



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: Fight	ACCIDENT	DATE of Incident: 11/29/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation Center/ Cabaret Event		Phone: 434-970-3053	
Name of Participant/Injured Party:		Participants age:	
Specific Area where the accident/incident occurred: Multipurpose Room			
Parent/Guardian:	Phone (H):	Phone (W):	
	Phone (C):		
Address:		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>In the Multipurpose room a guest of the Cabaret walked from halfway across the room and assaulted another guest that was just seated at a table. Shortly after Shaun turned on the lights and himself and Nicole went over the try to control the situation. Meanwhile, Cheryl and Justin went to grab security. It took at least four people (guests of the event) to get the aggressor off of the victim. One guest took the aggressor outside. Shaun and Cheryl followed them outside and asked them to leave.</p> <p>In the aftermath of the fight there was broken glass in a 20' radius around the struggle. Another women was very upset after the fight and was smashing her things into a table and ripped the tablecloth off of the table spilling everything on to the floor and stormed off. Justin secured and cleaned the area to prevent people from slipping or getting cut by glass shards one member of <i>Men and Women of Distinction (MWD)</i> assisted.</p> <p>As Shaun reentered the room a few minutes later a member of <i>MWD</i> turned off the lights and music started playing again. Shaun quickly turned the lights back on and Informed everyone that the event was over.</p> <p>No police were contacted after Carver staff had instructed security to do so.</p>			
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: Justin McKenzie	Address:	Phone: 434-242-8628	
Name: Shaun Daniels	Address:	Phone: 434-825-0636	
Name: Nicole Barney	Address:	Phone: 434-806-2170	
Police Contacted: yes/ no	Fire Contacted: yes/no	Rescue contacted: yes/no	
Name:	Name:	Name	
Transported: yes no    Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
See Above.			
*No information as to persons involved in the fight could be gathered because <i>MWD</i> staff did not cooperate when we asked.*			
Staff in Charge: Justin McKenzie	Staff completing form: Justin McKenzie	Time of event: 1:04am	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	<u>INCIDENT</u>	ACCIDENT	DATE of Incident: 11-28-15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver Rec</u>		Phone:	Participant age: <u>unknown</u>
Name of Participant/Injured Party: <u>men and women of various ages</u>			
Specific Area where the accident/incident occurred: <u>multigym room</u>			
Parent/Guardian:	Phone (H):	Phone (W):	
Address:		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p><u>Staff notices a commotion in the left corner of the dance floor. Staff turned on the lights and saw two men on the floor fighting. There was glass all over the floor. Staff did other patron tried to help them. Staff did not leave the dance area and other female patron began to get out. The female patron took the victim to the parking lot. Staff then ask them to leave and call the police.</u></p>			
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>Sharon Vance</u>	Address: <u>2636 Ashland Street Rd</u>	Phone: <u>825-0636</u>	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <input checked="" type="radio"/> no	Fire Contacted: yes/ <input checked="" type="radio"/> no	Rescue contacted: yes/ <input checked="" type="radio"/> no	
Name:	Name:	Name:	
Transported: yes/ <input checked="" type="radio"/> no Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
Staff In Charge:	Staff completing form:	Time of event: <u>1 am</u>	
<u>Sharon Vance</u>			
Report Filed By: <u>Sharon Vance</u>	Date: <u>11-29-15</u>	Time: <u>3 am</u>	
Date/Time Received by Supervisor: <u>11-29-15</u>			



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	<u>INCIDENT</u>	ACCIDENT	DATE of Incident: 11/26/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver Recreation Center / Cabaret</u>		Phone:	
Name of Participant/Injured Party:		Participant age:	
Specific Area where the accident/incident occurred: <u>Multipurpose Room</u>			
Parent/Guardian:		Phone (H):	Phone (W):
Address:		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p><u>Cheryl told me something was happening in the MP because she saw the lights go on. I went to grab the security officers from outside and went down to the MP Room. There was a large group of people on the far side of the room. I got there as people were being pulled off each other. There was cups and bottles everywhere and chairs overturned. People vacated the building and we shut down the party. Glass was all over the floor and on chairs and tables.</u></p>			
<del>Note: If more space is needed please use reverse side of form</del>			
Injured Body Part – Specify Right or Left			
<u>leg/foot</u>	<u>head/neck</u>	<u>ears/nose/mouth/teeth</u>	
<u>knees</u>	<u>torso/back</u>	<u>Internal</u>	
<u>shoulder</u>	<u>hand/arm</u>	<u>other</u>	
WITNESSES:			
Name: <u>Shawn Daniel</u>	Address:	Phone:	
Name: <u>Nichole</u>	Address:	Phone:	
Name: <u>Justin Mikuric</u>	Address:	Phone:	
Police Contacted: yes/ <u>no</u>	Fire Contacted: yes/ <u>no</u>	Rescue contacted: yes/ <u>no</u>	
Name:	Name:	Name:	
Transported: yes no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<u>Shawn and Nichole tried bracing up the light. Cheryl and I grabbed security. I cleaned up the broken glass and big spill.</u>			
Staff In Charge: <u>Justin Mikuric</u>	Staff completing form: <u>Justin Mikuric</u>	Time of event: <u>1:04</u>	
Report Filed By: <u>Justin Mikuric</u>	Date:	Time:	
Date/Time Received by Supervisor:			



