

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD

DATE 9/23/96

1. EMPLOYEE NAME Tim Harrison

JOB TITLE Public Safety Officer

2. ACCIDENT TYPE: VEHICULAR _____ NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:
PERSONAL INJURY TO YOURSELF RT. thumb AREA
PERSONAL INJURY TO OTHERS _____
DESCRIBE TREATMENT, IF ANY Swelling Bandage for cut, Ice for

3. ACCIDENT DESCRIPTION:
A. DATE AND TIME OF ACCIDENT 9/23/96 1530 hrs
B. TIME EMPLOYEE LEFT WORK NA

C. DATE AND TIME REPORTED TO EMPLOYER 9/23/96 1530 hrs

D. ACCIDENT LOCATION Montgomery County Outdoor Range

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.

I WAS shooting my handgun (Glock 17) at the range when I WAS involved in a running and shooting drill that I mistook the hand grip on the gun and it recoiled into my

F. DAMAGES: (1) PRIVATE PROPERTY thumb causing a small cut and
(2) CITY PROPERTY swelling in my thumb joint to
(3) PERSONAL INJURY hand.

G. CAUSE FACTORS thumb too high on back area of gun.

SIGNATURE OF EMPLOYEE [Signature]

4. WITNESS STATEMENT:
NAME Lt. Bill Thompson DEPARTMENT OAKWOOD

DESCRIPTION OF ACCIDENT Officer ^{WRT} Harrison failed to grip his semi auto correctly when firing his weapon. He used the ^{WRT} revolver style of grip.

SIGNATURE OF WITNESS _____

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: Improper grip on semi auto by the officer led to the injury. Harrison used the old revolver style of grip.

SIGNATURE OF SUPERVISOR Lt. Thompson

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD P.D.

DATE 4/17/99

1. EMPLOYEE NAME CITY OF OAKWOOD JOB TITLE PUBLIC SAFETY

2. ACCIDENT TYPE: VEHICULAR NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:
PERSONAL INJURY TO YOURSELF RT. KNEE SPRAIN (INJURY)
PERSONAL INJURY TO OTHERS _____
DESCRIBE TREATMENT, IF ANY TOOK TO KMC (ER) PER MEDIC 27.

3. ACCIDENT DESCRIPTION:

A. DATE AND TIME OF ACCIDENT 4/17/99 0809 AM

B. TIME EMPLOYEE LEFT WORK (SAME) 1030 AM

C. DATE AND TIME REPORTED TO EMPLOYER 4/17/99 0809 AM

D. ACCIDENT LOCATION 924 OAKWOOD AVE.

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.

I WAS DOING A VHC AT 924 OAKWOOD AND WAS WALKING AROUND HOUSE AND SLIPPED ON WET GRASS ON SLIGHT HILL. FELT A POPPING SENSATION IN RT. KNEE WITH SWELLING.

F. DAMAGES: (1) PRIVATE PROPERTY _____

(2) CITY PROPERTY _____

(3) PERSONAL INJURY

G. CAUSE FACTORS wet grass / Hill Area

SIGNATURE OF EMPLOYEE [Signature]

4. WITNESS STATEMENT:

NAME None DEPARTMENT _____

DESCRIPTION OF ACCIDENT _____

SIGNATURE OF WITNESS _____

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION:

Called by Officer Harrison from VHC location at 924 Oakwood Ave. Tom advised he slipped on wet grass toward pavement while

SIGNATURE OF SUPERVISOR [Signature]

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD DATE 10/27/96

1. EMPLOYEE NAME Tim Narlsen JOB TITLE Public Safety

2. ACCIDENT TYPE: VEHICULAR _____ NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:
PERSONAL INJURY TO YOURSELF RT thumb, joint area
PERSONAL INJURY TO OTHERS _____
DESCRIBE TREATMENT, IF ANY ice applied

3. ACCIDENT DESCRIPTION:

A. DATE AND TIME OF ACCIDENT 10/27/96 approximately 10:30 AM

B. TIME EMPLOYEE LEFT WORK NA

C. DATE AND TIME REPORTED TO EMPLOYER 10/27/96 10:30 AM (approximate)

D. ACCIDENT LOCATION Dartm Fire School (Tower)

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.

