTS ____ VERIFIED BY ____ MD

I V THERAPY

TIME	NORMAL SALINE	SALINE LOCK	GAUGE	SITE	RATE
	250cc / 1000cc				
	250cc / 1000cc				

TOTAL FLUID INTAKE ____ IV ATTEMPT(S) UNSUCCESSFUL

TIME	PULSE	REPS	B / P	E K G
1256	88	20	120/80	
	N/T		/	
			/	
			/	
			/	
			/	
			/	
			/	

TIME	TREATMENT / RESPONSE
	☐ SO ☐ CPR Splint Rt Ankle
	☐ SO ☐ CPR
	☐ SO ☐ CPR BLS Transport
	☐ SO ☐ CPR To AMH.
	☐ SO ☐ CPR
	☐ SO ☐ CPR
	☐ SO ☐ CPR
	☐ SO ☐ CPR

INITIAL ASSESSMENTS Rt Ankle FX.

COMMENTS/DETAILS
P
Q Splinted Ankle
R
S
T

FIRE

Rodas 1663 RADIO EMT-P

Brooks 1631 PT. EMT-P

CO OFFICER/TRAINEE/MICN/MD

☐ ADDITIONAL PAGES

ALARM	1235	902-H	1257
10-97		10-97 HOSP	
CONT BH	0	FINISHED	

REC CTR AMH. REC'D BY ETA 6

TRANSPORT ☐ AMB+EMT/P ☒ AMB ☐ CODE 3 ☐ AIR AMB ☒ AMR

COMM MODE ☐ RADIO ☐ PHONE ☐ FREQ SHARE ☐ COMM PROB

Fullerton Fire Department F0107985

INCIDENT REPORT

INCIDENT

Fire Department:	Fullerton Fire Department
Incident Number:	F0107985
Exposure Number:	00
Multi-Agency IC#:	
Incident Date:	11/06/01
Dispatch Time:	20:03:46
Arrival Time:	20:09:22
Ending Time:	20:52:02
Additional Days:	0
First-In Company:	FE2
District:	F1122
Situation Found 1:	Medical Call
Situation Found 2:	
Situation Found 3:	
Situation Found 4:	
Auto/Mutual Aid:	NONE - No Aid Provided or Received
Method of Alarm:	Telephone direct to fire department
Type Weather:	Hazy
Air Temperature:	73
Property Management:	Private tax-paying property
Address,CSZ:	INDEPENDENCE PK, 801 W VALENCIA DR FULLERTON, CA 9
Census Tract:	
Fire Haz Sev Zone:	Medium
Total Personnel:	0
#Apparatus Resp Eng:	1
#Apparatus Resp Trk:	0
#Apparatus Resp Med:	0
#Apparatus Resp Oth:	0
General Property:	
Specific Prop Use:	
Bldg Code Occ Type:	
Structure Type:	
Structure Status:	
Occupied at Time:	

EMERGENCY MEDICAL SERVICE

Number of Patients:	1
Lvl Care Capable-FD:	Advance life support
Lvl Care Capable-Oth:	
Lvl Care Provided-FD:	Advance life support
Lvl Care Provided-Oth:	
EMS Situation Found 1:	Minor Slip or Fall
EMS Situation Found 2:	
EMS Situation Found 3:	
EMS Situation Found 4:	

Fullerton Fire Department F0107985

INCIDENT REPORT

#Patients Trans-Fire: 0
#Patients Trans-Amb: 1
#Patients Trans-Cor: 0
#Patients Trans-Oth: 1

ACTION TAKEN/SPECIAL STUDIES

Type Action Taken 1: Provide emergency medical service
Type Action Taken 2:
Type Action Taken 3:
Type Action Taken 4:
Spec Studies-Local:
Spec Studies-St Wide:

PATIENT

Name:Last,First,MI: [redacted]
DOB,Age,Sex: [redacted]
Address,CSZ
Country: USA
Telephone: [redacted]
Drivers Lic#:
SS Number:
Employer:
Emp Telephone:
Relative:
Rel Telephone:
Insurance:
Policy#:
Billing Care: ALS
Status: Moderate
Situation: Minor Slip or Fall
Transported To: Anahiem Memorial Medical Center
Transported By: Ground Ambulance
ALS Intervention: Y
Escorted: Y

COMMENTS

***** FE2 *****

PATIENT WAS TREATED FOR HEAD AND FACE PAIN AFTER FALLING OFF HIS SKATEBOARD AND STRIKING THE CONCRETE. HE WAS ESCORTED TO AMH FOR FURTHER CARE.
CAPT. LEW CASTL

INCIDENT NUMBER 2025

EMS EMERGENCY MEDICAL SERVICE

COUNTY OF ORANGE, CA. HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
PRE-HOSPITAL CARE REPORT

2024

FREQUENCY 6C-B

☐ EMT ONLY ☒ BH CONTACT
☐ PAU ONLY ☐ NO BH CONTACT

☐ MILD ☒ MODERATE ☐ ACUTE MEDICAL
☐ MTV ☐ CTV ☐ CARD / RESP ARREST
☐ NEURO ☐ FIELD DEATH
☐ DNR ☐ BURN ☐ MVI

DISTRICT 1122

UNITS ☐ BLS ☒ ALS

BH	YEAR	MONTH	DAY	RUN	PT
3	01	11	06	11	

NAME [redacted] [redacted]

AGE [redacted] SEX ☐ M ☐ F WEIGHT 70 ☒ KG ☐ LBS ☐ COMM PROB ☐ LANG BARR

INCIDENT LOCATION / CITY 201 W. VALENCIA

MAILING ADDRESS [redacted]

CHIEF COMPLAINT PCT FACE PAIN

2011 DURATION X 10MIN

HX OF ILLNESS/INJ UNWITNESSED FALL FROM SKATEBOARD

TX PTA NONE

MED HISTORY ☐ NONE ☐ UNK ☐ OTHER 2024

☐ ANGINA	☐ CVA	☐ COPD	☐ ETOH	☐ PREGNANT
☐ ASTHMA	☐ CARDIAC	☐ DIABETES	☐ HTN	☐ PSYCH
☐ CANCER	☐ CHF	☐ DRUGS	☐ PACEMAKER	☐ OBS ☐ SEIZ

MEDS ☒ NONE ☐ UNK

ALLERGIES ☒ NONE ☐ UNK PMD ☐ NONE ☒ UNK

PRIMARY SURVEY

A: ☒ NORMAL ☐ PART OBST ☐ TOTAL OBST

B: ☒ NORMAL ☐ LABORED ☐ RAPID ☐ SHALLOW ☐ ABSENT

C: ☒ NORMAL ☐ WEAK ☐ BOUNDING ☐ IRREG ☐ ABSENT
EBL ____ CC

☐ ALERT LOC
ORIENTED X 3
☐ PERSON ☐ PLACE ☐ TIME ☐ SITUATION

☐ ANXIOUS ☐ SIL / SLURRED
☐ ETOH ODOR ☒ CONFUSED
☐ LETHARGIC ☐ VIOL / COMB
☐ UNCOOPERATIVE ☐ POST-ICTAL
☐ UNCONSCIOUS X ____

C-SPINE
☐ PAIN ☒ MECHANISM
☐ MOTOR LOSS ☐ TENDERNESS
☐ NUMBNESS SEAT BELT WORN? ☐ YES ☐ NO ☐ UNK

TEMP: ☒ NORMAL ☐ WARM ☐ COOL ☐ HOT ☐ COLD

COLOR: ☒ NORMAL ☐ PALE ☐ FLUSHED ☐ CYANOTIC ☐ ____

MOIST: ☐ NORMAL ☐ DRY ☐ MOIST ☒ WET/DIAPH

PUPILS ☒ PERL

L	R		L	R	
☐	☐	PINPOINT	☐	☐	MID
☐	☐	CONST	☐	☐	RESPONDS
☐	☐	FIXED	☐	☐	SLUGGISH
☐	☐	DILATED	☐	☐	CATARACT
☐	☐	BLIND	___	___	SIZE MM

