





City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT <input checked="" type="checkbox"/>	ACCIDENT <input type="checkbox"/>	DATE of Incident: 8/09/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Calves Rec Open Gym</u>		Phone: <u>(434) 970-3053</u>	
Name of Participant/Injured Party: <u>Shakur Mason</u>		Participant age: <u>over 18</u>	
Specific Area where the accident/incident occurred: <u>gymnasium</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>Shakur Mason was playing basketball with two friends &amp; 3 kids who were there for open gym. He was dunking and touching the rim so I asked him to stop. Throughout the pick up game, Shakur dunked/touched the rim. When I said not to do it, he replied that he wasn't hanging on the rim. I said it didn't matter because it is a posted rule. He continued to play and dunked again. I told him he was done so he went &amp; hung on the rim at 16:02 on the video. He said he &amp; his friends were done anyway and upon getting their stuff, he kicked a ball into the wall/ceiling.</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:	Address:	Phone:	
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:			
I asked Shakur to stop & leave after warnings. I radioed Nancy for assistance and informed her of the situation.			
Staff in Charge: <u>Nancy BWTrey</u>	Staff completing form: <u>Heidi Wooten-Douglas</u>	Time of event: <u>4:02p</u>	
Report Filed By:	Date: <u>08-09-15</u>	Time: <u>4:30 p.m.</u>	
Date/Time Received by Supervisor: <u>[Signature]</u>			