I was using the nozzle advancing it to the Basement Area of the Fire Tower when my ft. thumb felt extreme pain and swelling. thumb injured at range in September.

F. DAMAGES: (1) PRIVATE PROPERTY _____

(2) CITY PROPERTY _____

(3) PERSONAL INJURY

G. CAUSE FACTORS Past injury at outdoor range in September AND A Accident Report was filled out then.

SIGNATURE OF EMPLOYEE [Signature]

4. WITNESS STATEMENT:
NAME _____ DEPARTMENT _____

DESCRIPTION OF ACCIDENT _____

SIGNATURE OF WITNESS _____

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: I feel this is related to his prior injury at the outdoor range on 09-23-96 apparently his thumb has never healed properly.

SIGNATURE OF SUPERVISOR St. Thompson

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD

DATE 4/8/89

1. EMPLOYEE NAME Tim Harrison

JOB TITLE Public Safety

2. ACCIDENT TYPE: VEHICULAR NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:
PERSONAL INJURY TO YOURSELF Right Shoulder muscle (Deltoid)
PERSONAL INJURY TO OTHERS _____
DESCRIBE TREATMENT, IF ANY _____

3. ACCIDENT DESCRIPTION:
A. DATE AND TIME OF ACCIDENT 4/8/89 820am

B. TIME EMPLOYEE LEFT WORK N/A

C. DATE AND TIME REPORTED TO EMPLOYER 4/8/89 824am

D. ACCIDENT LOCATION Medic 1

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.

I WAS sitting in front seat of medic (Drivers side) and attempted to lift the orange O2 bottle and pack out my cap to check the reading (gauge) and felt a pull in my

* weight of object 15-20 lbs.

F. DAMAGES: (1) PRIVATE PROPERTY Deltoid causing a warm pain and inability to raise arm above head without sharp pain.
(2) CITY PROPERTY _____
(3) PERSONAL INJURY

G. CAUSE FACTORS possible angle of lift (have lifted before with out problem)

SIGNATURE OF EMPLOYEE [Signature]

4. WITNESS STATEMENT:
NAME M TRAPP DEPARTMENT Safety

DESCRIPTION OF ACCIDENT OBSERVED OFFICER Harrison sitting in the drivers seat of the medic performing the equipment checks. HEARD OFFICER Harrison say OUCH went to check, observed him w/ air vent on cap started he felt sharp pain in right shoulder

SIGNATURE OF WITNESS [Signature]

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: HARRISON SAID THAT HE "PULLED" A MUSCLE IN HIS SHOULDER. HE SAID THAT HE THOUGHT HE WOULD BE O.K. HE DID NOT SEEM TO HAVE ANY TROUBLE WITH IT THE REST OF THE DAY.

SIGNATURE OF SUPERVISOR [Signature]

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD

DATE 7/3/94

1. EMPLOYEE NAME Tim Harrison

JOB TITLE Public Safety

2. ACCIDENT TYPE: VEHICULAR NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:
PERSONAL INJURY TO YOURSELF Lt. triceps AREA (Swollen and painful)
PERSONAL INJURY TO OTHERS _____
DESCRIBE TREATMENT, IF ANY ice pack (went to MVA for evaluation / R McLean)

3. ACCIDENT DESCRIPTION:
A. DATE AND TIME OF ACCIDENT 7/1/94 Approximately 3:00 am
B. TIME EMPLOYEE LEFT WORK 0730 am (7/1/94)
C. DATE AND TIME REPORTED TO EMPLOYER Reported to Paramedic Tanker Jey
D. ACCIDENT LOCATION 564 Woodview at scene but did not write it down

(Pt. combative)

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.
I WAS CARRYING A obese female pt. that was having hallucinations from crack overdose when she sat up and started to fall off the cot and I grabbed her with

F. DAMAGES: (1) PRIVATE PROPERTY my left arm pulling my triceps area.
(2) CITY PROPERTY _____
(3) PERSONAL INJURY _____

G. CAUSE FACTORS obese drug overdose pt. hallucinating and trying to get off the cot. (combative)

SIGNATURE OF EMPLOYEE [Signature] (21)