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	<u>INCIDENT</u>	ACCIDENT	DATE of Incident: 11/29/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver Recreation Center</u>		Phone:	Participant age:
Name of Participant/Injured Party:		Specific Area where the accident/incident occurred:	
Parent/Guardian:		Phone (H):	Phone (W):
Address:		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>While the event was going on there was a big crowd of people fighting. Shaun immediately turned on the lights and the crowd of people were still continuing to fight. We went over and tried to break it up the best we could there was a gentleman on the ground getting beat up. I was holding a lady back who was trying to fight another young lady. Security did nothing but watched and</p> <p><del>Note: If more space is needed please use reverse side of form. never contacted police</del></p>			
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:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <u>no</u>	Fire Contacted: yes/ no	Rescue contacted: yes/ no	
Name:	Name:	Name:	
Transported: yes no Transported to: _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<p>We asked people to leave and shut the party down and began cleaning up.</p>			
Staff In Charge: <u>Nicole</u>	Staff completing form: <u>Nicole Barney</u>	Time of event: <u>1:00pm</u>	
<u>Cheroff, Shaun Justin</u>		Date:	Time:
Report Filed By:			
Date/Time Received by Supervisor:			



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT	DATE of Incident: 11/30/2015
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver		Phone:	
Name of Participant/Injured Party: Erick		Participants age:	
Specific Area where the accident/incident occurred:			
Parent/Guardian:		Phone (H):	Phone (W):
Address:		Phone (C):	
		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Erick started hitting staff. Staff sat him down. After a time sitting he continue to shoot baskets. He then started hitting staff and father when father tried to get him to go home. Father physically restraint him in order to calm him down. When calmed down father & Erick left.			
Note: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left <u>NO</u>			
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm	other	
WITNESSES:			
Name: Thomas Baber	Address: 4442 Dogwood Dr. Palmyra	Phone: 589 2726	
Name: Woodward	Address:	Phone:	
Name: Swanson	Address:	Phone:	
Police Contacted: yes/no <input checked="" type="radio"/>	Fire Contacted: yes/no <input checked="" type="radio"/>	Rescue contacted: yes/no <input checked="" type="radio"/>	
Name:	Name:	Name:	
Transported: yes no    Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
staff helped father get Eric's coat and left the center			
Staff in Charge: April Baber	Staff completing form: April Baber	Time of event: 4:15-4:20	
Report Filed By: April Baber	Date: 11/30/2015	Time: 4:53	
Date/Time Received by Supervisor:			