☐ 02 ____ LPM VIA ☐ CANN / MASK
☐ PP / BVM ☐ CERV STAB
☐ SUCTIONING ☒ B/B ☒ C/C ☒ H/B
☐ CPR ☐ BANDAGING
☐ EMT-D ☐ BLEED CONTROL
☐ REFUSED CARE ☐ TRAC / SPLINT
☐ REL SIGNED ☐ OTHER STAB

SECONDARY SURVEY

	WNL	N/A	ABN	COMMENTS
NEURO	☐	☐	☒	☐ EQUAL GRIPS/PUSHES OX3
HEAD	☐	☐	☒	FACIAL TRAUMA
NECK	☐	☐	☒	☐ NO JVD MECH
CHEST	☒	☐	☐	☐ NEG BARREL HOOP = BAF
LUNGS	☒	☐	☐	☐ LUNGS CLEAR BILAT GTV
ABD	☒	☐	☐	☐ SOFT/SUPPLE ⊖ PAIN
BACK-SPINE	☐	☐	☒	MECH
PELVIS	☒	☐	☐	☐ NEG BARREL HOOP ⊖ PAIN
EXTREM	☒	☐	☐	☒ FROM ☐ NO DISTAL EDEMA MOVES ALL

GLASGOW

TIME	(PCT)	2025
EYES	4	4
MOTOR	6	6
VERBAL	4	5
TOTAL	14	15

GLUCOSE

TIME ( ) MG % ☐ CLOT TUBE

A L S AIRWAY

ET SIZE ____ MM
ET/EOA BY # ____
OF ATTEMPTS ____
VERIFIED BY ____ MD

I V THERAPY

TIME	NORMAL SALINE	SALINE LOCK	GAUGE	SITE	RATE
2020	250cc / (1000cc)		18	LFA	TKO
	250cc / 1000cc				

TOTAL FLUID INTAKE ____ I.V. ATTEMPT(S) UNSUCCESSFUL

TIME	PULSE	REPS	B / P	EKG
2014	120	18	140/80	— NT —
2022	128	18	150/84	— NT —
			/	
			/	
			/	
			/	
			/	
			/	

TIME	TREATMENT / RESPONSE
PCT	☐ SO ☐ CPR 1°, 2°, VS, EVAL. C/C H/B B/B
2022	☐ SO ☐ CPR PT. OX4
2029	☐ SO ☐ CPR CLEARED E BASE
	☐ SO ☐ CPR
	☐ SO ☐ CPR
	☐ SO ☐ CPR
	☐ SO ☐ CPR
	☐ SO ☐ CPR
	☐ SO ☐ CPR

INITIAL ASSESSMENTS R/O HEAD TRAUMA

P COMMENTS/DETAILS
Q PT INITIALLY OX3 - UNAWARE OF SITUATION/DAY
R BECAME OX4 - FULLY AWARE NO REPT QUEST.
S PUPILS PERL
T

BROWN 11208 RADIO EMT-P
CASTLE 12512 PT. EMT-P
CO. OFFICER/TRAINEE/MICN/MD

☐ ADDITIONAL PAGES

	BLS	ALS		BLS	ALS
ALARM	/	2003	902-H	/	2024
10-97	/	2011	10-97 HOSP	/	2034
CONT BH	/	2024	FINISHED	/	

REC CTR AMH
REC'D BY ER STAFF ETA

TRANSPORT
☒ AMB+ EMT/P ☐ AMB ☐ CODE 3 ☐ AIR AMB ☒ AMR

COMM MODE
☒ RADIO ☐ PHONE ☐ FREQ SHARE ☐ COMM PROB

INCIDENT REPORT FORM

INCIDENT INCLUDES:
- ☐ Arrest Forms
- ☐ Suspect Forms
- ☐ Person/Vehicle Form
- ☐ Property Report
- ☐ 180 Form
- ☐ Supplement
- ☐ MAV Tape # _____

FULLERTON POLICE DEPARTMENT

237 W. Commonwealth Ave.
Fullerton, California 92832
(714) 738-6800

Case Number: 01-14667
Cross-Ref 1 | Cross-Ref 2 | Cross-Ref 3 | Cross-Ref 4

CASE SUMMARY

Code	Description	BCS/Counts	2nd BCS	3rd BCS
-	MISC. REPORT (PUBLIC ACCIDENT)	3307001	1	1

Address	Apt/Ste	City	Zone
801 W. VALENCIA DR. (SKATE PARK)	-	FULLERTON	2

Occurred: On/Between	Date	Time	Date	Time	Reported: Date	Time	How Taken
	11-6-01	2020	/		11-6-01	2024	C

Reporting Officer	P#	Reviewed By	P#	Review Date	Case Status	How Cleared
S. RUBIO	1155	Lt. Becerra	572	11-7-01	C	D

☐ ARREST INVOLVED- SEE FPD 140W

PERSON/BUSINESS

Involve	Name (last, first, middle)	Sex	Race	DOB	Age	Occupation
[redacted]	[redacted]	M	W	[redacted]	[redacted]	[redacted]

Address	Apt	City	State	Zip	Residence Phone
[redacted]	-	[redacted]	CA	-	[redacted]

Business Name	Address	City	State	Zip	Business Phone
-	-	-	-	-	-

Involve	Name (last, first, middle)	Sex	Race	DOB	Age	Occupation
[redacted]	[redacted]	M	W	[redacted]	[redacted]	-

Address	Apt	City	State	Zip	Residence Phone
[redacted]	-	[redacted]	CA	-	[redacted]

Business Name	Address	City	State	Zip	Business Phone
-	-	-	-	-	-

SUMMARY/NARRATIVE

☐ Summary ☒ Entire Narrative

I WAS DISPATCHED TO THE SKATE PARK AT INDEPENDENCE PARK ON A CALL OF THE F.F.D. REQUESTING THE POLICE ON A PUBLIC ACCIDENT. I WAS INFORMED BY F.F.D. ENGINE-2 PERSONNEL A SIXTEEN YEAR OLD MALE, SKYLAR KING, FELL WHILE SKATEBOARDING. KING STRUCK THE RIGHT SIDE OF HIS FACE ON THE JAW CAUSING A POSSIBLE SLIGHT CONCUSSION. (TRANSPORTED TO ANAHEIM MEMORIAL HOSPITAL) I SPOKE WITH NICHOLAS MORLEY. HE SAID SKYLAR FELL WHILE GOING DOWN SOME STAIRS IN THE SKATE PARK. MORLEY SAID SKYLAR WAS WEARING A HELMET BUT FELL ON HIS JAW. I ADVISED MORLEY ABOUT FMC'S. I DID NOT OBSERVE ANY FMC VIOLATIONS.