4. WITNESS STATEMENT:
NAME Steve Tanker Jey DEPARTMENT PS

DESCRIPTION OF ACCIDENT While carrying an obese black woman down outside steps, pt. became combative and Tim Harrison had to control her injury and

SIGNATURE OF WITNESS [Signature]

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: _____

SIGNATURE OF SUPERVISOR _____

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD SAFETY

DATE 10-22-88

1. EMPLOYEE NAME TIMOTHY HARRISON JOB TITLE PATROLMAN

2. ACCIDENT TYPE: VEHICULAR _____ NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:

PERSONAL INJURY TO YOURSELF LEFT HAND - CUT (LACERATION) 1/2" LONG CUT.

PERSONAL INJURY TO OTHERS _____

DESCRIBE TREATMENT, IF ANY IRRIGATION, CONTROL BLEEDING, BANDAGE - BY
MARSH, AMYERS, ZENCEL

3. ACCIDENT DESCRIPTION:

A. DATE AND TIME OF ACCIDENT 10-22-88 0836

B. TIME EMPLOYEE LEFT WORK 0915 1200 HRS.

C. DATE AND TIME REPORTED TO EMPLOYER 10-22-88 0845

D. ACCIDENT LOCATION 200 BLK MONTECATI AVE.

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.

WHILE PLACING OUT BARRICADES, CUT LEFT HAND ON EXPOSED NAIL (PUSHED)
IN BARRICADE BOARD.

F. DAMAGES: (1) PRIVATE PROPERTY _____

(2) CITY PROPERTY _____

(3) PERSONAL INJURY LACERATED LEFT HAND

G. CAUSE FACTORS EXPOSED NAIL IN BARRICADE

SIGNATURE OF EMPLOYEE [Signature]

4. WITNESS STATEMENT:

NAME _____ DEPARTMENT _____

DESCRIPTION OF ACCIDENT _____

SIGNATURE OF WITNESS _____

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: FOUND NAILS PROTRUDING FROM

BOARD NEAR END WHERE SUPPORT BOARD HAD BROKEN OFF. 5 STITCHES IN
HAND. NO CAUSE FOR DISCIPLINE.

SIGNATURE OF SUPERVISOR [Signature]



ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD P.D. DATE 10/30/93

1. EMPLOYEE NAME Tim Harrison JOB TITLE Public Safety

2. ACCIDENT TYPE: VEHICULAR _____ NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:
PERSONAL INJURY TO YOURSELF LOWER BACK AREA (Left Side)
PERSONAL INJURY TO OTHERS _____
DESCRIBE TREATMENT, IF ANY _____

3. ACCIDENT DESCRIPTION:
A. DATE AND TIME OF ACCIDENT 10/30/93 0710hrs

B. TIME EMPLOYEE LEFT WORK _____

C. DATE AND TIME REPORTED TO EMPLOYER 10/30/93

D. ACCIDENT LOCATION Stairs to upstairs quarters

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.

I was walking up the stairs to the crew quarters when I slipped on a step and twisted my lower back landing on my butt and bounced down two steps.

F. DAMAGES: (1) PRIVATE PROPERTY _____

(2) CITY PROPERTY _____

(3) PERSONAL INJURY

G. CAUSE FACTORS wet shoes from snow and sleet

SIGNATURE OF EMPLOYEE [Signature]

4. WITNESS STATEMENT:
NAME Tom Gallinal DEPARTMENT OAKWOOD

DESCRIPTION OF ACCIDENT I was in the kitchen area when I heard a loud noise on the steps and heard Tim yell as it paid. I went to the steps and Tim was coming up the steps and was holding his left side of his lower back. Tim said he slipped and pulled something in his back. I helped him up the steps.
SIGNATURE OF WITNESS Tom Gall 12

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: _____

SIGNATURE OF SUPERVISOR _____

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD DATE 3/23/92

1. EMPLOYEE NAME Tim Harrison JOB TITLE Public Safety

2. ACCIDENT TYPE: VEHICULAR NON-VEHICULAR _____

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:
PERSONAL INJURY TO YOURSELF _____
PERSONAL INJURY TO OTHERS _____
DESCRIBE TREATMENT, IF ANY _____

3. ACCIDENT DESCRIPTION:

A. DATE AND TIME OF ACCIDENT 3/23/92 658 hrs.

B. TIME EMPLOYEE LEFT WORK 0830 am

C. DATE AND TIME REPORTED TO EMPLOYER 3/23/92 0830 am

D. ACCIDENT LOCATION OAKWOOD AT FAR HILLS

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.

