



CIRCLE ONE:	INCIDENT: Fight	ACCIDENT	DATE of Incident:11/29/15
PLEASE PRINT			
Report should be submit	tted to the Parks and Re	creation Division Mana	ger within 24 hours
Location Facility/ Program: Ca	Phone: 434-970-3053		
Location Facility/ Frogram. Ca	iver Recreation centery cape	aret Event	Participants age:
Name of Participant/Injured F) artır		r articipants age.
Specific Area where the accid		nurnosa Poom	
Specific Area where the accid	ent/incident occurred. Multip	ourpose noom	
D		Phone (H):	Phone (W):
Parent/Guardian:		Phone (C):	Priorie (W).
Adding		Filotie (C).	Zip:
Address:			Z.1p.
Description of Assistant (trade	ant 040-4 12 Mhat was	the nature detect Discool he so	ananifia as massible \
Description of Accident/Incid			
			n and assaulted another guest that was
			went over the try to control the situation.
			s of the event) to get the aggressor off of
			side and asked them to leave.
			. Another women was very upset after
			table spilling everything on to the floor
			or getting cut by glass shards one
member of Men and Women			
As Shaun reentered the room	i a few minutes later a memb	er of MWD turned off the lig	ghts and music started playing again.
Shaun quickly turned the ligh			er.
No police were contacted after	er Carver staff had instructed	security to do so.	
			·
Note: If more space is needed	d please use reverse side of fo	orm	
Injured Body Part – Specify R			
leg/foot	head/neck	ears/nose/mouth/tee	eth
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 Tran	sported to:		
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STAFF ACTION – Explain how si	aff recoonded including blood b	orne nathogen procedures follo	mod.
See Above.	an responded including blood b	offic patriogen procedures fore	79.00.
1	a involved in the fight sould	he gathered because MAND	staff did not cooperate when we asked.*
TWO Information as to persor	is involved in the right could	be gatileted because MWD	stan did not cooperate when we asked.
	t cast to t	. I	Time of seath 1.04
Staff in Charge: Justin McKen	zie Staff completing form	: Justin McKenzie	Time of event: 1:04am
Report Filed By:		Date:	Time:
Date/Time Received by Supe	rulcar:		·····