☐ Narrative Continued

Total Loss: $ 0

VICT VEH

License	State	Year	Make	Model	Body	Color(s)	Unique ID

VIN	Registered Owner	Address	Apt/Ste

City	State	Zip	Home Phone ( )	Bus. Phone ( )	Description of Damage

COPY

- ☐ Zone 1
- ☐ Zone 2
- ☐ Zone 3
- ☐ Specialty
- ☐ Gang Unit/TARGET
- ☐ Crime Analysis
- ☐ Court/DA
- ☒ Det Case
- ☐ 1-25-02 yel
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Entered in RMS By: M

138/2-00

INCIDENT REPORT - BACK PAGE

Case Number 01 - 14667

TYPE OF LOCATION 1

- ☐ 0 Unknown - N/A
- ☐ 1 Bank/Sav. Loan
- ☐ 2 Bar
- ☐ 3 Cleaners/Laundry
- ☐ 4 Construction Site
- ☐ 5 Theater
- ☐ 6 Fast Food
- ☐ 7 Gas Station
- ☐ 8 Gas/Mini Market
- ☐ 9 Department Store
- ☐ 10 Discount Store
- ☐ 11 Drug Store
- ☐ 12 Gun Store
- ☐ 13 Jewelry Store
- ☐ 14 Liquor Store
- ☐ 15 Photo Stand
- ☐ 16 Convenience Mkt.
- ☐ 17 Hotel/Motel
- ☐ 18 Restaurant
- ☐ 19 Supermarket
- ☐ 20 TV/Radio Store
- ☐ 21 Auto Parts/Repair
- ☐ 22 Auto/M.C. Sales
- ☐ 23 Bicycle Sales
- ☐ 24 Clothing Store
- ☐ 25 [redacted]
- ☐ 26 Medical
- ☐ 27 Office Building
- ☐ [redacted]
- ☐ 29 Warehouse
- ☐ 31 Apartment/Condo
- ☐ 32 Carport
- ☐ 33 Garage Attached
- ☐ 34 Garage Detached
- ☐ 35 House
- ☐ 36 Mobile Home
- ☐ [redacted]
- ☐ 39 Hospital
- ☐ 40 Park/Playground
- ☐ 41 Parking Lot
- ☐ 42 Public Building
- ☐ 43 School
- ☐ 44 Shopping Mall
- ☐ 45 Street/Hwy/Alley
- ☐ 50 Other

POINT OF ENTRY

USE BOX #5 FOR VEHICLE ENTRY 2

- ☑ 0 Unknown - N/A
- ☐ 2 Front
- ☐ 3 Rear
- ☐ 4 North Side
- ☐ 5 South Side
- ☐ 6 East Side
- ☐ 7 West Side
- ☐ 8 Door
- ☐ 9 Window
- ☐ 10 Sliding Glass Door
- ☐ 11 Basement
- ☐ 12 Roof
- ☐ 13 Floor
- ☐ 14 Wall
- ☐ 15 Duct/Vent
- ☐ 16 Garage
- ☐ 17 Adjacent Building
- ☐ 18 Ground Level
- ☐ 19 Upper Level
- ☐ 20 Other

METHOD OF ENTRY

USE BOX #5 FOR VEHICLE ENTRY 3

- ☑ 0 [redacted]
- ☐ 2 No Force Used
- ☐ 3 Attempt Only
- ☐ 4 Bodily Force
- ☐ 5 Bolt Cutters
- ☐ 6 Channel Lock Pliers
- ☐ [redacted]ips
- ☐ [redacted]nch
- ☐ 9 Saw/Drill/Burn
- ☐ 10 [redacted]
- ☐ 11 Tire Iron
- ☐ 12 Unknown Pry Bar
- ☐ 13 Coat Hanger/Wire
- ☐ 14 Key Slip/Shim
- ☐ 15 Punch
- ☐ 16 Remove Louvers
- ☐ 17 Window Smash
- ☐ 18 Brick/Rock
- ☐ 19 Hid Inside Building
- ☐ 20 Other

TYPE OF VEHICLE 4

- ☑ 0 Unknown - N/A
- ☐ 1 Camper
- ☐ 2 Motor Home
- ☐ 3 Passenger Car
- ☐ 4 Pick-up Truck
- ☐ 5 Trailer
- ☐ 6 Truck
- ☐ 7 Van
- ☐ 8 Motorcycle/Moped
- ☐ 9 Other

VEHICLE ENTRY 5

- ☑ 0 Unknown - N/A
- ☐ 1 Door or Lock Forced
- ☐ 2 Trunk Forced
- ☐ 3 Window Broken
- ☐ 4 Window Forced
- ☐ 5 Window Open
- ☐ 6 Door Unlocked
- ☐ 7 Slim Jim/Coat Hanger
- ☐ 8 Other

PROPERTY TAKEN 6

- ☑ 0 Unknown - N[redacted]
- ☐ 2 Cash/Notes
- ☐ 3 Clothes/Furs
- ☐ 4 Consumable Goods
- ☐ 5 Firearms
- ☐ 6 Household Goods
- ☐ 7 Jewelry/Metals
- ☐ 8 Livestock
- ☐ 9 Narcotics/Drugs
- ☐ [redacted]
- ☐ 11 TV/Radio/VCR/Stereo
- ☐ 12 Camera Equipment
- ☐ 13 Computer Eq[redacted]
- ☐ 14 Tools
- ☐ 15 Other
- ☐ 16 Bicycles

TRADEMARKS 7

- ☑ 0 Unknown - N/A
- ☐ 1 Disabled Alarm
- ☐ 2 Ate/Drank at Scene
- ☐ 3 Cat Burglar
- ☐ 4 Defecated/Urinated
- ☐ 5 Ransacked Scene
- ☐ 6 Selective in Loot
- ☐ 7 Shut off Power
- ☐ 8 Smoked on Premises
- ☐ 9 Took Consumables
- ☐ 10 Took Vehicle
- ☐ 11 Used Candle
- ☐ 12 Used Matches
- ☐ 13 Used Pillowcase
- ☐ 14 Used Suitcase
- ☐ 15 Used Victim's Tools
- ☐ 16 Disabled Phone
- ☐ 17 Cased Before Entry
- ☐ 18 Other

EVIDENCE 8

- ☑ 0 None - Unknown - N/A
- ☐ 1 Blood 0200
- ☐ 2 Bullet C[redacted] 0100
- ☐ [redacted] 0100
- ☐ 4 Fingerprints 0700
- ☐ 5 Footprints 0100
- ☐ [redacted] 0100
- ☐ 7 Other Prints 0100
- ☐ 8 Paint 0100
- ☐ 9 Photographs 0400
- ☐ 10 Rape Kit 0300
- ☐ 11 Semen 0100
- ☐ [redacted] 0100
- ☐ 13 Tools 0100
- ☐ 14 Tool Marks 0100
- ☐ [redacted] 0100
- ☐ 16 Weapon(s) 0100
- ☐ 17 Other 0100

SOLVABILITY FACTORS 9

- ☐ 0 The Victim will Prosecute 0300
- ☐ 1 The Victim will not Prosecute 0000
- ☐ 2 There is a Witness to the Crime 0300
- ☐ 3 A Suspect was Arrested 1000
- ☐ 4 A Suspect was Named 1000
- ☐ 5 A Suspect was Described 0100
- ☐ 6 A Suspect can be Identified 0200
- ☐ 7 A Suspect can be Located 0700
- ☐ 8 A Suspect Vehicle can be Identified 0300
- ☐ 9 There is Identifiable Stolen Property 0100
- ☐ 10 Significant Physical Evidence Located 0000
- ☐ 11 A Major Injury or Sex Crime is Involved 1000
- ☐ 12 There is a Significant M.O. 0000
- ☐ 13 Additional Witnesses need Contact 0700
- ☐ 14 Crime Scene Investigation Called 0000
- ☐ 15 Reporting Party Contacted 0000
- ☐ 16 Neighborhood Checked 0000
- ☐ 17 License Number/Partial (Minimum 3 digits) 0700
- ☐ 18 Automatic Assignment to Investigation 1000

CODE	ITEM	QTY	TYPE	DESCRIPTION OF PROPERTY	SERIAL NUMBER	VALUE

ATTN RECORDS: Please Enter The Following Item Numbers Into CLETS:

Entered By:
Date:

Code	Bike Brand	Model	Frame Color	Fender Color	Seat Color	Serial Number

License Number	City	Wheel Size	No. Speed	B/G	Value	Other I.D.

