CONFIDENTIAL* TRAUMATIC EVENT REPORTING FORM *CONFIDENTIAL

Officer Craig Tiger Act A.R.S. §38-672

For Use by Sworn Fire Personnel Only

Employee information	
Employee Name:	Job Title:
Date of Event:	Shift/Schedule:
Job Title:	Supervisor Name:

Traumatic Event Type

Is this related to a traumatic event as defined by A.R.S. §38-672 (Officer Craig Tiger Act) based on meeting one or more of the criteria below? Please check all that apply.

- ☐ Yes
- ☐ No

☐ Visually witnessing the death or maiming or visually witnessing the immediate aftermath of the death or maiming of one or more people. ☐ Responding to or being directly involved in a criminal investigation of an offense involving a dangerous crime against children as defined in A.R.S. 13-705. ☐ Requiring rescue in the line of duty where the individual's life was in danger.	☐ Using deadly force or being the subject of deadly force, regardless of injury. ☐ Responding to or being directly involved in an investigation involving the drowning or near drowning of a child. ☐ Witnessing the death of another First Responder.

Traumatic Event Information

Physical Address:

Physical Location:

Brief Description of the Event:

(Incident Number _ _ _ _ _ _ _ _ _)

Employee Acknowledgement

- ☐ Check here if you wish to file this injury/incident as a Workers' Compensation claim (if you check this box, please complete the "Securis Incident Report Form" in addition to this form).
- ☐ I believe this incident/injury is work related, but at this time I do not wish to file a Workers' Compensation claim.
- ☐ I believe this incident/injury is not related and is personal medical.

I certify that all statements in this report are true, and I agree and understand that any misstatement or omission of material fact herein may constitute cause for disciplinary action up to and including termination.

Signature: ***Date:***

HR USE ONLY:

Traumatic Event Number _ _ _ _ _ _ _ _ _ _ _ _ _ Worker's Compensation Claim Number: _ _ _ _ _ _ _ _ _ _ _ _ _ (if applicable)