CIRCLE ONE:	INCIDENT	ACCIDENT	DATE of Incident:		
PLEASE PRINT	Annual Control of the		11-28-0		
Report should be submitted to the Parks and Recreation Division Manager within 24 hours					
Report should be submitte	ed to the Parks and Recrea	tion Division Manager with	Phone:		
Location Facility/ Program:	CArver Rec,				
		ains to deal a Sin-	Participant age:		
Name of Participant/Injured Par	ty: Nen and now	200 1 10 10 10 10 10 10 10 10 10 10 10 10	Of Or service com-		
Specific Area where the acciden	it/incident occurred: 🎻 🐰 🕂	The bost of			
Parent/Guardian:	-	Phone (H):	Phone (W):		
Address:			Zip:		
Address.					
Description of Accident/Inciden	t (What occured? What was the pat	ron doing? Please be as specific as p	ossible.)		
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and saw	Juo may	m 1100 from	Julition ,		
there one,	olais, all ov	er the 4/00r	Styll 116, 1		
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ash Then 90	Leave and	call 4/hi pn	to 01.		
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Note: If more-space-is-needed-p	olease-use-reverse-side-of-form	7			
		7			
Injured Body Part – Specify Rigi		_ears/nose/mouth/teeth			
Injured Body Part – Specify Rigi	nt or Left	ears/nose/mouth/teeth internal			
Injured Body Part – Specify Rigi	nt or Left head/neck				
Injured Body Part – Specify Rigi	nt or Left head/neck torso/back	internal			
Injured Body Part – Specify Rigi	nt or Left _head/neck _torso/back _hand/arm	internal			
Injured Body Part – Specify Rigi leg/foot knees shoulder	nt or Left head/neck torso/back hand/arm Address: \$6.36 \$6.44	internal	Phone: 825 0636		
Injured Body Part – Specify Rigit leg/foot knees shoulder WITNESSES:	nt or Left head/neck torso/back hand/arm Address:	internal	Phone:		
Injured Body Part – Specify Rigit leg/foot knees shoulder WITNESSES: Name: Specify Rigital Language Rigital	nt or Left head/neck torso/back hand/arm Address: \$6.36 \$6.44	internal			
Injured Body Part – Specify Rigit leg/foot knees shoulder WITNESSES: Name: Apaila Laguage Name:	Address: Address: Address:	internal	Phone: Phone:		
Injured Body Part – Specify Rigit leg/foot knees shoulder WITNESSES: Name: Annual Manual Name: Name: Police Contacted: yes/ 100	Address: Address: Address: Fire Contacted: yes/ no	internal	Phone:		
Injured Body Part – Specify Rigit leg/foot knees shoulder WITNESSES: Name: Apaita Laguer Name:	Address: Address: Address:	internal	Phone: Phone: Rescue contacted: yes/ no		
Injured Body Part – Specify Rigit leg/foot knees shoulder WITNESSES: Name: Annual Manual Name: Name: Police Contacted: yes/ no	Address: Address: Address: Fire Contacted: yes/ no	internal	Phone: Phone: Rescue contacted: yes/ no		
Injured Body Part – Specify Rigit leg/foot knees shoulder WITNESSES: Name: Specify Rigit leg from the shoulder Name: Police Contacted: yes/no Name: Transported: yes/no Transported: yes/no Transported:	Address:	internal other	Phone: Phone: Rescue contacted: yes/ no		
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CIRCLE ONE:	INCIDENT	ACCIDENT	DATE of Incident:
PLEASE PRINT			11/28/15
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Report should be submitt	ed to the Parks and Recre	ation Division Mana	ger within 24 hours
Location Facility/ Program:	Carver Recreation C	enter / Cabacet	Phone:
		•	Participant age:
Name of Participant/Injured Pa			
Specific Area where the accider	nt/incident occurred: Malfi	pagose Room	
		Phone (H):	Phone (W):
Parent/Guardian:		Phone (n).	Thome (w).
Address:			Zip:
Address.			
Description of Accident/Incider	nt (What occured? What was the pa	atron doing? Please be as s	pecific as possible.)
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1		west to 40	b the security officers
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large group ot	people on the	Ar side of	
15 papie were	bedry pulled off	rock other.	There was oups and
bottles everywh	(1 * 1 / .	over furned	People vacated the
building and	we shut down t	he party Glo	us was all over the
	1 / / /		
theer and on ev	raits outo tables.		
-Nota-If-mara enaco le needed-	nlesse use reverse side of form		
-Note: If-more-space-is-needed-	please-use-reverse-side-of-form-		
=Note:-If-more-space-is-needed- Injured Body Part – Specify Rig leg/foot		ears/nose/mouth/te	eth
Injured Body Part – Specify Rig	tht or Left	ears/nose/mouth/tedinternal	eth
Injured Body Part – Specify Rig leg/foot	ght or Left _head/neck	ears/nose/mouth/te	eth
Injured Body Part – Specify Rig leg/foot knees shoulder	ght or Left _head/neck _torso/back	ears/nose/mouth/tedinternal	eth
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Injured Body Part – Specify Rig leg/foot knees shoulder WITNESSES: Name: Thour Paniel Name: Dichale	sht or Left head/neck torso/back hand/arm Address: Address:	ears/nose/mouth/tedinternal	
Injured Body Part – Specify Rig leg/foot knees shoulder WITNESSES: Name: Thous Transel	ght or Left head/neck torso/back hand/arm Address:	ears/nose/mouth/tedinternal	Phone:
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Injured Body Part – Specify Rig	ht or Left head/neck torso/back hand/arm Address: Address: Address: Fire Contacted: yes/no	ears/nose/mouth/tedinternal	Phone: Phone: Phone: Rescue contacted: yes/no
Injured Body Part – Specify Rig	ht or Left head/neck torso/back hand/arm Address: Address: Address: Fire Contacted: yes/no Name:	ears/nose/mouth/ted internal other	Phone: Phone: Phone: Rescue contacted: yes/no Name:
Injured Body Part – Specify Rig leg/footkneesshoulder WITNESSES: Name: Shoun Paniel Name: Name: Dishie Makeneie Police Contacted: yes/no Name: Transported: yes no Trans STAFF ACTION – Explain how sta	sht or Left head/neck torso/back hand/arm Address: Address: Address: Name: Address:	ears/nose/mouth/ted internal other pathogen procedures follo	Phone: Phone: Phone: Rescue contacted: yes/no Name:
Injured Body Part – Specify Rig leg/footkneesshoulder WITNESSES: Name: Shown Paniel Name: Nichole Name: Jishin Makendie Police Contacted: yes/no Name: Transported: yes no Trans STAFF ACTION – Explain how sta	Address: Address: Address: Address: Address: Address: Fire Contacted: yes/no Name:	ears/nose/mouth/ted Internal other other	Phone: Phone: Phone: Rescue contacted: yes/no Name:
Injured Body Part – Specify Rig leg/footkneesshoulder WITNESSES: Name: Shown Paniel Name: Nichole Name: Jishin Makeneie Police Contacted: yes/no Name: Transported: yes no Trans STAFF ACTION – Explain how sta	Address: Address: Address: Address: Address: Address: Fire Contacted: yes/no Name:	ears/nose/mouth/ted internal other pathogen procedures follo	Phone: Phone: Phone: Rescue contacted: yes/no Name:
Injured Body Part – Specify Rig leg/footkneesshoulder WITNESSES: Name: Chaus Pariel Name: Dichale Name: Arshin Makeneie Police Contacted: yes/no Name: Transported: yes no Trans STAFF ACTION – Explain how sta Chause and Nation to the chause are the chause and the pariel of th	Address: Address: Address: Address: Address: Address: Address: Address: Fire Contacted: yes (no) Name: sported to: aff responded including blood borness: Address: Address:	ears/nose/mouth/ted Internal other other pathogen procedures follo	Phone: Phone: Phone: Rescue contacted: yes/no Name: wed:
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Injured Body Part – Specify Rig leg/footkneesshoulder WITNESSES: Name: Chaus Pariel Name: Dichale Name: Arshin Makeneie Police Contacted: yes/no Name: Transported: yes no Trans STAFF ACTION – Explain how sta Chause and Nation to the chause are the chause and the pariel of th	Address: Address: Address: Address: Address: Address: Address: Address: Fire Contacted: yes (no) Name: sported to: aff responded including blood borness: Address: Address:	ears/nose/mouth/ted Internal other other pathogen procedures follo	Phone: Phone: Phone: Rescue contacted: yes/no Name: wed:





CIRCLE ONE:	(INCIDENT)	ACCIDENT	DATE of Incident:
PLEASE PRINT			11 20 115
Papart should be submit	ted to the Parks and Recrea	ition Division Manager with	in 24 hours
	Carper Becruendin	on Conte	Phone:
Location Facility/ Program:	Carper Previous		Participant age:
			raiticipant age.
Name of Participant/Injured Pa			
Specific Area where the accide	nt/incident occurred:		
		I Plane / III).	Phone (W):
Parent/Guardian:		Phone (H):	Priorie (vv).
			Zip:
Address:			
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1 1 1 1		tron doing? Please be as specific as p	
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Injured Body Part – Specify Rig	oht or Left	•	
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm	other	
SHOULDE!	Transport Transport		
WITNESSES:			
	Address:		Phone:
Name:	Address:		Phone:
Name:			Phone:
Name:	Address:		11010.
	Fire Contrated was Inc		Rescue contacted: yes/ no
Police Contacted: yes/no	Fire Contacted: yes/ no		Name:
Name:	Name:		Hallici
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Transported: yes no Trans	ported to:		
	ff	notheren procedures followed:	
	aff responded including blood borne		Shif Ha
We asked	people to		Shut tha
party No	wh and lead	in cleaning wa	<u></u>
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		3 4.3	Time of overte 1 - 67/7
Staff in Charge: Nacale		role Barney	Time of event:
	Staff completing form: No	roje Briney	
		Date:	Time of event:



parks & recreation

CIRCLE ONE:	ÍNCIDENT:)	ACCIDENT	DATE of Incident:
PLEASE PRINT	***************************************		11/30/2015
Report should be submitt	ed to the Parks and Recrea	ation Division Manager with	in 24 hours
	orver		Phone:
		-	Participants age:
Name of Participant/Injured Pa	rty: FiNCK		
Specific Area where the accides	nt/incident occurred:		
Parent/Guardian:		Phone (H): Phone (C):	Phone (W):
Address:		riiolie (c).	Zlp:
Address.			219.
Description of Accident/Incider	nt (What occurred? What was the page	atron doing? Please be as specific as ¡	possible.)
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4 CICK STONY	SO WILLY DE	14 - 2411 - 2	$\frac{1}{2}$
Little a time	sitting he	continue to	Shrot baskets
He then	started hittin	s staff and	father when
father trie	d to cet h	in to on h	ome. Father
11	estraint him	a in ordina	to com him
<u> </u>	~~~····	- CO Vall	Ciallalti
dolon. Who	n colmed d	auri tather	- Ench left
Note: If more space is needed	please use reverse side of form		
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Injured Body Part – Specify Rig	head/neck	ears/nose/mouth/teeth	
leg/foot knees	torso/back	internal	
shoulder	hand/arm	other	
snoulder			
WITNESSES:			
Name: 12000 Rober	Address: 4442 DOG	DODO Dr. Jelmyra	Phone: 579 2720
Name: LODON DOVA	Address:		Phone:
Name: 50001500	Address:		Phone:
Police Contacted: yes/no	Fire Contacted: yes/no		Rescue contacted: yes no
Name:	Name:		Name
Transported: yes no Transp	ported to:		
STAFE ACTION - Explain how state	ff responded including blood borne p	pathogen procedures followed:	
Note hologo	father at	RVC'S CICT C	or lote the
rental	1 10 14 th CC		
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Staff in Charge:	Staff completing form: (iert Robe	Time of event: 4, 15, 4, 2
1 Rown		1 1	,
Report Filed By: ()) ROLL	Date: 11.30 8015	Time: 4.53
Date/Time Received by Superv	lear:	17.00,00,0	





Report should be submitted to the Parks and Recreation Division Manager within 24 hours Location Facility/ Program: Carver Recreation Phone: Phone Phone Phone Phone Phone Participant/injured Party: Brian Curry 30	CIRCLE ONE:	INCIDENT:	ACCIDENT: X	DATE of Incident: 11/27/15		
Decation Facility/ Program: Carver Recreation Phone: Participants age: 30 30 30 30 30 30 30 3	PLEASE PRINT					
Decation Facility/ Program: Carver Recreation Phone: Participants age: 30 30 30 30 30 30 30 3						
Decation Facility/ Program: Carver Recreation Phone: Participants age: 30 30 30 30 30 30 30 3	Report should be submitted to the Parks and Recreation Division Manager within 24 hours					
Name of Participants/Injured Party: Brian Curry Specific Area where the accident/Incident occurred: Gymnasium Parent/Guardian: Phone (H): Phone (C): 434-466-3816 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 accidently elbowed Brian in the nose. 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: Drew Carnes Address: 2245 Commonwealth Dr. Phone: 434-825-4046 Name: Address: Phone: P						
Name of Participant/Injured Party. Brian Curry Specific Area where the accident/incident occurred: Gymnasium Parent/Guardian: Phone (H): Phone (C): 434-466-3816 Phone (W): Phone				Participants age:		
Specific Area where the accident/incident occurred: Gymnaslum Parent/Guardian: Phone (H): Phone (C): 434-466-3816 Tip: 22901 Address: 2411 Payton Dr. Apt 203 Tip: 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 accidently elbowed Brian in the nose. 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/teetfi knees torso/back internal shoulder hand/arm other WITNESSES: Name: Draw Carnes Address: 2245 Commonwealth Dr. Phone: 434-825-4046 Name: Address: Phone: Name: Address: Phone: Name: Address: Phone: Name: Name: Address: Phone: Name: Transported: yelloo Fire Contacted: yelloo Name: Transported: yelloo Transported to: Transported to:	Name of Participant/Injured Pa	rty: Brian Curry				
Phone (C): 434-466-3816 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 accidently elbowed Brian in the nose. 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/teetfi knees torso/back internal shoulder hand/arm other WITNESSES: Name: Prew Carnes Address: 2245 Commonwealth Dr. Phone: 434-825-4046 Name: Address: Phone: Police Contacted: yes no Fire Contacted: yes no Name: Nam			n			
Phone (C): 434-466-3816 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 accidently elbowed Brian in the nose. 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/teetfi knees torso/back internal shoulder hand/arm other WITNESSES: Name: Prew Carnes Address: 2245 Commonwealth Dr. Phone: 434-825-4046 Name: Address: Phone: Police Contacted: yes no Fire Contacted: yes no Name: Nam						
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In the nose. Note: If more space is needed please use reverse side of form Injured Body Part — Specify Right or Left						
Note: If more space is needed please use reverse side of form Injured Body Part – Specify Right or Left	Brian Curry was playing basket	ball upstairs in the gym when and	other patron drove to the basket	and accidently elbowed Brian		
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/teetfi shoulder hand/arm other WITNESSES: Name: Drew Carnes Address: 2245 Commonwealth Dr. Phone: 434-825-4046 Name: Drew Carnes Address: 2245 Commonwealth Dr. Phone: 434-825-4046 Name: Address: Phone: Name: Address: Phone: Police Contacted: yes/no Fire Contacted: yes/no Name:	In the nose.					
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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: Drew Carnes Address: 2245 Commonwealth Dr. Phone: 434-825-4046 Name: Address: Phone: Name: Address: Phone: Police Contacted: yes no Fire Contacted: yes no Name: Name: Name Transported: yes no Transported to: STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: Chase quickly grabbed the first ald 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						
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: Drew Carnes Address: 2245 Commonwealth Dr. Phone: 434-825-4046 Name: Address: Phone: Name: Address: Phone: Police Contacted: yes no Fire Contacted: yes no Name: Name: Name Transported: yes no Transported to: STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: Chase quickly grabbed the first ald 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						
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leg/foot head/neck X ears/nose/mouth/teeth knees torso/back internal shoulder hand/arm other WITNESSES: Name: Drew Carnes Address: 2245 Commonwealth Dr. Phone: 434-825-4046 Name: Address: Phone: Phone						
knees torso/back internal shoulder hand/arm other WITNESSES: Name: Drew Carnes Address: 2245 Commonwealth Dr. Phone: 434-825-4046 Name: Address: Phone: Name: Address: Phone: Police Contacted: yes no Fire Contacted: yes no Name: Name: Name: Name: Name: Name: Name: Name: Name Transported: yes no 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: 2:40pm			and the setting			
Shoulder hand/arm other WITNESSES: Name: Drew Carnes Address: 2245 Commonwealth Dr. Phone: 434-825-4046 Name: Address: Phone: Name: Address: Phone: Police Contacted: yes no Fire Contacted: yes no Name: Name: Name: Name: Transported: yes no Transported to: STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: Chase quickly grabbed the first ald 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: 2:40pm Report Filed By: Tia Jones Date: 11/27/15 Time: 2:40pm						
WITNESSES: Name: Drew Carnes						
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Name: Address: Phone: Name: Address: Phone: Police Contacted: yes no Name: Rescue contacted: yes no Name: Name: Name Transported: yes no 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		Address: 2245 Commonwealth	ı Dr.	Phone: 434-825-4046		
Name: Address: Phone: Police Contacted: yes no Name: Rescue contacted: yes no Name: Name: Name Transported: yes no 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		1	1 Mer 1 +			
Police Contacted: yes no Name: Rescue contacted: yes no Name: Name: Name: 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 Date: 11/27/15 Time: 2:40pm						
Name: Transported: yes no 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	1 3 3 7 1 1 7 6 8					
Name: Transported: yes no 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	Police Contacted: yes(no	Fire Contacted: yes/no		Rescue contacted: yes/no		
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						
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Report Filed By: Tia Jones Date: 11/27/15 Time: 2:40pm	Chase quickly grabbed the first	ald kit and disinfectant wipes ar	nd tended to the patron and clear	ned up the little bit of blood.		
Report Filed By: Tia Jones Date: 11/27/15 Time: 2:40pm						
Report Filed By: Tia Jones Date: 11/27/15 Time: 2:40pm						
	Staff in Charge: Chase Green	Staff completing form: Tia	ones	Time of event: 2:23pm		
Date/Time Received by Supervisor:	Report Filed By: Tia Jones		Date: 11/27/15	Time: 2:40pm		
	Date/Time Received by Superv	isor:				