CODES

S = Stolen
R = Recovered*
SR = Stolen Recovered*
L = Lost
F = Found*
E = Evidence*

*USE FPD FORM 130 TO BOOK IN ANY EVIDENCE OR PROPERTY

TYPES

A = Currency
J = Jewelry
B = Clothing/Furs
O = Office Equipment (Computers)
T = TV,Radio Stereo,Camera Equipment
F = Firearms
H = Household Goods
C = Consumable Goods
L = Livestock
M = Miscellaneous Goods

CITY OF FULLERTON
INCIDENT REPORT

Check all that apply:

- [x] Bodily Injury to Citizen/Patron/Participant
- [ ] City Property Damage
- [ ] City Vehicle Damage
- [ ] City Property Theft
- [ ] Private Property Damage
- [ ] Private Vehicle Damage

The purpose of this report is to document for insurance and accident investigation purposes, any incident of property damage, and/or non-employee bodily injury involving the City. Any injury to a member of the public, on or off City property, while engaged in any City sponsored event that must be reported. **Do not report employee injury/illnesses on this form. To obtain the proper forms, notify your supervisor.** In case of serious injury, please notify Risk Management immediately (714) 738-5321. Complete this form in detail and return it to Risk Management within 24 hours of the incident. Please attach any supporting documentation (photographs, medical records, repair estimates, police reports, etc.)

1) FOR ALL INCIDENTS, COMPLETE SHA[redacted]e Print) [redacted]

Date of Incident	Time of Incident	[redacted]
11/21/01	12:30	

Police Report Taken?

☐ Yes, Report #: ☑ No [redacted]

Description of Incident (Do not give opinions as to fault, negligence or liability):

hurt his right wrist while skating

Name of City Employee(s) involved (Indicate "D"=driver "P"=passenger):

Name of City Employee(s) NOT involved but reporting incident:

Brian Smith

2.) WITNESSES:

	NAME	ADDRESS	TELEPHONE #
1.	[redacted]		[redacted]
2.			

3.) DAMAGE TO CITY VEHICLE/PROPERTY: (Skip to section 5 if this is not a vehicle accident.)

Vehicle: Year/Make/Model	Other Property: Description	Equipment #

Description of Damage:

Name of City Driver: Job Title:

Destination at Time of Incident	Driver's License #	Class	Expiration Date

4.) DAMAGE TO PRIVATE VEHICLE/PROPERTY:

Vehicle: Year/Make/Model	Vehicle License #	Other Property Description

Name and Address of Property Owner:

Description of Damage:

Name of Driver	Driver's License #	Class	Expiration Date

Insurance Company: Policy Number: Telephone #:

Statements (if any) made by the Driver/Property Owner:

5.) BODILY INJURY (For Non-Employee Injuries Only - To report employee injuries, see your Supervisor)

Injured Party (Name, Age, Address, Telephone #):
[redacted]

If a minor, Parent/Guardian (Name, Address, Telephone #):
[redacted] (Same)

Description of Injury or Complaint of Pain:
right wrist injured Started bruising
Alex said he heard popping sound when injury occured

How did injury occur?: Skating at the skate park

Was Medical Attention Received at the Scene? ☐ Yes ☑ No

If Yes, Rendered By: ☐ Paramedic ☐ Other:_____

Check if Medical Attention Was Refused ☐

Name and Address of Person Rendering Medical Attention (if other than Paramedic):

Injured was taken to:(if hospital, give name of Hospital)

☑ Released to parents, Guardian, or Friends (give names): [redacted] Remained in Area ☐

Statements (if any) made by Injured Person:

If Injury Was Not Witnessed by City Employee, Name and Address of Person Reporting Injury:
Brian Smith

6.) REPORT COMPLETED BY (Type/Print) SIGNATURE DEPT./DIVISION DATE

DEPARTMENT HEAD SIGNATURE

Distribution:
Original to: Department Head
Copies to: Personnel/Risk Management
Maintenance Services (For Vehicle Accidents Only)

Fullerton Fire Department F0200420

INCIDENT REPORT

INCIDENT

Fire Department:	Fullerton Fire Department
Incident Number:	F0200420
Exposure Number:	00
Multi-Agency IC#:	
Incident Date:	01/18/02
Dispatch Time:	13:18:53
Arrival Time:	
Ending Time:	13:20:53
Additional Days:	0
First-In Company:	FE2
District:	F1122
Situation Found 1:	Cleared Prior To Arrival
Situation Found 2:	
Situation Found 3:	
Situation Found 4:	
Auto/Mutual Aid:	NONE - No Aid Provided or Received
Method of Alarm:	Telephone direct to fire department
Type Weather:	Clear
Air Temperature:	60
Property Management:	Private tax-paying property
Address,CSZ:	INDEPENDENCE PK, 801 W VALENCIA DR FULLERTON, CA 9
Census Tract:	
Fire Haz Sev Zone:	Medium
Total Personnel:	0
#Apparatus Resp Eng:	1
#Apparatus Resp Trk:	0
#Apparatus Resp Med:	0
#Apparatus Resp Oth:	0
General Property:	
Specific Prop Use:	
Bldg Code Occ Type:	
Structure Type:	
Structure Status:	
Occupied at Time:	

ACTION TAKEN/SPECIAL STUDIES

Type Action Taken 1:	Responding unit(s) cancelled enroute
Type Action Taken 2:	
Type Action Taken 3:	
Type Action Taken 4:	
Spec Studies-Local:	
Spec Studies-St Wide:	