City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT		<u>INCIDENT</u>	ACCIDENT	DATE of incident: 11-16-15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: <u>Carver Group Exercise</u>			Phone:	Participant age: <u>26</u>
Name of Participant/Injured Party: <u>Kelly Fulk</u>				
Specific Area where the accident/incident occurred: <u>group ex room</u>				
Parent/Guardian:		Phone (H): <u>(540) 254-0011</u>	Phone (W):	
Address: <u>700 Hinton Ave, Charlottesville VA</u>			Zip: <u>22901</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)				
<p>During cycle, Kelly started to have a complex partial seizure (@ 3:15) she was confused, disoriented, didn't answer our questions. At around 3:25 she started to have a grand mal seizure, lasted 2-3 minutes. She came to and asked about her dogs boyfriend, and parents and asked Justin and I to call her. She had another grand mal seizure @ 3:30, and the same thing happened - she wanted to get up. At around 3:40 another one happened and the paramedics were called.</p> <p>Note: If more space is needed please use reverse side of form</p>				
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 checked="" type="checkbox"/> other <u>seizure</u>		
WITNESSES:				
Name: <u>Jennifer Caspo</u>	Address: <u>32 Anathum Ln Palmyra, VA</u>	Phone: <u>434-960-5721</u>		
Name: <u>Justin McKenna</u>	Address: <u>605 Palmyra Ave</u>	Phone: <u>434-242-8628</u>		
Name:	Address:	Phone:		
Police Contacted: <u>yes/ no</u>	Fire Contacted: <u>yes/ no</u>	Rescue contacted: <u>yes/ no</u>		
Name:	Name: <u>Greg Wright</u>	Name: <u>Greg Wright</u>		
Transported: <u>yes</u> no    Transported to: <u>went w/ Chiles Fire &amp; Rescue</u>				
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:				
<p>Sat with her, monitored consciousness, breathing etc. Kept on side during seizures, asked her questions, talked to her, gave her a blanket (she was shivering)</p>				
Staff in Charge: <u>Justin McKenna</u>	Staff completing form: <u>Jennifer Caspo</u>	Time of event: <u>3:15 pm</u>		
Report Filed By:	Date:	Time:		
Date/Time Received by Supervisor:				





City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	<u>ACCIDENT</u>	DATE of Incident: 11/15/15
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>Maryam Hague-Meyers</u>		Participants age: <u>5</u> <u>Maryam</u>	
Specific Area where the accident/incident occurred: <u>Roller skating</u>			
Parent/Guardian: <u>Coby Meyers</u>		Phone (H): <u>(330) 642-2800</u>	Phone (W):
Address: <u>2068 Arivity Loop, Crille</u>		Zip: <u>22902</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Maryam Hague-Meyers was skating fell forward on all fours and slid into the wall, hitting the top of her head. She did not black out or experience any dizziness. She did scrape her scalp that had some bleeding. Coby, the girl's father, was asked if he would like to call an ambulance, and he refused. After Maryam calmed down Coby took her to the ER to be cautious.</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 checked="" 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>Reggie Yates</u>	Address: <u>2246 Union Mills Rd Troy, VA</u>	Phone: <u>964 8070</u>	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <input checked="" type="checkbox"/> no	Fire Contacted: yes/ <input checked="" type="checkbox"/> no	Rescue contacted: yes/ <input checked="" type="checkbox"/> no	
Name:	Name:	Name	
Transported: yes/ <input checked="" type="checkbox"/> no    Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
<u>Got Maryam seated cleaned her wound and got ice for her bump. We got her some water and waited for her to calm down before her father took her away. Cheryl cleaned what blood was on the floor.</u>			
Staff in Charge: <u>Justin M.</u>	Staff completing form: <u>Justin McKenzie</u>	Time of event: <u>4:36p</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT	DATE of Incident: 11/13/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation Center		Phone:	
Name of Participant/Injured Party: William Honer		Participants age: 8	
Specific Area where the accident/incident occurred: Multi-Purpose Room, Skating			
Parent/Guardian: S. Horner		Phone (H): 434-295-7488	Phone (W):
		Phone (C):	
Address: 1489 Kinross Ln, Keswick			Zip: 22947
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
William was skating and he fell forward. He stated that he didn't hit his head he simply fell forward. Cheryl promptly got him a Band-Aid and a wipe and when she came back he began to faint so she grabbed him and carried him upstairs. She sat with him and waited for the rescue squad while Christine Jones made the call and Kara Watson contacted his mother.			
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	___ X ___ other: left index finger	
WITNESSES:			
Name: Kara Watson	Address: 1979 Ambrose Commons Dr.	Phone: 434-825-4493	
Name: Christine Jones	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ no	Fire Contacted: yes/no	Rescue contacted <input checked="" type="radio"/> yes <input type="radio"/> no	
Name:	Name:	Name: Andy Young	
Transported: yes <input type="radio"/> no <input checked="" type="radio"/> Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
Cheryl went to get a Band-Aid and wipe for Williams index finger upon return William turned pale and started to faint but never went down. Cheryl then carried him upstairs and waited for the rescue squad with him and Kara.			
Staff in Charge: Justin McKenzie	Staff completing form: Cheryl Brooks-Davis	Time of event: 5:30pm	
Report Filed By: Tia Jones	Date: 11/13/15	Time: 6:40pm	
Date/Time Received by Supervisor:			