CIRCLE ONE:	INCIDENT:	ACCIDENT X	DATE of Incident: 11/22/15
PLEASE PRINT			1
	ted to the Parks and Recrea	ation Division Manager wit	
Location Facility/ Program: Ca	Phone:434-970-3053		
Name of Books and Associated Associated	N A11 NA46.11		Participants age: 35
Name of Participant/Injured P		and Doom	
Specific Area where the accide	nt/incident occurred: Multi-purp	ose Room	
Parent/Guardian:		Phone (H): 540-241-5664	Phone (W):
r arcing oddi diam.		Phone (C):	Thorac (VV).
Address: 213 Richardson St, St	aunton, VA		Zip: 24402
	nt (What occurred? What was the p		
Mike was skating and fell wit	h his leg twisted up under him. H	le got helped to a chair and com	plained of pain in his left leg
And was unable to put pressu	re on it. Emergency services were	e contacted. Mike has had a pre	vious injury to this leg/foot
Before.			
			· .
Note: If more space is needed	please use reverse side of form		
Injured Body Port Loft			
Injured Body Part –Left X leg/foot	head/neck	_ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm	other	
			-
WITNESSES:			
Name: Misty Collier	Address: 213 Richardson St, St	aunton, VA	Phone: 540-448-3951
Name:	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: no	Fire Contacted: no		Rescue contacted: yes
Name:	Name:		Name: Joey Carls/Timothy
ivalle.	Name.		Tierney
Transported: yes Transpo	ted to:		
	UVA Hospital		
	off responded including blood borne		I ENATe arrived and took
	mergency services contacted by I e in case injury would be aggrava		н ступт з аттіуеці анд тоок
miorination. Avoided using it	e in case injury would be aggrava	ICCU.	
Staff in Charge: Justin M.	Staff completing form: Just	in M.	Time of event: 2:30p
ofert ill current and the last	1 ocali completing formi ada		The state of the s
Report Filed By: Heidi W-D		Date: 11/22/15	Time: 3:15p
Date/Time Received by Super	visor:	, , , , , , , , , , , , , , , , , , , ,	





