



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT	<u>ACCIDENT</u>	DATE of Incident: 12/21/15 8:13pm
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver Recreation Center</u>		Phone: <u>434 970 3053</u>	
Name of Participant/Injured Party: <u>Kayla Drumbeller</u>		Participant age: <u>8</u>	
Specific Area where the accident/incident occurred:			
Parent/Guardian: <u>Johnny Drumbeller</u>		Phone (H): <u>(434) 326-6179</u>	Phone (W):
Address: <u>1015 5th St SW</u>		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Kayla was playing basketball w/ her brother and two other boys</u>			
<u>She tripped and fell with her face first into her brothers</u>			
<u>knee causing a bloody nose.</u>			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
<input type="checkbox"/> leg/foot	<input type="checkbox"/> head/neck	<input type="checkbox"/> ears/nose/mouth/teeth	
<input type="checkbox"/> knees	<input type="checkbox"/> torso/back	<input type="checkbox"/> Internal	
<input type="checkbox"/> shoulder	<input type="checkbox"/> hand/arm	<input type="checkbox"/> other	
WITNESSES:			
Name: <u>Nichole Carney</u>	Address:	Phone: <u>(434) 806 2170</u>	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <u>yes/no</u>	Fire Contacted: <u>yes/no</u>	Rescue contacted: <u>yes/no</u>	
Name:	Name:	Name:	
Transported: <u>yes no</u> Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<u>Helped her to the restroom to get cleaned up and cleaned the gym floor</u>			
<u>of spots of blood</u>			
Staff In Charge: <u>Justin McInerney</u>	Staff completing form: <u>Justin McInerney</u>	Time of event: <u>8:13pm</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: X	DATE of Incident: 12/04/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec/Dance room		Phone: 434-970-3053	
Name of Participant/Injured Party: Namia Hill		Participants age: 6	
Specific Area where the accident/incident occurred: Dance Room			
Parent/Guardian: Notieca Hill		Phone (H):	Phone (W):
		Phone (C):	
Address: 924 South 1 st St Apt C, Charlottesville, VA			Zip: 22902
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
During class, Namia fell on the floor and was playing instead of listening to the instructor (Felicia) when a boy tripped over her and fell. Her face hit the floor. She started crying and her mother took her to the bathroom to get cleaned up. The incident is on the video for the Dance room at 18:06:20.			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
_____ leg/foot	_____ head/neck	___X___ ears/nose/mouth/teeth	
_____ knees	_____ torso/back	_____ internal	
_____ shoulder	_____ hand/arm	_____ other _____	
WITNESSES:			
Name: Felicia Jones	Address:	Phone: 434-465-8041	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: no	Fire Contacted: no	Rescue contacted: no	
Name:	Name:	Name	
Transported: no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Heidi encountered them in the hall during a round and proceeded to get a spill kit when it was determined that Namia's nose was bleeding. The mother and another patron tended to Namia while Heidi cleaned up the blood droplets that were on the bathroom floor using antiseptic wipes. Wipes were put in clear bag, which was placed into a red hazmat bag. Red bag was placed in red bin in janitor's closet upstairs.			
Staff completing form: Heidi			Time of event: 6:06pm
Report Filed By: Heidi		Date: 12/04/15	Time: 9:04p
Date/Time Received by Supervisor:			



City of Charlottesville
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CIRCLE ONE: PLEASE PRINT	INCIDENT: X	ACCIDENT	DATE of Incident: 12/4/2015, 1:05 p.m.
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation Center		Phone: (434)970-3073	
Name of Participant/Injured Party: Kelly Falk		Participants age: 26	
Specific Area where the accident/incident occurred: Group Exercise Room			
Parent/Guardian:		Phone (H): (540)259-0011 Phone (C):	Phone (W):
Address: 700 Hinton Ave Apt. A, Charlottesville, VA			Zip: 22901
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
At the beginning of the Yoga for All Group Exercise class at 1:05 p.m., Kelly was lying down in the Group Exercise Room. She started to shake and have convulsions. She instructed staff to call Mark at 981-4223 and didn't want an ambulance. Staff waited 5 minutes, but the convulsions did not stop. 911 was called and arrived at the scene to take the patron to the hospital.			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
_____ leg/foot	_____ head/neck	_____ ears/nose/mouth/teeth	
_____ knees	_____ torso/back	_____ internal	
_____ shoulder	_____ hand/arm	_____ other _____	
WITNESSES:			
Name: Monica Farrell - Instructor	Address:	Phone: 703-727-2203	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ no	Fire Contacted: yes/no	Rescue contacted: yes /no	
Name:	Name:	Name	
Transported: yes no Transported to: UVa Hospital			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Staff ran upstairs and stayed with the patron, calling 911 from the front desk. The staff didn't immediately call 911 because the patron asked them to call Mark instead. Staff called 911 5 minutes later because the convulsions were not stopping. Then, the staff helped the rescue squad in and throughout the building.			