



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT	ACCIDENT	DATE: 11/22/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec Center		Phone: 434-970-3053	
Name of Participant/Injured Party:		Participant age:	
Specific Area where the accident/incident occurred: Staircase			
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>A parent was walking down the stairs with her child in her arms when she missed the last step, stumbled and fell to her knees. When asked if she was ok she said yes and she was out the door before we could get her name.</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: Tia J.	Address:	Phone:	
Name: Shaun D.	Address:	Phone:	
Name: Dabrina J.	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:			
Shaun quickly rushed to his feet and asked if she was ok and if she needed anything.			
Staff in Charge: Tia Jones	Staff completing form: Dabrina Johnson	Time of event: 12:53pm	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE:	INCIDENT	ACCIDENT	DATE: 11/27/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Skating		Phone: 7038648448	
Name of Participant/Injured Party: Aurora VeGodsky		Participants age: Approx. 40	
Specific Area where the accident/incident occurred: Multi-Purpose Room			
Parent/Guardian:		Phone (H):	Phone (W):
		Phone (C):	
Address: 1644 Rio Hill Dr. #101, Charlottesville, VA		Zip: 22901	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Aurora came in with 2 regulars and was presumed to have come here before in the past. She was skating and constantly falling and even injured her finger causing Cheryl and Mrs. Margaret to worry. Margaret came upstairs and asked me to speak with her, which I did, and I kindly asked her if she was ok and to let her know that if she continued to fall at such an alarming rate she may want to sit down for a bit to recuperate. It was later discovered that Aurora had not signed a waiver and when asked she declined and decided she no longer wanted to skate. She took off her skates and was still in good spirits.			
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	
<input checked="" type="checkbox"/> knees	_____ torso/back	_____ internal	
_____ shoulder	_____ hand/arm	<input checked="" type="checkbox"/> other: Finger	
WITNESSES:			
Name: Cheryl Brooks-Davis	Address:	Phone:	
Name: Margaret Carey	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Fire Contacted: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Rescue contacted: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
Name:	Name:	Name:	
Transported: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Transported to:			

STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
After asking if she needed anything, she just wanted a band aid.			

Staff in Charge: Tia Jones		Staff completing form: Tia Jones	
		Time of event: 4:00pm	
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			