CIRCLE ONE:	INCIDENT	ACCIDENT	DATE of incident:
PLEASE PRINT	The same of the sa		11-10-15
Report should be submitte	ed to the Parks and	Recreation Division Manage	er within 24 hours
	mover Grou		Phone:
			Participant age:
Name of Participant/Injured Par	rty: Kelly Fu	1K	7.6
Specific Area where the acciden	nt/incident occurred:	avour xs aprovo	
			710 ALD
Parent/Guardian:		Phone (H): (640) 254-0011	Phone (W):
Address Street Co.	Ave , Cho	wotterville VA	Zip: 72901
Address: '700 Hinton	1000 1000	A CONTROL AND	James develope Company
Description of Accident/Inciden	t (What occured? What v	was the patron doing? Please be as spe	cific as possible.)
		d to have a co	.01
	_	coursed discri	V 1,
	× = \u00e4	43 1	,
mouls our	U n		
have a grand	" Max serze	we lasted 2-3	mundes she
100ml to and	asked abo		yfriend, and
parents and	arred Ju	otin and 12 to	Pall men
Since had an	inthen and	myd mal seiz	ure @ 3:30
and the same		happened - she	wounted to
A. J.	1		ne happened
get up at	Mound	were called.	<u>vi vingpenees</u>
Note: If more space is needed	navourulda()	of form	
Note: If more space is needed	<u> </u>		
Injured Body Part - Specify Rig	ht or Left		
leg/foot	_head/neck	ears/nose/mouth/teet	h
knees	_torso/back	internal SPJ 7	М.
shoulder	_hand/arm	otherOCLOS	<u> </u>
AAUTAPECEC.			•
WITNESSES: Name: Jewniker Csapp	Address: 37. 0	natham Ly Palmyra	VA Phone: 424 - 9(00 - 572)
Name: 10/10/14/ CS0/00		Rights Ave	Phone: 434 - 242 - 8626
140111C. , 34 9 94 (40 5-12) 19 19 19 19 19 19 19 19 19 19 19 19 19	Address:	<u> </u>	Phone:
Name:	Muul Coo.		rnone.
Name:	Audiess.		
Name: Police Contacted: yes/ no	Fire Contacted: yes/	no	Rescue contacted: Ves/ no
		no Wagat	
Police Contacted: yes/ no Name:	Fire Contacted: (yes/ Name: Grey	Waget	Rescue contacted (ves/ no Name: Grey Wright
Police Contacted: yes/ no Name:	Fire Contacted: yes/		Rescue contacted (ves/ no Name: Grey Wright
Police Contacted: yes/ no Name: Transported: yes no Transported:	Fire Contacted (ves/ Name: Grea ported to: west w	Wagnit / Cville Fire & Resu	Rescue contacted west no Name: Grey Wright
Police Contacted: yes/ no Name: Transported: yes no Transported:	Fire Contacted (ves) Name: Great ported to: Work with the series of the	Wright / Cyille Fire & Resz pood borne pathogen procedures follower	Rescue contacted west no Name: Grey Wright
Police Contacted: yes/ no Name: Transported: yes no Transported:	Fire Contacted; yes/ Name: Greg ported to: won be ff responded including blo	Wight / Cville Fire & Rescond borne pathogen procedures follower (6NSGOWN055, bro	Rescue contacted west no Name: Grey Wright
Police Contacted: yes/ no Name: Transported: yes no Transported:	Fire Contacted; yes/ Name: Greg ported to: wont w ff responded including blo	Wight / Cville Fire & Rescond borne pathogen procedures follows (645(404) 4055 broken follows Zanla apred A	Rescue contacted west no Name: Grey Wright Med: Patring Ut (
Police Contacted: yes/ no Name: Transported: yes/ no Transported: yes/ yes/ no Transported: yes/ yes/ yes/ yes/ yes/ yes/ yes/ yes/	Fire Contacted; yes/ Name: Grea ported to: went w ff responded including bla way ord duming Sti	Wight / Cville Fire & Rescond borne pathogen procedures follows (60500000000055 broom Zand apied Market of	Rescue contacted west no Name: Grey Wright Lue ed: 2 All 1 All
Police Contacted: yes/ no Name: Transported: yes no Transported:	Fire Contacted; yes/ Name: Gree ported to: went w ff responded including blo	Wight / Cville Fire & Rescond borne pathogen procedures follower / Conscious NOSS bro	Rescue contacted west no Name: Grey Wright we bed: Patring et (The was sinvering)
Police Contacted: yes/ no Name: Transported: yes no Transported:	Fire Contacted; yes/ Name: Gree ported to: went w ff responded including blo	Wight / Cville Fire & Rescond borne pathogen procedures follower / Conscious NOSS bro	Rescue contacted west no Name: Grey Wright we bed: Patring etc. The was givening





CIRCLE ONE:	INCIDENT:	(ACCIDENT)	DATE of Incident:
PLEASE PRINT	ARRIVATE		11/15/15
		· · · · · · · · · · · · · · · · · · ·	, ,
Report should be submitt	red to the Parks and Recrea	tion Division Manager with	in 24 hours
	Parver Recreation Con		Phone: 434 970 3053
			Participants age: 5
Name of Participant/Injured Pa	nty: Moryam Haqu	ie - Meuers	Maryam
Specific Area where the accide	nt/incident occurred: Raller	Sie a hua	
Specific Health and Local Loca	- VONO	V	
Parent/Guardian:	1	Phone (H): (33) 642 -2800	Phone (W):
Parent/Guardian: Coby	lessers	Phone (C):	
Address:	2068 Avini	by Loop, Crille	Zip: 22902
<u> </u>	0/	7	
Description of Accident/Incide	nt (What occurred? What was the p	atron doing? Please be as specific as	possible.)
		skatthy fell fourar	
Taryam Hay	ME-1-10903 WW.		
and slid Mto	The wall, hitting	y the top of her	neac. The did
not black out o	experience any	dizziness. She did	scrape her scalp
that had some	bleeding. Coby, the	e girl's father, was	asked if he would
tiles de call	nb	I he refused. Af	ter Maryam calmed
like to call an	amisa lances and		13 160 95000
down Coby took	her the the E	R to be cautious.	
0			
•			
Note: If more space is needed	please use reverse side of form		
Injured Body Part – Specify Rig			
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	Internal	
shoulder	hand/arm	_other	
WITNESSES:	7011	Mu PIT M	Phone: 964 8070
Name: Reggie Yates		Mills Rd Tray, VA	Phone: 964 8070
Name: VO	Address:	<u> </u>	
Name:	Address:		Phone:
	51 0 1 1 1 1 1 1 1 1 1 1 1		Rescue contacted: yes/60
Police Contacted: yes no	Fire Contacted: yes/10		Name
Name:	Name:		Ivallic
	and the		
Transported: yes no Trans	ported to:		
STAFF ACTION - Evoluin how sta	· iff responded including blood borne (pathogen procedures followed:	
		nd and got ice for	her hum We gat
her some water	ed waited ar her	to alm down befor	e her father took
her oway. Chery	cleaned what blood	was on the floor	7,0
Staff in Charge: Tustin P		uction Mckartie	Time of event: 4:36p
orall in quarter Andline L	() start semplesting (1,0010.	
Report Filed By:		Date:	Time:





CIRCLE ONE:	INCIDENT	(ACCIDENT)	DATE of Incident: 11/13/15	
PLEASE PRINT				
Report should be submitt	ed to the Parks and Recrea	tion Division Manager with	in 24 hours	
Location Facility/ Program: Carver Recreation Center Phone:				
			Participants age: 8	
Name of Participant/Injured Pa	rty: William Honer		,	
	nt/incident occurred: Multi-Purpo	ose Room, Skating		
	.,,			
Parent/Guardian: S. Horner		Phone (H): 434-295-7488	Phone (W):	
		Phone (C):	(, .	
Address: 1489 Kinross Ln, Kesw	ick		Zip: 22947	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Description of Accident/Incider	nt (What occurred? What was the pa	tron doing? Please be as specific as p	possible.)	
	forward. He stated that he didn't			
-	she came back he began to faint			
· · · · · · · · · · · · · · · · · · ·				
and waited for the rescue squa	d while Christine Jones made the	call and Kara Watson contacted	his mother.	
Note: If more space is needed a	olease use reverse side of form			
Injured Body Part – Specify Rigi				
leg/foot	head/neck	_ears/nose/mouth/teeth		
knees	torso/back	internal		
shoulder	_hand/arm X	other: left index finger		
WITNESSES:			10.005.4400	
Name: Kara Watson	Address: 1979 Ambrose Comm	ons Dr.	Phone: 434-825-4493	
Name: Christine Jones	Address:		Phone:	
Name:	Address:		Phone:	
Police Contacted: yes/ no	Fire Contacted: yes/no		Rescue contacted (yes) no	
Name:	Name:		Name: Andy Young	
Transported: yes(no) Transp	oorted to:			
	f responded including blood borne pa			
	and wipe for Williams index finge		e and started to faint but never	
went down. Cheryl then carried	d him upstairs and waited for the	resue squad with him and Kara.		
			1	
Staff in Charge: Justin McKenzi	e Staff completing form: Cher	yl Brooks-Davis	Time of event: 5:30pm	
Report Filed By: Tia Jones		Date: 11/13/15	Time: 6:40pm	
Date/Time Received by Superv	isor:			





CIRCLE ONE:	INCIDENT:	ACCIDENT X	DATE of Incident: 11/22/15			
PLEASE PRINT						
Report should be submitted to the Parks and Recreation Division Manager within 24 hours						
Location Facility/ Program: Car		-	Phone:434-970-3053			
			Participants age: 35			
Name of Participant/Injured Pa						
Specific Area where the accide	nt/incident occurred: Multi-purp	ose Room				
Parent/Guardian:	·	Phone (H): 540-241-5664 Phone (C):	Phone (W):			
Address: 213 Richardson St, Sta	aunton, VA		Zip: 24402			
		atron doing? Please be as specific as				
-		le got helped to a chair and com				
And was unable to put pressure	e on it. Emergency services were	e contacted. Mike has had a pre	vious injury to this leg/foot			
Before.						
Note: If more chase is needed	nlanca uca ravarea cida affarm					
Note: If more space is needed	piease use reverse side of form					
Injured Body Part –Left			•			
X_leg/foot	head/neck	ears/nose/mouth/teeth				
knees	torso/back	Internal				
shoulder	_hand/arm	_other				
WITNESSES:						
Name: Misty Collier	Address: 213 Richardson St, St	aunton, VA	Phone: 540-448-3951			
Name:	Address:		Phone:			
Name:	Address:		Phone:			
			1			
Police Contacted: no	Fire Contacted: no		Rescue contacted: yes			
Name:	Name:		Name: Joey Carls/Timothy			
			Tierney			
Transported: yes Transport	red to:					
Transported yes Transport	UVA Hospital					
	ff responded including blood borne p					
		leidi. Justin stayed by Mike unti	I EMTs arrived and took			
Information. Avoided using ice	e in case injury would be aggrava	ted.				
Ct. (Ct.) Channel 1 11 14	Chaff annual Mark E	1 D.4	Time of quant: 2:20:			
Staff in Charge: Justin M.	Staff completing form: Just	in ivi.	Time of event: 2:30p			
name and all names at the contract of the cont		Doto: 11/22/15	Times 2:1En			
Report Filed By: Heidi W-D	January .	Date: 11/22/15	Time: 3:15p			
Date/Time Received by Superv	ISOT:					





CIRCLE ONE:	INCIDENT:	ACCIDENT	DATE of incident:		
PLEASE PRINT			11/22/15		
	•				
Report should be submitted to the Parks and Recreation Division Manager within 24 hours					
Location Facility/ Program: C	arver Recreation Center	/ Rolle-skuther	Phone: 434 970-3083		
	111/0 11/1 -	A	Participants age:		
Name of Participant/Injured Pa	arty: WIKE WHITE		35		
Specific Area where the accide	nt/incident occurred: Mulக்ஷ	upose Room			
Parent/Guardian:		Phone (H): 5402416669 Phone (C):			
Address: 213 RICK	ardson St		Zip: 04402		
		atron doing? Please be as specific as			
Mike was s	Katina and fell	w/ his lere to	wisted up under		
1 1 1 1 1	1001	w/ his leg to chair and co services were	alaha/ A = 1		
him, Ite got	ne ped 70 a	Chan and co	MIDIEUNES OF SUN		
in his left	leg, Emergency	services were	contacted.		
Mike has had	I a previous Milli	ry to this leg/for	st before.		
		0			
Note: If more space is needed	please use reverse side of form				
Injured Body Part – Specify Rig					
leg/foot	head/neck	ears/nose/mouth/teeth			
knees	_torso/back	internal			
shoulder	_hand/arm	other			
na and and and and and and and and and a					
WITNESSES:	0.12. 3.17	7	[5] (5] (5) (1)		
Name: Misty Collier	Address: 213 Richard	dson St	Phone: (540)448-3951		
Name:	Address:		Phone:		
Name:	Address:		Phone:		
Della Cambanta de carden	Fire Contrasted was in a		Rescue contacted yes no		
Police Contacted: yes/ no	Fire Contacted: yes/no		Name Joen Carls		
Name:	Name:				
Transported: yes no Trans	ported to:		Timothy Kierney		
	ported to:		•		
UVA Hospital					
STAFF ACTION – Explain how sta	iff responded including blood borne p	pathogen procedures followed:			
Contacted Emerge	ance services and	stayed by until th	ey orrived. Avioded		
using ite incase	it would aggreat		<u>U</u>		
Staff in Charge: Justin M	Staff completing form:	ustin M	Time of event: $2:3O_{p}$		
Justine 19	L gran camping to the	VezyVV.	, -0-4		
Report Filed By:		Date:	Time:		
Date/Time Received by Superv	visor:		1		
I Durel Him Housean NA anhell					