COMMENTS

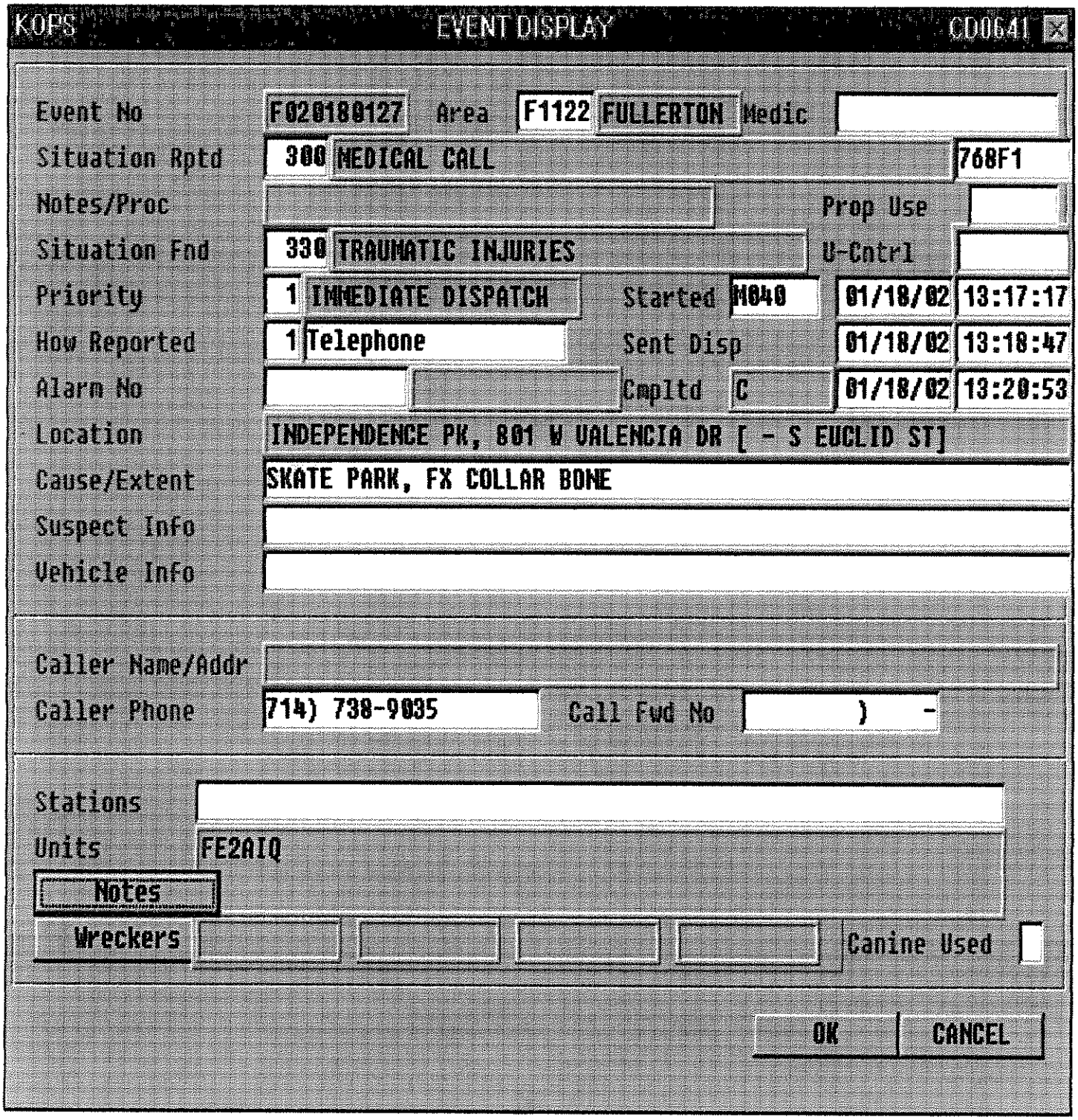
Fullerton Fire Department F0200420

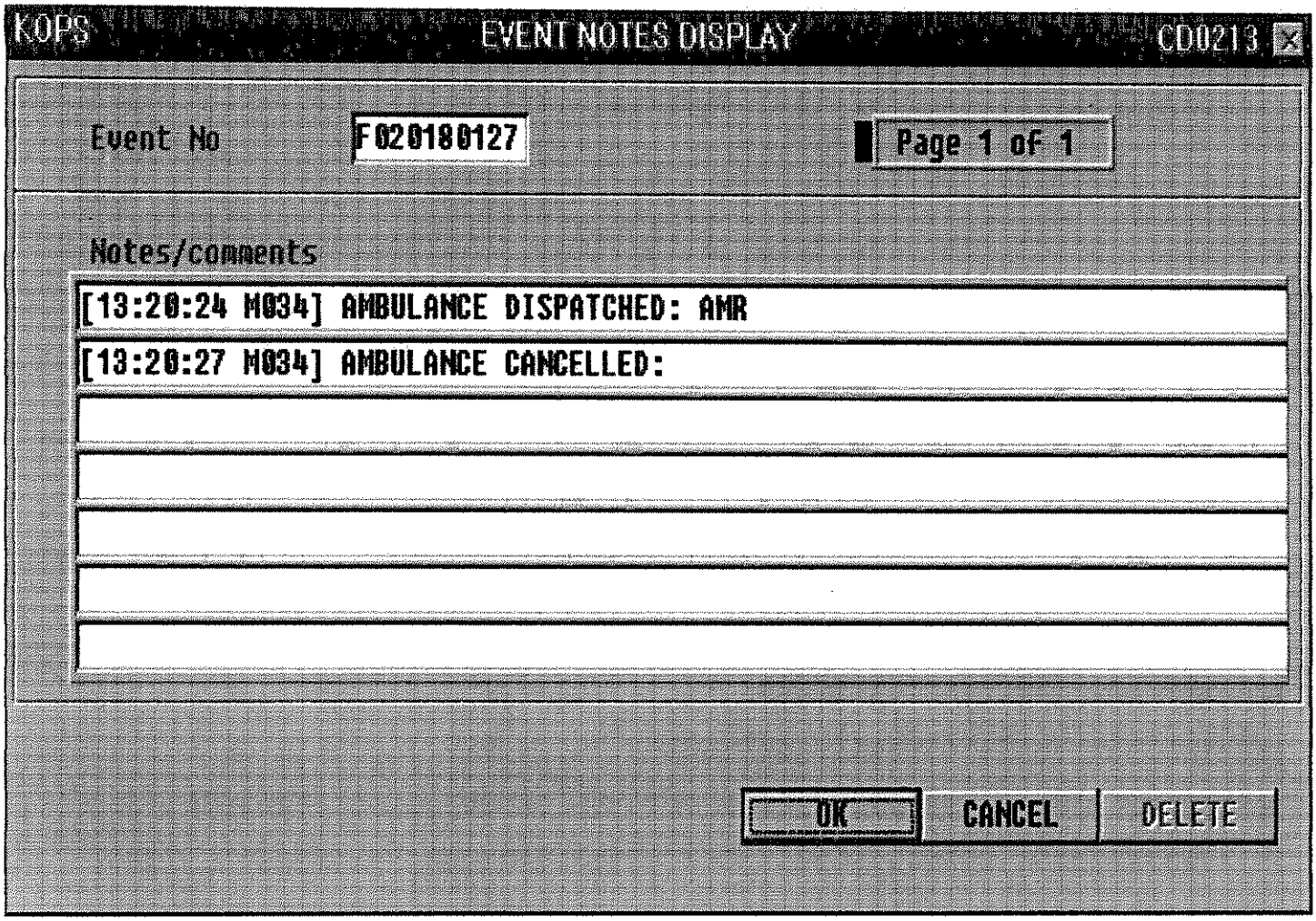
INCIDENT REPORT

***** FE2 *****

FE2 THIS UNIT WAS CANCELLED ENROUTE.

BY CAPT.GLEN W. BANKS


KOPS
EVENT DISPLAY
CD0641
Event No
F020180127
Area
F1122
FULLERTON
Medic
Situation Rptd
300
MEDICAL CALL
768F1
Notes/Proc
Prop Use
Situation Fnd
330
TRAUMATIC INJURIES
U-Cntrl
Priority
1
IMMEDIATE DISPATCH
Started
M040
01/18/02
13:17:17
How Reported
1
Telephone
Sent Disp
01/18/02
13:18:47
Alarm No
Cmpltd
C
01/18/02
13:20:53
Location
INDEPENDENCE PK, 801 W VALENCIA DR [- S EUCLID ST]
Cause/Extent
SKATE PARK, FX COLLAR BONE
Suspect Info
Vehicle Info
Caller Name/Addr
Caller Phone
714) 738-9035
Call Fwd No
)
-
Stations
Units
FE2AIQ
Notes
Wreckers
Canine Used
OK
CANCEL


KOPS
EVENT NOTES DISPLAY
CD0213
Event No
F020180127
Page 1 of 1
Notes/comments
[13:20:24 M034] AMBULANCE DISPATCHED: AMR
[13:20:27 M034] AMBULANCE CANCELLED:
OK
CANCEL
DELETE

