





City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CHECK ONE:	INCIDENT <input checked="" type="checkbox"/>	ACCIDENT	DATE: 6-26-15
Reporting Facility/Program:	Carver Rec Center		Phone:
Name of Participant/Injured Party:	Phillip Hoffman		Participant age: 19
Area where the accident/incident occurred:	gymnasium		
Participant age:	19		
Method of notifying parents:	In person	Telephone: 434 242 1204	Other:
Name of Parent/Guardian:	Address:	Phone (H):	Phone (W):
	1203 Augusta Street		Zip: 22903
Description of Accident/Incident (summarize the event, people involved, environment and other information relevant to the event):			
Phillip came to the front desk around 6:20 and advised staff his phone was stolen from the gym. He placed his phone on the volleyball ref stand in the back right corner of the gym. The phone was in a grey otter box w/ navy blue trim. I checked the cameras, but had no success. Tia made an announcement in the gym for a lost phone. We filed a police report and Phillip called his parents. Thinks he may have a tracker on it.			
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
STAFF ACTION (How situation was handled, who was called, procedures followed):			
Checked cameras made announcement in gym.			
Staff in Charge: Amanda	Staff completing form: amanda R.	Time of event: 6:20	
Action taken/Treatment administered:			
Police were called and notified. Also called Kay Rec center to have them be on the look out for a phone that meets description			
COMPLETE IF APPLICABLE			
Name of Fire/Rescue/Police personnel who responded to call: Oberholzier #69		Police case #:	
Blood borne Pathogen procedures followed: N/A			
FOLLOW UP ACTION:	Date:	Time:	
Staff name:	Follow up report:		
Signature of Parent/Guardian (If required):			Date:

Gym

Philip Hoffman  
stolen #

(996-8645)

cell  
434 2421304

iphone 5S

otterbox grey w/ navy blue  
trim w/ apple earbuds

#69 oberholzier

6:20 pm

---

Shameil Harris

906 9909