DURING EXTRICATION THE DRIVER'S DOOR WAS FORCED AGAINST MY BACK (LOWER) AREA STRAINING THE MUSCLES IN THE LUMBAR AREA.

F. DAMAGES: (1) PRIVATE PROPERTY _____

(2) CITY PROPERTY _____

(3) PERSONAL INJURY

G. CAUSE FACTORS AMCAS TOOL USED ON DOOR OF ACCIDENT vehicle

SIGNATURE OF EMPLOYEE [Signature]

4. WITNESS STATEMENT:

NAME Thomas G. [Signature] DEPARTMENT Oakwood

DESCRIPTION OF ACCIDENT TIM WAS SUPPORTING THE PT. WHILE OTHER CREW MEMBERS WERE OPENING DOOR WITH AMCAS TOOL. DURING THIS PROCESS THE DOOR WAS FORCED UP AGAINST TIMS BACK AND HE STARTED SCREAMING FOR THE TV STU.

SIGNATURE OF WITNESS [Signature]

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: Officer Harrison reported the incident to me, indicating that he feels he will be OK and this is just an information drill in the wood the strain becomes more severe.

SIGNATURE OF SUPERVISOR Capt [Signature]

ACCIDENT REPORT FORM

DEPARTMENT Oakwood Safety

DATE 11-9-90

1. EMPLOYEE NAME Tim Harrison

JOB TITLE Safety

2. ACCIDENT TYPE: VEHICULAR _____ NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:
PERSONAL INJURY TO YOURSELF Lower back and upper Buttocks
PERSONAL INJURY TO OTHERS _____
DESCRIBE TREATMENT, IF ANY _____

3. ACCIDENT DESCRIPTION:

A. DATE AND TIME OF ACCIDENT 11-9-90 at 9:00

B. TIME EMPLOYEE LEFT WORK 11-9-90 at 1000

C. DATE AND TIME REPORTED TO EMPLOYER 930

D. ACCIDENT LOCATION 30 Park Ave - front apron & alley

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.
Tim was carrying the ~~raft~~ Hard suction. He stepped off the wooden retaining wall by the alley and twisted his back

F. DAMAGES: (1) PRIVATE PROPERTY _____
(2) CITY PROPERTY _____
(3) PERSONAL INJURY _____

G. CAUSE FACTORS _____

SIGNATURE OF EMPLOYEE [Signature]

4. WITNESS STATEMENT:

NAME [Signature] DEPARTMENT SAFETY

DESCRIPTION OF ACCIDENT Same as above

SIGNATURE OF WITNESS _____

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: The hard suction hose should have been moved to a better position. However, officers should not have taken decision to move this hose without checking with a supervisor. Officer should have taken a different route to move the hose instead of using the retaining wall or should have used more officers
SIGNATURE OF SUPERVISOR Jt. W. Thompson

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD

DATE 1/14/88

1. EMPLOYEE NAME Tom Harrison

JOB TITLE Public Safety

2. ACCIDENT TYPE: VEHICULAR _____ NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:

PERSONAL INJURY TO YOURSELF Lower BACK (Lt. Side)

PERSONAL INJURY TO OTHERS _____

DESCRIBE TREATMENT, IF ANY _____

3. ACCIDENT DESCRIPTION:

A. DATE AND TIME OF ACCIDENT 1/14/88 (0330)

B. TIME EMPLOYEE LEFT WORK 0730am 1/14/88

C. DATE AND TIME REPORTED TO EMPLOYER 1/14/88 (0430)

D. ACCIDENT LOCATION 68 Dixon

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.

I WAS LIFTING A PT. IN A STAIR CHAIR AND CARRYING HIM DOWN A FLIGHT OF STAIRS OUTSIDE WHEN I FELT A STRONG PULL IN MY LOWER (LT-SIDE) BACK. PT. ABOUT 160 LBS. WITH CHAIR.