Fullerton Fire Department F0104716

INCIDENT REPORT

INCIDENT

Fire Department:	Fullerton Fire Department
Incident Number:	F0104716
Exposure Number:	00
Multi-Agency IC#:	
Incident Date:	07/02/01
Dispatch Time:	20:48:05
Arrival Time:	20:53:04
Ending Time:	20:58:45
Additional Days:	0
First-In Company:	FE2
District:	F1122
Situation Found 1:	Service-Not Classified
Situation Found 2:	
Situation Found 3:	
Situation Found 4:	
Auto/Mutual Aid:	NONE - No Aid Provided or Received
Method of Alarm:	Telephone direct to fire department
Type Weather:	Clear
Air Temperature:	84
Property Management:	Private tax-paying property
Address,CSZ:	INDEPENDENCE PK, 801 W VALENCIA DR FULLERTON, CA 9
Census Tract:	
Fire Haz Sev Zone:	Medium
Total Personnel:	0
#Apparatus Resp Eng:	1
#Apparatus Resp Trk:	0
#Apparatus Resp Med:	0
#Apparatus Resp Oth:	0
General Property:	
Specific Prop Use:	
Bldg Code Occ Type:	
Structure Type:	
Structure Status:	
Occupied at Time:	

ACTION TAKEN/SPECIAL STUDIES

Type Action Taken 1:	Responding unit(s) cancelled enroute
Type Action Taken 2:	
Type Action Taken 3:	
Type Action Taken 4:	
Spec Studies-Local:	
Spec Studies-St Wide:	

COMMENTS

Fullerton Fire Department F0104716

INCIDENT REPORT

***** FE2 *****

FE2 responded to a reported traumatic injuries in back of a AMR ambulance. Upon our arrival, we found AMR staff with a male who stated he was 18 years old and we could not hold him. The man refused to give his name. He stated his Mother work at ST. Jude Medical Center. The man jumped out of the ambulance and ran to a waiting car. FE2 cleared and returned to quarter's

Charles Coleman, Captain

CITY OF MORGAN HILL

17555 PEAK AVENUE MORGAN HILL CALIFORNIA 95037

January 31, 2002

Judicial Council of California
Research and Planning Unit
455 Golden Gate Avenue
San Francisco, CA 94102

Re: Skateboard Records, Per H&S 115800

Dear Sir/Madam:

The City of Morgan Hill operates a public skateboard park. This letter serves as the report of the number of reported injuries incurred by a skateboarder in a public skateboard park and facility during the calendar year of 2001.

Number of Reported Injuries	Date	Record of Claim or Lawsuit	Type of Injury
1	**1/23/01**	**None**	**Minor laceration to the head**

This information was provided to the City of Morgan Hill by the Office of the Emergency Services Coordinator of the Santa Clara County Fire Department. If you should have any questions, please do not hesitate contact me at (408) 779-7271.

Sincerely,

Margarita Balagso

Margarita Balagso, Management Analyst
Recreation Division

cc: Helene Leichter, City Attorney
Mori Struve, Deputy Director
Public Works

Departments of
City Clerk
And
Administrative Services

City of Pico Rivera
P.O. Box 1016
6615 Passons Blvd.
Pico Rivera, CA
90660-1016

(562) 801-4390
FAX (562) 801-4765

Risk Management
♦
Labor Relations
♦
Parking Enforcement
♦
Purchasing
♦
Fleet Management
♦
Elections
♦
Records Management
♦
Claims Administration

January 24, 2002

Judicial Council of California
Research and Planning Unit
455 Golden Gate Avenue
San Francisco, CA 94102

RE: Skateboarding Records

Dear Sir or Madam:

In compliance with Health and Safety Code 115800, please find attached the log of reported incidents at the Pico Rivera Skate Park located within Smith Park at 6016 Rosemead Blvd., Pico Rivera, CA 90660. The unsupervised park opened on August 1, 2001.

To date, there have been no claims or lawsuits filed against the City as a result of an incident at the Pico Rivera Skate Park. Please do not hesitate to call me at 562-801-4244 if you have any questions regarding the log.

Sincerely,

Carmen Martinez

Carmen Martinez
Administrative Analyst

CITY OF PICO RIVERA
PICO RIVERA SKATE PARK
6016 Rosemead Blvd., Pico Rivera, CA 90660
INCIDENT LOG - 2001

DATE OF INCIDENT	NAME	TYPE OF INCIDENT	CLAIM FILED	DATE OF CLAIM	ACTION	LAWSUIT	LAWSUIT AMOUNT
08/01/2001	[redacted]	Rolled right ankle as he was coming down the quarter pipe.	No				
08/03/2001	[redacted]	Fell and injured left wrist.	No				
08/06/2001	[redacted]	Fell and injured left ankle.	No				
08/13/2001	[redacted]	Fell and landed on left wrist.	No				
08/15/2001	[redacted]	Fell off skateboard and landed on back.	No				
08/25/2001	[redacted]	Fell off skateboard and landed on top of left wrist.	No				
09/03/2001	[redacted]	Lost balance and fell on right wrist	No				
09/12/2001	[redacted]	Lost balance and fell injuring left leg. Paramedics were called and patron was transported to hospital.	No				

6

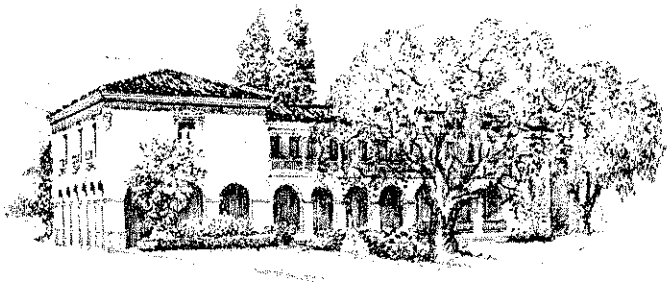
injured joint Rare

1 6 1

CITY OF SANTA BARBARA

PARKS & RECREATION DEPARTMENT

PARKS OFFICE ..... (805) 564-5433
PARKS FAX ..... (805) 897-2524
RECREATION OFFICE .. (805) 564-5418
RECREATION FAX ..... (805) 564-5480



PARKS: 402 E. ORTEGA STREET
RECREATION: 620 LAGUNA STREET
POST OFFICE BOX 1990
SANTA BARBARA, CA 93102-1990

January 29, 2002

Francine Byrne
Judicial Council of California
Research and Planning Unit
RE: Skateboarding Records, Per H&S 115800
455 Golden Gate Avenue
San Francisco, CA 94102

Ms. Byrne:

Attached from City of Santa Barbara Parks and Recreation Department.

Documents related to Section 115800 of the Health and Safety Code regarding known or reported injuries incurred by skateboarders in a public skateboard park or facility for 2001.

Sincerely,

Terri Yamada
Administrative Assistant

805) 564-5484

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: SKATER'S POINT Section: PARKS / REC

Date of Accident: 10/7/01 Time: _____ A.M. 6:50 P.M.

Name of Injured Person: [redacted] Age: [redacted] Sex: M

Address [redacted]

City and State: [redacted] Zip: [redacted] Phone: [redacted]

Description of Accident: (Include exact location and apparent cause)

EYE CUT, ON TOP OF QUARTER PIPE. HIT BY SKATEBOARD

Result of Accident: (Injury, Damage, etc.)

EYE-BROW CUT

First Aid Administered: (Be specific: Include name of person administering)

MONITOR GAVE BANDAIDS / ICE PACK

How could this accident have been avoided/prevented?

Witnesses:

Name	Age	Address	City & State	Phone

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? _____

Further Remarks: _____

Sumitted by: NATHAN HILL Supervisor: JIM RITA S.M.E.

Title: PARK RANGER Date: 10/7/01

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: SKATER'S POINT Section: PARK /REC

Date of Accident: 10/01/01 Time: _____ A.M. 5:25 P.M.

Name of Injured Person: [redacted] Age: [redacted] Sex: [redacted]

Address [redacted]

City and State: [redacted] Zip: [redacted] Phone: [redacted]

Description of Accident: (Include exact location and apparent cause)

ROLLED ANKLE LANDING BY THE RAIL NEAR PARKING LOT SIDE ENTRANCE

Result of Accident: (Injury, Damage, etc.)