CIRCLE ONE:	INCIDENT:	ACCIDENT: X	DATE of Incident: 11/27/15	
PLEASE PRINT				
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: Car			Phone:	
,, 9			Participants age:	
Name of Participant/Injured Pa	rty: Brian Curry		30	
	nt/incident occurred: Gymnasium	1		
Parent/Guardian: Phone (H): Phone (C): 434-466-3816			Phone (W):	
Address: 2411 Payton Dr. Apt 2	.03		Zip: 22901	
	nt (What occurred? What was the pa ball upstairs in the gym when and			
	pail upstaits in the gynn when and	other patron drove to the basket	and accidently elbowed brian	
in the nose.				
Note: If more chase is peeded	please use reverse side of form			
Note. If Thore space is freeded	please use reverse side of form			
Injured Body Part – Specify Rig	ht or Left	•		
leg/foot	head/neck X	ears/nose/mouth/teeth		
knees torso/backinternal				
shoulder	hand/arm	other	-	
WITNESSES:				
Name: Drew Carnes	Address: 2245 Commonwealth	Dr.	Phone: 434-825-4046	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Police Contacted: yes no	Fire Contacted: yes/no		Rescue contacted: yes no	
Name:	Name:		Name	
Transported: ye no 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: Tla 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 4th St. NW, Box B Charlottesville, Virginia 22903 434-970-3053



Date: 11/24 /15	
Dear Cyn thia Ivery. This letter is to inform you that Noah Ivery	has been suspended from the
Carver Recreation Center until <u>January</u> 24, 2016.	
The reason for suspension: Noah wrestled a boy to the	at Charlottesville
Parks and Recreation facilities.	
Though we do not wish to suspend anyone from the center, there are behavioral	al 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
Department of Parks and Recreation
Carver Recreation Center
233 4th St. NW, Box B
Charlottesville, Virginia 22903
434-970-3053



Date: 11/24/15	
Dear Sonia Cabell	
This letter is to inform you thatA J Cabell	has been suspended from the
Carver Recreation Center until <u>December</u> 8th, 2015.	
The reason for suspension: Engaged in verbal arguement that	lead to a physical
altercation.	
Though we do not wish to suspend anyone from the center, there are behavioramust be followed by all patrons. Please call me at 434-970-3059 if you have any	

Sincerely,

Dan Carpenter

Carver Recreation Center Manager Charlottesville Parks and Recreation





CIRCLE ONE: PLEASE PRINT	INCIDENT: Fight	ACCIDENT	DATE of Incident:		
LEASETIMIN	<u> </u>	1.			
Report should be submitt	ed to the Parks and Recrea	ation Division Manager with	nin 24 hours		
Report should be submitted to the Parks and Recreation Division Manager with Location Facility/ Program: Carver Recreation Center			Phone: (434) 970-3053		
Location Facility Frograms carver necreation center			Participants age:		
Name of Participant/Injured Pa	irty: Noah Ivery (attacker) / A.J. (Cabell (victim)	11		
	nt/incident occurred: Teen Cente				
	Parent/Guardian: Cynthia Ivery (Noah Ivery's mother)> Phone (C): (434) 202-1657				
	(A.J. Cabell's Grandmother)-→	Phone (H): (434) 981-2219			
	rdy Dr Apt. F, Charlottesville, VA		Zip: 22903		
Putty Bowles, 323A R	iverside Dr., Charlottesville, VA		22902		
			45.7		
		atron doing? Please be as specific as			
		he teen center. Noah grabbed AJ			
	nim once. After getting nim to th ponded immediately and handle	e ground Noah stomped on AJ in	the chest a couple times.		
Carolyn Called Justin, Justin res	ponueu minieulatery anu nanule	tu the problem.			
Note: If more space is needed	please use reverse side of form				
	<u> </u>				
Injured Body Part – Specify Rig	ht or Left				
leg/foot X	head/neck	ears/nose/mouth/teeth			
kneesX	_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:		
Dalias Cantantanda and And	Fire Contrated was /no		Possus contacted; yes/no		
Police Contacted: yes/ no Name:	Fire Contacted: yes/no Name:		Rescue contacted: yes/no Name		
Name:	Name:		Ivaille		
Transported: yes no Transported to:					
Transported, yes no Trans	ported to.				
STAFF ACTION Explain how sta	ff responded including blood borne	pathogen procedures followed:			
		oah was taken to the front desk w	here Justin could speak to him.		
		ap and her voicemail was full. No			
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: Car	olyn/Justin	Time of event: 6:00p		
Report Filed By:		Date:	Time:		
Date/Time Received by Supervisor:					