F. DAMAGES: (1) PRIVATE PROPERTY _____

(2) CITY PROPERTY _____

(3) PERSONAL INJURY

G. CAUSE FACTORS EARLY MORNING MEDIC RUN (0330AM APPROXIMATELY)

SIGNATURE OF EMPLOYEE [Signature]

4. WITNESS STATEMENT:
NAME PTL. TOVINETTI DEPARTMENT SAFETY

DESCRIPTION OF ACCIDENT I SAW PTL. HARRISON CARRYING PATIENT DOWN STAIRS IN A STAIR CHAIR

SIGNATURE OF WITNESS [Signature]

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: I ASSISTED PTL. HARRISON IN CARRYING PATIENT DOWN STAIRS. HOWEVER, HE MADE NO COMMENT TO ME REGARDING ANY INJURY TO HIS BACK AT THE SCENE.

SIGNATURE OF SUPERVISOR [Signature]

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD P.D. DATE 3/16/08

1. EMPLOYEE NAME Tim Harrison JOB TITLE Public Safety

2. ACCIDENT TYPE: () VEHICULAR () NON-VEHICULAR

a. Exact nature of injuries and exact parts of body affected

(1) Personal injury to yourself STRAINED LOWER BACK (TAIL BONE)

(2) Personal injury to others _____

(3) Describe treatment, if any _____

3. ACCIDENT DESCRIPTION:

a. Date and time of accident 3/16/08 - 0940 AM

b. Time employee left work N/A

c. Date and time reported to employer 3/16/08 - 0949 AM

d. Accident location 173 E THRUSTON

e. Describe in detail nature of accident. If lifting an object, state approximate size, weight and distance lifted.

I WAS AT THE FEET OF THE COT WITH A LARGE PATIENT WHO I WENT TO RAISE THE COT AND FELT A "PULLING" PAIN IN MY LOWER BACK AREA. PAIN CONTINUED AFTER MEDICATION. (PT. 6-3" AND POSSIBLY 270 LBS.)

f. Damages:

(1) Private property _____

(2) City property _____

(3) Personal injury LOWER BACK (TAIL BONE) AREA

g. Cause/factors LIFTING A LARGE PT ON COT.

Signature of employee [Signature] 11

4. WITNESS STATEMENT:

Name John McCalister Department Safety

Description of accident While Ofc. Tim Harrison was lifting the cot at the foot end, I saw him grimace in pain and his face turn red. He was able to get the cot up, but held his back afterward.

Signature of witness John J. McCalister

5. SUPERVISOR: Your findings upon investigation THE ABOVE DESCRIPTION IS THE WAY OFC. HARRISON DESCRIBED THE INCIDENT. I WAS SETTING UP INSIDE THE MEDIC & DIDN'T SEE ANYTHING

[Signature] #05

Received 9/25/08

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD PD. DATE 9/16/08

1. EMPLOYEE NAME TIM HARRISON JOB TITLE PUBLIC SAFETY

2. ACCIDENT TYPE: VEHICULAR _____ NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:

PERSONAL INJURY TO YOURSELF FELL AND STRUCK HEAD (LACERATION)

PERSONAL INJURY TO OTHERS _____

DESCRIBE TREATMENT, IF ANY - PRISONER AND CHECKED CUT AND CONTROLLED BLEEDING.

3. ACCIDENT DESCRIPTION:

A. DATE AND TIME OF ACCIDENT 9/16/08 4:51am

B. TIME EMPLOYEE LEFT WORK DID NOT LEAVE WORK

C. DATE AND TIME REPORTED TO EMPLOYER 9/16/08 6:35am

D. ACCIDENT LOCATION BATHROOM (CREW QUARTERS)

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.