SPRAINED ANKLE

First Aid Administered: (Be specific: Include name of person administering)

ICE

How could this accident have been avoided/prevented?

Witnesses:

Name	Age	Address	City & State	Phone

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? KEEP ICING IT

Further Remarks: SHE DIDN'T COOPERATE IN GIVING HER INFO

Sumitted by: NATHAN HILL Supervisor: JIM RITA S.M.E.

Title: PARK MONITOR Date: 10-01-01

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: SKATER'S POINT **Section:** Parks

Date of Accident: 8/13/01 **Time:** _____ **A.M.** 3:10 **P.M.**

Name of Injured Person: [redacted] **Age:** [redacted] **Sex:** [redacted]

Address [redacted]

City and State: [redacted] **Zip:** [redacted] **Phone:** [redacted]

Description of Accident: (Include exact location and apparent cause)

FELL IN BOWL

Result of Accident: (Injury, Damage, etc.)

POSSIBLE BROKEN ANKLE

First Aid Administered: (Be specific: Include name of person administering)

CALLED E.M.S (PARAMEDICS CAME) TOOK HIM TO HOSPITAL

How could this accident have been avoided/prevented?

Witnesses:

Name	Age	Address	City & State	Phone
[redacted]				

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? TAKEN TO COTTAGE HOSPITAL

Further Remarks: _____

Sumitted by: NATHAN HILL **Supervisor:** JIM & LISA SME

Title: PARK MANAGEMENT **Date:** 8/13/01

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: SKATER'S POINT **Section:** _____

Date of Accident: 8/12/01 **Time:** [redacted] **A.M.** 4:58 **P.M.**

Name of Injured Person: [redacted] **Age:** [redacted] **Sex:** [redacted]

Address [redacted]

City and State: [redacted] **Zip:** [redacted] **Phone:** [redacted]

Description of Accident: (Include exact location and apparent cause)

- ROLLED ANKLE WHEN LANDING
- LOCATION: PYRAMID IN MIDDLE OF PARK

Result of Accident: (Injury, Damage, etc.)

ROLLED ANKLE (SPRAINED)

First Aid Administered: (Be specific: Include name of person administering)

ICE PACK, PARK MONITOR

How could this accident have been avoided/prevented?

Witnesses:

Name	Age	Address	City & State	Phone

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? NO

Further Remarks: _____

Sumitted by: NATHAN HILL **Supervisor:** JIM RITA SAME

Title: PARK MANAGEMENT **Date:** 8/12/01

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: Skater's Point **Section:** Teen Programs

Date of Accident: 8/9/01 **Time:** 11:00 **A.M.** / **P.M.**

Name of Injured Person: [redacted] ? **Age:** [redacted] **Sex:** M

Address not a skate camp participant

City and State: _____ **Zip:** _____ **Phone:** _____

Description of Accident: (Include exact location and apparent cause)

[redacted] came out of the Taco bowl and landed on his face after losing his balance.

Result of Accident: (Injury, Damage, etc.)

Bruised left side of face, loose tooth, bloody lip

First Aid Administered: (Be specific: Include name of person administering) – Jon Bartel

Water given to rinse mouth, Checked for breaks and Neck-Back pain. assisted him to Guardian's Car

How could this accident have been avoided/prevented?

fairly routine trick, the park is not to blame, Austin just fell.

Witnesses:	Name	Age	Address	City & State	Phone

First Attending Physician: (If available)

	Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? yes

Further Remarks: Monitor was not on site, thus no access to First Aid

Sumitted by: Jon Bartel **Supervisor:** Susan Young

Title: Sk8 Camp Co-ordinator **Date:** 8/10/01

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: Skater's Point **Section:** Teen Programs

Date of Accident: 8/7/01 **Time:** 11:30 **A.M.** / **P.M.**

Name of Injured Person: [redacted] **Age:** [redacted] **Sex:** [redacted]

Address [redacted] Skate camp participant

City and State: [redacted] **Zip:** [redacted] **Phone:** [redacted]

Description of Accident: (Include exact location and apparent cause)

[redacted] Dropped in on the small quarter pipe and twisted his ankle

Result of Accident: (Injury, Damage, etc.)

strained ankle, painful, but no swelling

First Aid Administered: (Be specific: Include name of person administering)

Jon - I checked for mobility & breaks, gave some Ice.

How could this accident have been avoided/prevented?

routine trick

Witnesses:	Name	Age	Address	City & State	Phone

First Attending Physician: (If available)

	Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? yes

Further Remarks: by noon it felt better, and was back at camp

Sumitted by: Next day Jon Bartel **Supervisor:** Susan Young

Title: SK8 Camp Coordinator **Date:** 8/10/01

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: Skater's Point **Section:** _____

Date of Accident: 19-Jul-01 **Time:** 1852 **A.M.** _____ **P.M.** ✓

Name of Injured Person: [redacted] **Age:** [redacted] **Sex:** [redacted]

Address [redacted]

City and State: [redacted] **Zip:** _____ **Phone:** [redacted]

Description of Accident: (Include exact location and apparent cause)

[redacted] was going up a ramp + lost control

Result of Accident: (Injury, Damage, etc.)

possible broken wrist

First Aid Administered: (Be specific: Include name of person administering)

N/A

How could this accident have been avoided/prevented?

N/A

Witnesses: Name	Age	Address	City & State	Phone

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? Yes

Further Remarks: Babysitter took [redacted] home to parents SME

Sumitted by: Demetrius Williams **Supervisor:** Jim Zita / Park Ranger

Title: Park monitor **Date:** 19-Jul-01

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: SKATE PARK **Section:** _____

Date of Accident: 7/18/01 **Time:** _____ **A.M.** 5:30 **P.M.**

Name of Injured Person: [redacted] **Age:** [redacted] **Sex:** [redacted]

Address [redacted]

City and State: [redacted] **Zip:** [redacted] **Phone:** [redacted]

Description of Accident: (Include exact location and apparent cause)

KICK-FLIP OFF THE LEDGE BY PARK ENTRANCE
LANDED WRONG

Result of Accident: (Injury, Damage, etc.)

SPRAINED ANKLE

First Aid Administered: (Be specific: Include name of person administering)

ICING - NATHAN

How could this accident have been avoided/prevented?

Witnesses: Name	Age	Address	City & State	Phone

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? JUST KEEP ICING

Further Remarks: NONE

Sumitted by: NATHAN HILL **Supervisor:** JIM RITA SME

Title: PARK MONITOR **Date:** 7/18/01

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: SKATERS POINT **Section:** PARKS & REC.

Date of Accident: 4.4.01 **Time:** _____ **A.M.** 3:20 **P.M.**

Name of Injured Person: [redacted] **Age:** [redacted] **Sex:** [redacted]

Address [redacted]

City and State: [redacted] **Zip:** [redacted] **Phone:** [redacted]

Description of Accident: (Include exact location and apparent cause)

[redacted] WAS GOING UP A RAMP WHEN ANOTHER SKATER WHO WAS COMMING DOWN RAN INTO HIM

Result of Accident: (Injury, Damage, etc.)

[redacted] WAS CUT IN THE CENTER OF HIS LOWER LIP. THE OTHER SKATER WAS NO HURT.

First Aid Administered: (Be specific: Include name of person administering)

I (BRENDAN SHAUGHNESSY) GAVE TREVOR GAUZE AND ADVISED HIM TO HOLD IT TO HIS LIP.

How could this accident have been avoided/prevented?

