



**WEBB COUNTY**  
INCIDENT REPORT

**WEBB COUNTY**  
*Meals on wheels Program*

This Incident resulted in:  
 [ ] Non-employee BODILY INJURY\*  
 [  ] PROPERTY DAMAGE  
 [ ] THEFT

**PLEASE PROVIDE INFORMATION TO:**

NAME: WEBB COUNTY RISK MANAGEMENT PHONE: 956-523-4143

ADDRESS:  
1110 Washington St. Ste 204

**INCIDENT**

DATE OF LOSS: 2/20/2024 TIME OF LOSS: 1:10PM LOCATION OF LOSS: 911 Rosariost CITY: Laredo STATE: Texas ZIP CODE: 78040

OFFICIALS CALLED TO SCENE:  YES  NO IF SO IDENTIFY:

POLICE  FIRE DEPT.  AMBULANCE  SHERIFF  CONSTABLE

CASE NUMBER: 24-031275

PROPERTY DAMAGE  THEFT

CLAIMANT: White Ford car ADDRESS: 905 Rosariost CITY: Laredo STATE: Texas ZIP CODE: 78040 PHONE NUMBER: Ricardo N Bonilla Mtz. (956) 462-3389

DESCRIBED PROPERTY DAMAGE: A white Ford car driver side door medium dent. LOCATION OF PROPERTY: 905 Rosariost Apt. #5 CITY: Laredo EXTENT OF DAMAGE: ARE REPAIRS NEEDED  Yes  No STATE: Texas

**CLAIMAINT (BODILY INJURY)**

NAME OF INJURED: ADDRESS: CITY: STATE: ZIP CODE: PHONE:

PHYSICAL DESCRIPTION OF INJURY: (i.e. cut finger, twisted ankle, etc.)

DESCRIPTION OF LOSS or DETAILS OF INCIDENT THAT OCCURRED (ADD A PAGE IF ADDITIONAL SPACE IS NEEDED). IF A COUNTY VEHICLE IS INVOLVED PLEASE STATE UNIT # AND LICESE PLATE NUMBER AND/OR VIN #:

*Transit Van Patricia Amaya food transporter driving vehicle unit 30-11 she was delivering meals at 911 Rosariost to Ramona City. she called me Julie Flores, at 1:10pm and stated she had hit a car that was parked on the street. No one was in the vehicle, when she was backed out of the driveway. I told her to call 911 to report the accident. vehicle I will call HR to report the accident. I spoke with Sofia Lopez told her that someone was taking Mrs Amaya to the Laredo Examiner*

**WITNESS**

NAME: ADDRESS: CITY: STATE: ZIP CODE: PHONE NUMBER

IMPORTANT: HAS ACCIDENT BEEN REPORTED TO RISK MANAGEMENT  YES  NO

NAME OF DEPARTMENT: *Meals on wheels Program* UNIT # *30-11*

NAME OF EMPLOYEE INVOLVED: *Patricia Amaya* PHONE: *(956) 722-6078*

ADDRESS: *1310 Convent* DATE OF REPORT: *2/20/2024*

PRINT NAME OF SUPERVISOR: *Adrian Perez Garnica*

SUPERVISOR'S CONTACT NUMBER: *(956) 722-6078*

SIGNATURE OF SUPERVISOR: *Julie Flores*