

City of Charlottesville Parks and Recreation Department ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT: X	ACCIDENT	DATE of Incident:		
PLEASE PRINT	<u> </u>		08/12/2015		
Report should be submitted to the Parks and Recreation Division Manager within 24 hours					
Location Facility/ Program: Car	Phone:				
			Participants age:		
Name of Participant/Injured Pa					
Specific Area where the accident/incident occurred: Hallway					
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.) I came in this morning at 5:45 to see a sign that said "Snake upstairs" taped to the front desk. I went upstairs and saw a yellow					
plastic caution sign on the floor and a beige garbage can turned upside down with a sign denoting that a snake was underneath.					
I scooted the can carefully without lifting it a few inches towards the outside door and then called Dan.					
Note: If more space is needed	oleace use reverse side of form	•	•		
Note. Il lilote space is ficeaca p	siedse dae reverse side of form				
Injured Body Part – Specify Rigi	nt or Left				
leg/foot head/neckears/nose/mouth/teeth					
	torso/back	internal			
shoulder	hand/arm	_other			
WITNESSES: n/a					
Name:	Address:		Phone:		
Name:	Address:		Phone:		
Name:	Address:		Phone:		
			D		
Police Contacted: no	Fire Contacted: yes (Animal con		Rescue contacted: no		
Name:	Name: Charlottesville Fire Department	artment	Name:		
Transported, use no Transported to:					
Transported: yes no Transported to: UVA Emergency room					
OVACUING BEING 100M					
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:					
Dan instructed me to put stanchions around the trash can, take all the signs down about the snake and tell each patron as they					
came in. I did so, leaving the door locked and letting each patron in. I also looked on the security camera to see that the					
cleaning crew had found the snake around 10:20pm the night before. The fire department came within the hour and when they					
turned over the trash can nothing was underneath. When Shaun came in as roamer at 8am he did a thorough search of all the					
rooms and closets. There was no snake found. We informed the camp staff and class instructors as they arrived.					
Staff in Charge: Staff completing form: Andrea Penrod Time of event: 5:45 AM					
Report Filed By: Andrea Penrod Date: 08/12/2015 Time: 10:00 AM					
Date/Time Received by Supervisor:					



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CIRCLE ONE:	INCIDENT	ACCIDENT	DATE of Incident:		
PLEASE PRINT	<u> </u>		8 09 15		
Report should be submitted to the Parks and Recreation Division Manager within 24 hours					
Location Facility/ Program: (Phone: (434) 970-3053		
· Cocalion Facility Frogram	so os the open	3	Participant age:		
Name of Participant/Injured Pa	irty: Shakur Mason		over 18		
Specific Area where the accident/incident occurred: GMM NUSIUM					
Parent/Guardian:	·	Phone (H):	Phone (W):		
Address:			Zip:		
Description of Accident/Incident (What occured? What was the patron doing? Please be as specific as possible.)					
Shekur Mason was playing basiketball with two Riverds of 3 kids who					
	1 () ()				
were there for open gym. He was durking and touching the sim so I acked him to stop. Throughout the pick up game, Shakur durked					
I acked him to		, 3, , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
touched the n	m. When I said	not to do it;	e replied that		
he wasn't hongi					
is a posted rule	. He continued to	play and dunked			
him he was do	ne so he went a	huna on the rim	at 916:02 on the		
ustra lis said 1	" + lass Primale 1.10H	dere on ywas and	upon getting their		
		wall/ceilings	100		
State, Ne KICKOD	a ball into the	e Wall / Collings			
Note: If more space is peeded	please use reverse side of form	U			
Note. If hiore space is needed	piedae use reverse side or roim				
Injured Body Part – Specify Rig	ht or Left				
leg/foot	head/neck	ears/nose/mouth/teeth			
knees	torso/back	internal			
shoulder	hand/arm	other			
WITNESSES:					
Name:	Address:		Phone:		
Name:	Address:	•	Phone:		
Name:	Address:		Phone:		
	27:05				
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:					
I asked shakur to stop a leave after himmings, I radized Nunly for					
assistance and informed her of the situation.					
Staff in Charge: Nancus.	Staff completing form:	idi Woother-Douglas	Time of event: 4:02p		
Burey		7			
Report Filed By:		Date:08-09-15	Time: 4:30 p.m		
Date/Time Received by Super	visor To Trune				