Witnesses:

Name	Age	Address	City & State	Phone
[redacted]		[redacted]		[redacted]

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? NO

Further Remarks: WAS RELEASED TO HIS FATHER

Sumitted by: BRENDAN SHAUGHNESSY **Supervisor:** JIM KITA S.M.E.

Title: PARK RANGER **Date:** 4-4-01

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Case 01-2261
Officer McBride

Location: Skater's Point **Section:** _____

Date of Accident: 02/03/2001 **Time:** 10:15 **A.M.** _____ **P.M.**

Name of Injured Person: [redacted] **Age** [redacted] **Sex:** [redacted]

Address [redacted]

City and State: [redacted] **Zip:** 97 **Phone:** [redacted]

Description of Accident: (Include exact location and apparent cause)

[redacted] was skateboarding and he fell against frail fence hitting his arm on the ground.

Result of Accident: (Injury, Damage, etc.)

A probable broken arm

First Aid Administered: (Be specific: Include name of person administering) Called Rangers/911 St. Francis Hospital - Fire Dept. and paramedics as well as Rangers and police came instantly. - Arm was splinted by paramedics

How could this accident have been avoided/prevented?

The boy was wearing all the proper equipment

Witnesses: Name	Age	Address	City & State	Phone
[redacted]	[redacted]			[redacted]

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? N/A

Further Remarks: _____

Sumitted by: E. Maribel Gallardo **Supervisor:** Santos Escobar

Title: PARK MONITOR **Date:** 2/3/01

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

OFFICE McBRIDE, CAME AFTER ACCIDENT

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: SKATER'S POINT **Section:** _____

Date of Accident: Feb 4 2001 **Time:** _____ **A.M.** 2:20 **P.M.**

Name of Injured Person: [redacted] **Age:** [redacted] **Sex:** [redacted]

Address [redacted]

City and State: [redacted] **Zip:** _____ **Phone:** [redacted]

Description of Accident: (Include exact location and apparent cause)

[illegible] DOWN NW RAMP. HE FELL ON [illegible] COMPLETELY DOWN, HIS [illegible] HIS SIDE.

Result of Accident: (Injury, Damage, etc.)

POSSIBLE [illegible] INJURY [illegible] MUST MOVE HIM) HIS MOTHER [illegible] EVERYTHING ELSE ON, [illegible] PARK RAIN.

First Aid Administered: (Be specific: Include name of person administering)

CALLED [illegible] 911 - [illegible] WITHIN A MINUTE

How could this accident have been avoided/prevented?

SKATER WAS [illegible]

PD Case # 01-[illegible]

Witnesses: Name	Age	Address	City & State	Phone
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? [illegible]

Further Remarks: Fire Dept: [illegible]

Sumitted by: F. MARIBEL GALLARDO **Supervisor:** _____

Title: PARK MONITOR **Date:** _____

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: SKATERS POINT **Section:** Parks + Rec.

Date of Accident: 1-19-01 **Time:** _____ **A.M.** 2:10 **P.M.**

Name of Injured Person: [redacted] **Age:** [redacted] **Sex:** [redacted]

Address [redacted]

City and State: [redacted] **Zip:** [redacted] **Phone:** _____

Description of Accident: (Include exact location and apparent cause)

Skater's board hit Ricky in the lower shin. The Skater that hit him (unknown) was on the rail [redacted] closest to the North wall.

Result of Accident: (Injury, Damage, etc.)

Bruise to front of left Leg, just above ankel

First Aid Administered: (Be specific: Include name of person administering)

I (Brendan Slaughnessy) gave Ricky an Ice Pack.

How could this accident have been avoided/prevented?

Witnesses:	Name	Age	Address	City & State	Phone

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? No

Further Remarks: _____

Sumitted by: Brendan Slaughnessy **Supervisor:** [redacted]

Title: _____ **Date:** 1-19-01

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: Skater's Point **Section:** Parks

Date of Accident: 1/20/2001 **Time:** 1100 **A.M.** _____ **P.M.**

Name of Injured Person: [redacted] **Age:** [redacted] **Sex:** [redacted]

Address _____

City and State: [redacted] **Zip:** _____ **Phone:** [redacted]

Description of Accident: (Include exact location and apparent cause)

[redacted] was skate-boarding. He fell and hit his head. The helmet he was wearing flew off.

Result of Accident: (Injury, Damage, etc.)

Small lump on top/back of head. He said he had a head-ache and sat on the side.

First Aid Administered: (Be specific: Include name of person administering)

Maribel and Brendan (Park Monitors). gave him an ice bag and insisted on calling parents. Name Rudy Lopez

How could this accident have been avoided/prevented?

Helmet could have been fastened under his chin.

Witnesses:	Name	Age	Address	City & State	Phone

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? We spoke to parent about it.

Further Remarks: _____

Sumitted by: Maribel Gallaga-Schoyen **Supervisor:** Santos Escoban

Title: PARK MONITOR **Date:** 1/20/2001

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

City of Santa Barbara
Parks & Recreation Department
Report of Accident and/or Injury

Location: Skaters Point **Section:** Parks & Rec

Date of Accident: 1-6-01 **Time:** 10:00 **A.M.** _____ **P.M.**

Name of Injured Person: [redacted] **Age:** [redacted] **Sex:** [redacted]

Address [redacted]

City and State: [redacted] **Zip:** [redacted] **Phone:** [redacted]

Description of Accident: (Include exact location and apparent cause)

[redacted]: Fell down a ramp in NW corner of Skate park, no one else was Involved

Result of Accident: (Injury, Damage, etc.)

Chiped upper right front tooth, cuts to chin and lip.

First Aid Administered: (Be specific: Include name of person administering)

Ryan Lugo Gave the girl an Ice Pack

How could this accident have been avoided/prevented?

Witnesses:

Name	Age	Address	City & State	Phone
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

First Attending Physician: (If available)

Name	Age	Address	City & State	Phone

Was injured person advised to seek follow-up treatment? no

Further Remarks: Left in the Care of her mother.

Sumitted by: Brendan Shaughnessy **Supervisor:** Ryan Lugo

Title: _____ **Date:** 1-6-00

This report must be filed within 24 hours of accident.

Distribution: Original - File, Yellow - Safety Committee, Pink - Risk Management

CITY OF STOCKTON
DEPARTMENT OF PARKS AND RECREATION
CITY HALL ANNEX • 6 East Lindsay Street • Stockton, CA 95202-1997
www.stocktongov.com

January 31, 2002

Judicial Council of California
Research and Planning Unit
Re: Skateboarding Records, Per H&S 115800
455 Golden Gate Avenue
San Francisco, CA 94102

Report for *City of Stockton, Anderson Skate Park*

Reporting Period: Calendar Year 2001

Directive: **"The local public agency shall also maintain a record of all claims, paid and not paid, including any lawsuits and their results, arising from those incidents that were filed against the public agency"**

Claims paid and not paid: NONE

Lawsuits: NONE

Any questions or if you need more information contact Shane McAffee, Recreation Superintendent for City of Stockton (209)937-8285.

Shane McAffee

Stockton
All-America City
1999

CITY OF VACAVILLE

650 MERCHANT STREET, VACAVILLE, CALIFORNIA 95688-6908
ESTABLISHED 1850

January 30, 2002

Francine Byrne, Research and Planning Unit
Administrative Office of the Courts
Judicial Council of California
455 Golden Gate Avenue
San Francisco, CA 94102

Dear Ms. Byrne,
Per our conversation regarding the City of Vacaville's Skate Park here are the figures that you requested. Our park was opened in April 2001. To date we have recorded 32 accident reports. To date we have had 0 claims/actions taken against the City of Vacaville as a result of these accidents. If you need further information please feel free to contact me at (707)449-5631.

Sincerely,

Suzanne Greene
Recreation Supervisor
Community Services Department