City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: <u>ACCIDENT</u>	DATE of Incident: 11/22/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours		
Location Facility/ Program: <u>Carver Recreation Center / Roller-skating</u>		Phone: <u>434 970-3083</u>
Name of Participant/Injured Party: <u>MIKE WHITE</u>		Participants age: <u>35</u>
Specific Area where the accident/incident occurred: <u>Multipurpose Room</u>		
Parent/Guardian:	Phone (H): <u>540 201 8064</u>	Phone (W):
Address: <u>213 Richardson St</u>	Phone (C):	Zip: <u>04402</u>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)		
<u>Mike was skating and fell w/ his leg twisted up under him. He got helped to a chair and complained of pain in his left leg. Emergency services were contacted. Mike has had a previous injury to this leg/foot before.</u>		
Note: If more space is needed please use reverse side of form		
Injured Body Part – Specify Right or Left		
<input checked="" 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>Misty Collier</u>	Address: <u>213 Richardson St</u>	Phone: <u>(540) 448-3951</u>
Name:	Address:	Phone:
Name:	Address:	Phone:
Police Contacted: yes/ no	Fire Contacted: yes/no	Rescue contacted: <u>yes</u> /no
Name:	Name:	Name <u>Joey &amp; Carl</u> <u>Timothy Kierney</u>
Transported: yes no Transported to: <u>UVA Hospital</u>		
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:		
<u>Contacted Emergency services and stayed by until they arrived. Avoided using ice in case it would aggravate the injury.</u>		
Staff in Charge: <u>Justin M</u>	Staff completing form: <u>Justin M</u>	Time of event: <u>2:30p</u>
Report Filed By:	Date:	Time:
Date/Time Received by Supervisor:		



**City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT**



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: X	DATE of Incident: 11/27/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation		Phone:	
Name of Participant/Injured Party: Brian Curry		Participants age: 30	
Specific Area where the accident/incident occurred: Gymnasium			
Parent/Guardian:	Phone (H):	Phone (W):	
	Phone (C): 434-466-3816		
Address: 2411 Payton Dr. Apt 203		Zip: 22901	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Brian Curry was playing basketball upstairs in the gym when another patron drove to the basket and accidentally elbowed Brian in the nose.			
Note: If more space is needed please use reverse side of form			
Injured Body Part -- Specify Right or Left			
<u>        </u> leg/foot	<u>        </u> head/neck	<u>    X    </u> ears/nose/mouth/teeth	
<u>        </u> knees	<u>        </u> torso/back	<u>        </u> internal	
<u>        </u> shoulder	<u>        </u> hand/arm	<u>        </u> other	
WITNESSES:			
Name: Drew Carnes	Address: 2245 Commonwealth Dr.	Phone: 434-825-4046	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes <input type="radio"/> no <input checked="" type="radio"/>	Fire Contacted: yes <input type="radio"/> no <input checked="" type="radio"/>	Rescue contacted: yes <input type="radio"/> no <input checked="" type="radio"/>	
Name:	Name:	Name	
Transported: yes <input type="radio"/> no <input checked="" type="radio"/> Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
Chase quickly grabbed the first aid kit and disinfectant wipes and tended to the patron and cleaned up the little bit of blood.			
Staff in Charge: Chase Green	Staff completing form: Tia Jones	Time of event: 2:23pm	
Report Filed By: Tia Jones	Date: 11/27/15	Time: 2:40pm	
Date/Time Received by Supervisor:			

City of Charlottesville  
Department of Parks and Recreation  
Carver Recreation Center  
233 4<sup>th</sup> St. NW, Box B  
Charlottesville, Virginia 22903  
434-970-3053



CHARLOTTESVILLE  
parks & recreation

Date: 11/24/15

Dear Cynthia Ivory,

This letter is to inform you that Noah Ivory has been suspended from the Carver Recreation Center until January 24, 2016.

The reason for suspension: Noah wrestled a boy to the ground punching and stomping him. Fighting is strictly forbidden at Charlottesville Parks and Recreation facilities.

Though we do not wish to suspend anyone from the center, there are behavioral standards and rules that must be followed by all patrons. Please call me at 434-970-3059 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Carpenter".

Dan Carpenter  
Carver Recreation Center Manager  
Charlottesville Parks and Recreation

City of Charlottesville  
Department of Parks and Recreation  
Carver Recreation Center  
233 4<sup>th</sup> St. NW, Box B  
Charlottesville, Virginia 22903  
434-970-3053



Date: 11/24/15

Dear Sonia Cabell

This letter is to inform you that AJ Cabell has been suspended from the Carver Recreation Center until December 8<sup>th</sup>, 2015.