WALKING IN BATHROOM AND FELL AND STRUCK HEAD (LT-EYE AREA) LACERATION. ALSO TWISTED RT. KNEE AND STRUCK RT. ELBOW

F. DAMAGES: (1) PRIVATE PROPERTY _____

(2) CITY PROPERTY _____

(3) PERSONAL INJURY LACERATION LT. EYE BROW AREA

G. CAUSE FACTORS UNKNOWN (SLEEPY/TRIPPED) (KNEE/ELBOW) (RT. SIDE)

SIGNATURE OF EMPLOYEE [Signature] (11)

4. WITNESS STATEMENT:

NAME _____ DEPARTMENT _____

DESCRIPTION OF ACCIDENT _____

SIGNATURE OF WITNESS _____

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: _____

Copy For Personnel
5/5/09

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD

DATE 5/1/09

1. EMPLOYEE NAME TIM WA REISON JOB TITLE PUBLIC SAFETY OFFICER

2. ACCIDENT TYPE: VEHICULAR _____ NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:
PERSONAL INJURY TO YOURSELF Smoke inhalation
PERSONAL INJURY TO OTHERS _____
DESCRIBE TREATMENT, IF ANY KED (Medic) checked VITALS, O2 AND MONITOR. (FLUID INTAKE: GATORAID)

3. ACCIDENT DESCRIPTION:
A. DATE AND TIME OF ACCIDENT 5/1/09

B. TIME EMPLOYEE LEFT WORK APPROXIMATELY 1700HRS.

C. DATE AND TIME REPORTED TO EMPLOYER 5/1/09 APPROXIMATELY 1700HRS.

D. ACCIDENT LOCATION 810 ACORN

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.
I WAS BRACKING OUT WINDOWS OF THE HOUSE AT 810 ACORN DURING A WORKING FIRE AND INHALED SMOKE (LARGE QUANTITY). FELT DIZZY AND HAD DIFFICULTY BREATHING.

F. DAMAGES: (1) PRIVATE PROPERTY _____
(2) CITY PROPERTY _____
(3) PERSONAL INJURY

G. CAUSE FACTORS WIND DIRECTION (RAIN)

SIGNATURE OF EMPLOYEE [Signature] (11)

4. WITNESS STATEMENT:
NAME _____ DEPARTMENT _____

DESCRIPTION OF ACCIDENT _____
_____ OVER →

SIGNATURE OF WITNESS _____

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: OFFICER HARRISON APPROVED TO BE FLUSH AND OVER HEATED. HE WAS TREATED BY KETTERING'S MEDIC 32 AND WAS LATER SENT HOME. I CONTACTED HIM AT APPROXIMATELY 2100 HOURS SAME DATE AND OFFICER HARRISON ADVISED IT WOULD BE BEST TO CALL AT THE STATION AT 1100 HOURS. IT WOULD BE BEST TO CALL AT THE STATION AT 1100 HOURS.

OAKWOOD PUBLIC SAFETY DEPARTMENT
NOTICE OF HEARING

1. This notice is served to OFFICER HARRISON delivered by LT GALLIMORE
in the following manner in Person Delivery was made on 4/5/2000
(in person/mail-slot) (date)
2. You are hereby notified that a Disciplinary hearing
(Disciplinary/Investigatory)
will be held in the office of Lt. Gallimore on 4/5/2000 1545 hr
(NAME) (TIME/DATE)
3. Delegating Supervisors Lt. Gallimore Acting Operations
4. Complainant _____
5. Specific allegations which shall be the subject of this hearing are as follows:

Alleged violations of

1. 1.51.2.1
2. _____
3. _____
4. _____
5. _____

6. Discipline may result from these allegations.
7. All hearings will be tape recorded. Tapes will be retained for future reference.

THIS MUST BE READ TO THE EMPLOYEE:

Prior to the onset of the interview/meeting, are there any process issues or questions that need to be addressed?

OPSD-215D

PERSONNEL ACTION REPORT

NAME OF EMPLOYEE <u>OFFICER Tim Harrison</u>		DEPARTMENT <u>SAFETY</u>
DATE OF OFFENSE <u>4/3/2000</u>	DATE OF HEARING <u>4/05/2000</u>	ACTION DATE <u>4/5/2000</u>

OFFENSE Investigation and facts revealed that OFFICER Harrison was the sole OFFICER with E-27 while attempting to obtain fuel at the Super America on East Dorothy Ln.. Also revealed was the damage that occurred to the Lt. rear tire of the Engine while OFFICER Harrison was driving the Engine. and pulling into the pump Area. I have concluded that judgement on the approach to the pumps and familiarization (Driving Skills) of E-27, are the contributing factors to this incident. Therefore I RECOMMEND verbal Counseling on judgement, and a Driver training review be conducted.