CIRCLE ONE:	INCIDENT: Fight	ACCIDENT	DATE of Incident:	
PLEASE PRINT			14 - J. H - 140	
			_	
Report should be submitt	ed to the Parks and Recrea	ition Division Manager with	nin 24 hours	
Location Facility/ Program: Car			Phone: (434) 970-3053	
			Participants age:	
Name of Participant/Injured Pa	rty: Noah Ivery (attacker) / A.J. C	abell (victim)	111	
	nt/incident occurred: Teen Cente			
Parent/Guardian: Cynthia Ivery	(Noah Ivery's mother)→	Phone (C): (434) 202-1657		
	(A.J. Cabell's Grandmother)->	Phone (H): (434) 981-2219		
	rdy Dr Apt. F, Charlottesville, VA		Zip: 22903	
	iverside Dr., Charlottesville, VA		22902	
	•			
Description of Accident/Incider	nt (What occurred? What was the pa	atron doing? Please be as specific as	possible.)	
		ne teen center. Noah grabbed AJ		
		e ground Noah stomped on AJ in		
	ponded immediately and handle			
Note: If more space is needed	please use reverse side of form			
Injured Body Part – Specify Rig				
leg/foot X	head/neck	ears/nose/mouth/teeth		
kneesX	_torso/back	internal		
shoulder	_hand/arm	_other		
WITNESSES:			T m1 (5.40) 740 0040	
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:				
CTASE ACTION. Emile to be a self-many ded to distinct beautiful to the self-many many distinct following.				
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.				
Al's grandmother was notified by phone that he had been in a fight and was headed home. Fifteen minutes later Al and Raymar				
were allowed to go home. Al did not appear to suffer any injury (cuts or swelling).				
were anowed to go nome. At t	in not appear to suiter any injury	y teats of swelling).		
Staff in Charge: Justin	Staff completing form: Card	Nyn/lustin	Time of event: 6:00p	
Stati III Charge, Justili	July Completing forms. Care	ziyiny zuzenii	1 Time of evene oloop	
Daniel Division		Doto	Times	
Report Filed By:	· · · · · · · · · · · · · · · · · · ·	Date:	Time:	
Date/Time Received by Superv				

City of Charlottesville
Department of Parks and Recreation
Carver Recreation Center
233 4th 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 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 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,

Nancy Burney

Carver Recreation Center Assistant Manager

Charlottesville Parks and Recreation

City of Charlottesville
Department of Parks and Recreation
Carver Recreation Center
233 4th 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,

Nancy Burney

Carver Recreation Center Assistant Manager

Charlottesville Parks and Recreation





CIRCLE ONE:	(INCIDENT	ACCIDENT	DATE of Incident:	
PLEASE PRINT			11-16-15	
 Report should be submitt	ed to the Parks and Recre	ation Division Manager with	in 24 hours	
Location Facility/ Program: (anver Group E	Xercise	Phone:	
	Vall Family		Participant age: 2 (0	
Name of Participant/Injured Pa	rty: Kelly Faculk			
Specific Area where the accider	nt/incident occurred: ANDW) 6X LOONV		
Parent/Guardian:	<u> </u>	Phone (H):	Phone (W):	
Tatelly Guardian.		Thone (ii).	i none (v).	
Address:			Zip:	
Description of Accident/Incider	nt (What occured? What was the pa	itron doing? Please be as specific as p	ossible.)	
		have a comple		
1 " 1 1		- v	1,	
Seizure (6 3:1	5) SUI WWW TOW	Jused discriente	of the state of the	
Mouls our	questions at		ne started to	
have a grand	mal seizure,		unites. She	
some to and	asked about		end, and	
parents and	oured Justin	and to far	1 quen	
She had am	other grand	mal seizur	e @ 3:30,	
and the san	le thing hap	penad-she u	varited to	
net un at	Mound 3:40		happened	
Jand the po	namedics we	re called.		
Note: If more space is needed ;	please use reverse side of form			
Injured Body Part – Specify Rigi	ht or Left			
leg/foot	head/neck	ears/nose/mouth/teeth	·	
knees torso/back internal				
shoulder	_hand/arm	other SU7WU		
WITNESSES:	•		•	
Name: 1 ENNILEY (Sano	Address: 32 Matha	in Lu Palmyra IIA	Phone: 424 - 9(00 - 5721	
Name:	Address:	and the state of t	Phone:	
Name:	Address:		Phone:	
Police Contacted: yes/ no	Fire Contacted (yes) no	. I	Rescue contacted (ves/ no	
Name:	Name: Grea Wig	[A.]	Name: Grey Wright	
Transported: yes no Transported to:				
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:				
Sot with her muitared consciousness, breatning etc.				
Pent on side during spirares and and amentions,				
talked to her gove her a blanket (she was suivering)				
Staff in Charge: Justin Milen Staff completing form: Jennifer (super Staff)				
Report Filed By:		Date:	Time:	
Date/Time Received by Superv	isor:		* * * * * * * * * * * * * * * * * * *	





CIRCLE ONE:	INCIDENT	ACCIDENT	DATE: 11/27/16
Report should be subn	nitted to the Parks and Re	ecreation Division Manag	ger within 24 hours
Location Facility/ Program: Ca			Phone:
Economic admits, tropically control for control			Participants age:
Name of Participant/Injured I	Party: Aria Creasy		14
Specific Area where the accid	ent/incident occurred: Basketba	ll court	
Parent/Guardian: Michelle Pa	arker	Phone (H): Phone (C):	Phone (W):
Address: Village School			Zip:
	ent (What occurred? What was the		
Was playing basketball with n	o contact and her knee went out.	Its related to an ongoing conditi	on injury.

	CALL DATE OF THE PARTY OF THE P		WAR TO THE TAXABLE PROPERTY OF TAXABLE
•			•

	and the state of t		Make 1991
Note: If more space is needed	l please use reverse side of form		
tological productions of the plant	tulia ou toda		
Injured Body Part – Specify R			
leg/foot	head/neck	ears/nose/mouth/teeth internal	
X knees	_torso/back		
shoulder	hand/arm	_other: Finger	

WITNESSES:	1 A 1 (4 COO C B 1 DO	204	Phone: 424 455 2520
Name: Anne Russell	Address: 1603 Grore Road 229	301	Phone: 434-466-3639
Name:	Address:		Phone:
Name:	Address:		Phone: Rescue contacted: yes(no)
Police Contacted: yes no		Fire Contacted: yes (no)	
Name:	Name:		Name
Transported: yes/no Transp	oorted to:		
		With the second	
STAFF ACTION - Explain how st	aff responded including blood borne	pathogen procedures followed:	
Got Ice	-	· ·	
1	Advisor.	***************************************	
Staff in Charge: Mike	Staff completing form: Mil	«e	Time of event: 4:30
	1		1
December 10		Date: 2/9/47	Times
Report Filed By:	•	Date: 2/8/17	Time:
Date/Time Received by Super	rvisor:		