The reason for suspension: Engaged in verbal argument that lead to a physical altercation.

Though we do not wish to suspend anyone from the center, there are behavioral standards and rules that must be followed by all patrons. Please call me at 434-970-3059 if you have any questions.

Sincerely,

Dan Carpenter  
Carver Recreation Center Manager  
Charlottesville Parks and Recreation



**City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT**



<b>CIRCLE ONE:</b> PLEASE PRINT	<b>INCIDENT:</b> Fight	<b>ACCIDENT</b>	<b>DATE of Incident:</b>
<b>Report should be submitted to the Parks and Recreation Division Manager within 24 hours</b>			
Location Facility/ Program: Carver Recreation Center		Phone: (434) 970-3053	
Name of Participant/Injured Party: Noah Ivery (attacker) / A.J. Cabell (victim)		Participants age: 11	
Specific Area where the accident/incident occurred: Teen Center			
Parent/Guardian: Cynthia Ivery (Noah Ivery's mother)-----→ Putty Bowles (A.J. Cabell's Grandmother)-→		Phone (C): (434) 202-1657 Phone (H): (434) 981-2219	
Address: Cynthia Ivery, 814 Hardy Dr Apt. F, Charlottesville, VA		Zip: 22903	
Putty Bowles, 323A Riverside Dr., Charlottesville, VA		22902	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Three boys, Noah, AJ, and Raymar, were playing basketball in the teen center. Noah grabbed AJ around the neck and took him to the ground while punching him once. After getting him to the ground Noah stomped on AJ in the chest a couple times. Carolyn called Justin. Justin responded immediately and handled the problem.			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
_____ leg/foot	X	head/neck	_____ ears/nose/mouth/teeth
_____ knees	X	torso/back	_____ internal
_____ shoulder		hand/arm	_____ other _____
WITNESSES:			
Name: Carolyn McCray	Address:	Phone: (540) 748-0310	
Name: Raymar	Address: 832F Hardy Dr	Phone: (434) 247-7772	
Name:	Address:	Phone:	
Police Contacted: yes/ no	Fire Contacted: yes/no	Rescue contacted: yes/no	
Name:	Name:	Name	
Transported: yes no    Transported to: _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
The two boys had separated when Justin got into the room. Noah was taken to the front desk where Justin could speak to him. Justin attempted calling Noah's mother but there was no pick up and her voicemail was full. Noah was sent home. AJ's grandmother was notified by phone that he had been in a fight and was headed home. Fifteen minutes later AJ and Raymar were allowed to go home. AJ did not appear to suffer any injury (cuts or swelling).			
Staff in Charge: Justin	Staff completing form: Carolyn/Justin	Time of event: 6:00p	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			





**City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT**



<b>CIRCLE ONE:</b> PLEASE PRINT	<b>INCIDENT:</b> Fight	<b>ACCIDENT</b>	<b>DATE of Incident:</b> 11-24-15
<b>Report should be submitted to the Parks and Recreation Division Manager within 24 hours</b>			
Location Facility/ Program: Carver Recreation Center		Phone: (434) 970-3053	
Name of Participant/Injured Party: Noah Ivery (attacker) / A.J. Cabell (victim)		Participants age: 11	
Specific Area where the accident/incident occurred: Teen Center			
Parent/Guardian: Cynthia Ivery (Noah Ivery's mother)-----> Putty Bowles (A.J. Cabell's Grandmother)->		Phone (C): (434) 202-1657 Phone (H): (434) 981-2219	
Address: Cynthia Ivery, 814 Hardy Dr Apt. F, Charlottesville, VA Putty Bowles, 323A Riverside Dr., Charlottesville, VA		Zip: 22903 22902	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Three boys, Noah, AJ, and Raymar, were playing basketball in the teen center. Noah grabbed AJ around the neck and took him to the ground while punching him once. After getting him to the ground Noah stomped on AJ in the chest a couple times. Carolyn called Justin. Justin responded immediately and handled the problem.			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
_____ leg/foot	X	_____ head/neck	_____ ears/nose/mouth/teeth
_____ knees	X	_____ torso/back	_____ internal
_____ shoulder		_____ hand/arm	_____ other _____
<b>WITNESSES:</b>			
Name: Carolyn McCray	Address:	Phone: (540) 748-0310	
Name: Raymar	Address: 832F Hardy Dr	Phone: (434) 247-7772	
Name:	Address:	Phone:	
Police Contacted: yes/ no	Fire Contacted: yes/no	Rescue contacted: yes/no	
Name:	Name:	Name	
Transported: yes no    Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
The two boys had separated when Justin got into the room. Noah was taken to the front desk where Justin could speak to him. Justin attempted calling Noah's mother but there was no pick up and her voicemail was full. Noah was sent home. AJ's grandmother was notified by phone that he had been in a fight and was headed home. Fifteen minutes later AJ and Raymar were allowed to go home. AJ did not appear to suffer any injury (cuts or swelling).			
Staff in Charge: Justin	Staff completing form: Carolyn/Justin	Time of event: 6:00p	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			