H. T. Jell Acting Operations
(SEE ATTACHED MATERIAL, IF ANY)

DISCIPLINARY ACTION TAKEN VERBAL COUNSELING.
DRIVER TRAINING - TO be CONDUCTED, SET-up, by Crew SUPERVISOR.

SIGNATURE, SUPERVISOR <u>[Signature]</u>	SIGNATURE, EMPLOYEE DISCIPLINED <u>[Signature]</u>
Copy Distribution: Personnel <u>Supervisor</u> <u>Employee Disciplined</u>	REPRESENTATIVE PRESENT

** Unless there is additional discipline noted, this report is scheduled to be removed from the employee's personnel file on _____ Date

OAKWOOD PUBLIC SAFETY DEPARTMENT
NOTICE OF HEARING

1. This notice is served to OFFICER HARRISON delivered by Lt. Gallimore
in the following manner IN person. Delivery was made on 4/3/2000 1540 hr
(in person/mail slot) (date)
2. You are hereby notified that a INVESTIGATORY hearing
(Disciplinary/Investigatory)
will be held in the office of Lt. Gallimore on 4/3/2000 1545 hr.
(NAME) (TIME/DATE)
3. Delegating Supervisors Lt Gallimore
4. Complainant _____
5. Specific allegations which shall be the subject of this hearing are as follows:
Did drive E-27 into a barrier post at GAS STATION,
CAUSING DAMAGE TO Lt. REAR TIRE

- Alleged violations of
1. 1.51.2.1
2. _____
3. _____
4. _____
5. _____
6. Discipline may result from these allegations.
7. All hearings will be tape recorded. Tapes will be retained for future reference.

THIS MUST BE READ TO THE EMPLOYEE:

Prior to the onset of the interview/meeting, are there any process issues or questions that need to be addressed?

OPSD-215D

ACCIDENT REPORT FORM

DEPARTMENT OAKWOOD Public Safety DATE 4/03/00
1. EMPLOYEE NAME Tim Harrison JOB TITLE Public Safety

2. ACCIDENT TYPE: VEHICULAR NON-VEHICULAR

A. EXACT NATURE OF INJURIES AND EXACT PARTS OF BODY AFFECTED:
PERSONAL INJURY TO YOURSELF NA
PERSONAL INJURY TO OTHERS _____
DESCRIBE TREATMENT, IF ANY _____

3. ACCIDENT DESCRIPTION:
A. DATE AND TIME OF ACCIDENT 4/3/00 0930hrs.

B. TIME EMPLOYEE LEFT WORK NA

C. DATE AND TIME REPORTED TO EMPLOYER 0933hrs. 4/3/00

D. ACCIDENT LOCATION 1020 E. Dorothy Lane (Super America)

E. DESCRIBE IN DETAIL NATURE OF ACCIDENT. IF LIFTING AN OBJECT STATE APPROXIMATE SIZE, WEIGHT, DISTANCE LIFTED.

I WAS pulling into the Super America Gas Station with Eng. 27 AND the lot WAS Full with cars and large Beverage trucks. I attempted to pull up to the Diselpump AND struck A pole with

F. DAMAGES: (1) PRIVATE PROPERTY the Rim of the tire (Rear) (pole)

(2) CITY PROPERTY tire Rim

(3) PERSONAL INJURY NA

G. CAUSE FACTORS Full PARKING AND gas Lot. Little Room OR space to maneuver. (Car pulled in Behind me)

SIGNATURE OF EMPLOYEE [Signature] (21)

4. WITNESS STATEMENT:
NAME _____ DEPARTMENT _____

DESCRIPTION OF ACCIDENT _____

SIGNATURE OF WITNESS _____

5. SUPERVISOR: YOUR FINDINGS UPON INVESTIGATION: Tim Harrison called me to the scene and reported the incident to me. SEE accident report 0004839 for details. Harrison & I exchanged info w/ Steve Moore, Richard Moore

SIGNATURE OF SUPERVISOR DA A A O --- 25