



WEBB COUNTY
INCIDENT REPORT

WEBB COUNTY

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: 3/11/2024 TIME OF LOSS: 12:20PM LOCATION OF LOSS: 5711 Evergreen CITY: Laredo STATE: Texas ZIP CODE: 78040

OFFICIALS CALLED TO SCENE: YES NO IF SO IDENTIFY:

POLICE FIRE DEPT. AMBULANCE SHERIFF CONSTABLE

CASE NUMBER: 2024-00043978

PROPERTY DAMAGE THEFT

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

DESCRIBED PROPERTY DAMAGE: a small corner of a cement barrier LOCATION OF PROPERTY: 5711 Evergreen CITY: Laredo EXTENT OF DAMAGE: STATE: Texas ARE REPAIRS NEEDED: Yes No

CLAIMAINT (BODILY INJURY)

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

PHYSICAL DESCRIPTION OF INJURY: (i.e. cut finger, twisted ankle, etc.)
NONE

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 #::

Anita Garica is a part time food transporter for Meals On Wheels. on 03/11/2024 she was doing her meal delivery's in unit # 30-07 (Tranit Van) She called the Meals On Wheels Office With Mr. Adrian Perez Garnica the Program Manager, who request she call 911 which she did. Mr. Perez Garnica Call his Asst, Ms. Julie Flores to please make her way to the scene of the accident to help Ms. Garica in finishing her deliveries and take her to the Laredo Examiners for her drug and alcohol test.

WITNESS

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

IMPORTANT: HAS ACCIDENT BEEN REPORTED TO RISK MANAGEMENT YES NO

NAME OF DEPARTMENT: CAA- Meals On Wheels UNIT # 30-07

NAME OF EMPLOYEE INVOLVED: Anita Garica PHONE: 956.722.6078

ADDRESS: 1310 Convent Ave. DATE OF REPORT: 03/11/2024

PRINT NAME OF SUPERVISOR: Adrian Perez Garnica

SUPERVISOR'S CONTACT NUMBER: 956.722.4664

SIGNATURE OF SUPERVISOR:

Supervisor's Root Cause Investigation Report

PART A			
Case Number	Date of Loss 03-11-24	Date of Report 03-11-24	Supervisor Name and Contact Number Adrian Perez Garnica - 956.722.4664
Name of Employee and Contact Number Anita Garcia		Department Name and or division CAA-Meals on wheels	
PART B			
List property/equipment damaged Cement barrier of House		Nature of damage: A small corner of a cement barrier	
		Object/substance inflicting damage:	
PART C			
Casual Factors and Corrective Actions. Check ALL that apply. Unsafe acts and conditions that contributed to the accident.			
EQUIPMENT - Root Causes		ENVIRONMENT - Root Causes	
<input type="checkbox"/> Electric Hazard <input type="checkbox"/> Welding <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Chemical Hazard <input type="checkbox"/> Hand Tool	<input type="checkbox"/> Equipment Defect <input type="checkbox"/> Safety Devices Inoperable <input type="checkbox"/> Equip. Inadequate <input type="checkbox"/> Other List _____	<input type="checkbox"/> Fire Hazard <input type="checkbox"/> Snake <input type="checkbox"/> Spider <input type="checkbox"/> Insects <input type="checkbox"/> Other List _____	<input type="checkbox"/> Tight Working Area <input type="checkbox"/> Uneven Ground <input type="checkbox"/> Poor Footing <input type="checkbox"/> Release - Chemical <input type="checkbox"/> Poor Lighting <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Weather Conditions
Motor Vehicle		BEHAVIOR/PEOPLE - Root Cause	
<input type="checkbox"/> Collision w/other vehicle <input checked="" type="checkbox"/> Collision w/ fixed object <input type="checkbox"/> Backing up <input type="checkbox"/> While parking <input type="checkbox"/> Other _____	<input type="checkbox"/> Rear ended another vehicle <input type="checkbox"/> Rear ended by third party	<input type="checkbox"/> No lockout Used <input type="checkbox"/> Unsafe Act <input type="checkbox"/> PPE not worn <input type="checkbox"/> Unaware of surroundings <input type="checkbox"/> Safety Device Bypassed <input type="checkbox"/> Distraction/Haste <input type="checkbox"/> Safety Rules Ignored <input type="checkbox"/> Other _____	
List immediate corrective actions taken and results. (i.e. counseling, training, oral /written warning, disciplinary action)			
Ms Anita Garcia will be taking a Defensive Driver Training Course with the next 3 months. Ms. Garcia will be getting a written disciplinary action.			
What should be done to prevent a recurrence? (Be specific as to what would prevent the injury, incident or damage from occurring again)			
Ms. Garcia will be taking a Defensive Driver Training Course.			
Completed by:			
Name(s) Adrian Perez Garnica		Date: 03-11-24	



Employee/Claimant/Witness Statement
Detailed statement of incident

Date: 03/11/24

Time: 12:20 pm

Location: 5711 Evergreen

I was on my route to Lydia Vasquez
Address: 1416 Evergreen. Upon arriving to
said address. I made a wide turn and struck
the cement barrier. Call Mr. Adrian Perez
told about the incident took pictures also.
An Call 911 to make an incident report.
Pushing doorbell no answer. No person
came out.

Did also deliver to Lydia Vasquez her meal.

Officer: Albat J. Cortez Made Incident Report.
LPD: (3-11-24) 2024-00043978

Print Name:	Signature:	Date:
Anita Garcia		03/11/24
Print Supervisor's Name:	Signature:	Date:
Adrian Perez Garnica		03-11-24

2024-00043978

Case #

2024-00043978

L.P.D.

A. Cortez, Jr

3-11-24