City of Charlottesville  
Department of Parks and Recreation  
Carver Recreation Center  
233 4<sup>th</sup> St. NW, Box B  
Charlottesville, Virginia 22903  
434-970-3053



December 1, 2015

Dear Sonia Cabell,

This letter is to inform you that AJ Cabell has been suspended from the Carver Recreation Center until December 8, 2015. The reason for his suspension is that he was involved in an argument that led to a physical altercation.

Though we do not wish to suspend anyone from the center, there are behavioral standards and rules that must be followed by all patrons and fighting is strictly forbidden at all Charlottesville Parks & Recreation facilities.

Please keep in mind that if anyone is suspended from on facility they are suspended from ALL Parks & Recreation facilities.

Please call me at 434-970-3622 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Burney", written in a cursive style.

Nancy Burney  
Carver Recreation Center Assistant Manager  
Charlottesville Parks and Recreation

City of Charlottesville  
Department of Parks and Recreation  
Carver Recreation Center  
233 4<sup>th</sup> St. NW, Box B  
Charlottesville, Virginia 22903  
434-970-3053



December 1, 2015

Dear Cynthia Ivery,

This letter is to inform you that Noah Ivery has been suspended from the Carver Recreation Center until January 24, 2016. The reason for his suspension is that he wrestled a boy to the ground and while punching him and stomping him in the chest.

Though we do not wish to suspend anyone from the center, there are behavioral standards and rules that must be followed by all patrons and fighting is strictly forbidden at all Charlottesville Parks & Recreation facilities.

Please keep in mind that if anyone is suspended from on facility they are suspended from ALL Parks & Recreation facilities.

Please call me at 434-970-3622 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Nancy Burney'. The signature is fluid and cursive, with a large loop at the end of the last name.

Nancy Burney  
Carver Recreation Center Assistant Manager  
Charlottesville Parks and Recreation



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT		<u>INCIDENT</u>	ACCIDENT	DATE of Incident: 11-16-15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: <u>Carver Group Exercise</u>			Phone:	
Name of Participant/Injured Party: <u>Kelly Faulk</u>			Participant age: <u>26</u>	
Specific Area where the accident/incident occurred: <u>group ex room</u>				
Parent/Guardian:		Phone (H):		Phone (W):
Address:			Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)				
<p><u>During cycle, Kelly started to have a complex partial seizure (@ 3:15) she was confused, disoriented, couldn't answer our questions. At around 3:25 she started to have a grand mal seizure, lasted 2-3 minutes. She came to and asked about her dogs, boyfriend, and parents and asked Justin and I to call her. She had another grand mal seizure @ 3:30, and the same thing happened - she wanted to get up. At around 3:40 another one happened and the paramedics were called.</u></p> <p>Note: If more space is needed please use reverse side of form</p>				
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 checked="" type="checkbox"/> other <u>seizure</u>		
WITNESSES:				
Name: <u>Jennifer Caspo</u>		Address: <u>32 Chatham Ln Palmyra, VA</u>		Phone: <u>434-960-5721</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: <u>Greg Wright</u>		Name: <u>Greg Wright</u>
Transported: <u>yes</u> no. Transported to:				
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:				
<u>Sat with her, monitored consciousness, breathing, etc. Kept on side during seizures. Asked her questions, talked to her and gave her a blanket (she was shivering)</u>				
Staff in Charge: <u>Justin McNeill</u>		Staff completing form: <u>Jennifer Caspo</u>		Time of event: <u>3:15 pm</u>
Report Filed By:		Date:		Time:
Date/Time Received by Supervisor:				

