



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT: X	ACCIDENT	DATE of Incident: 10/9/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation		Phone: 970-3053	
Name of Participant/Injured Party: N/A		Participants age:	
Specific Area where the accident/incident occurred: multi-purpose room and front desk			
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.)			
A woman came into Carver with a special needs child and asked if she could look around the multi-purpose room to see if her daughter would be able to participate. I told her she could. She was gone for about 10 minutes and then came back up and informed me that she felt she was treated very badly and felt unwelcomed by Ms. Carey. I apologized to her and she let me know she would be calling or e-mailing someone about the incident. I offered to give her Kyle's card and she took it. As she was walking out the door she kept saying it was unacceptable the way she was treated and that she was a patron of Carver.			
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: Gabby Villafan	Address:	Phone: 650-520-1649	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <u>yes/no</u>	Fire Contacted: <u>yes/no</u>	Rescue contacted: <u>yes/no</u>	
Name:	Name:	Name	
Transported: <u>yes/ no</u> Transported to:			

STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			

Staff in Charge: n/a	Staff completing form: Gabby	Time of event:	

Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE:	INCIDENT: X	ACCIDENT	DATE of Incident: 10/9/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility// Program: Carver Recreation		Phone: 970-3053	
Name of Participant/Injured Party: Jojo		Participants age:	
Specific Area where the accident/incident occurred: Hallway outside multi-purpose room			
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.)			
<p>Jojo came into Carver notifying me (Gabby) that she was part of the anti-bullying advocacy group of Charlottesville. She said she was going into roller-skating and a film crew would be coming in after her to do a segment on promoting anti-bullying. I immediately asked her if she had spoken with Kylie and she said that she had spoken with Brian Daly and that she had done this every year. From what I was told, when she arrived at the door Ms. Carey didn't want to let her film because no one had notified her that Jojo would be coming in today, and that the multi-purpose room was only for roller-skating. I called Kylie who said she wasn't aware of this and that she would call Riaan and call me back. Before Kylie called back, Jojo left quite upset and disappointed with how she was treated by Ms. Carey. I apologized to her and after Kylie called back I informed her she was more than welcome to film inside (on the couch behind the front desk) or inside the multi-purpose room. She said she didn't want to go back into the multi-purpose room because of how unwelcomed she felt, so she decided to film on the bench outside the front doors. None of the staff were interviewed or filmed.</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: Gabby Villafan	Address:	Phone: 650-520-1649	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <u>yes/no</u>	Fire Contacted: <u>yes/no</u>	Rescue contacted: <u>yes/no</u>	
Name:	Name:	Name	
Transported: <u>yes/ no</u> Transported to:			

STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			

Staff in Charge: N/A	Staff completing form: Gabby	Time of event:	

Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 10/30/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <i>Carver Rec Center</i>		Phone: <i>434-970-3053</i>	
Name of Participant/Injured-Party: <i>JACOBY Key</i>		Participants age: <i>16</i>	
Specific Area where the accident/incident occurred:			
Parent/Guardian: <i>N/A</i>		Phone (H): <i>434-227-6259</i>	Phone (W): <i>N/A</i>
Address: <i>N/A</i>		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<i>During a pick-up game, Jacoby went for rebound and dislocated his shoulder grabbing the ball from someone played.</i>			
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 checked="" type="checkbox"/> shoulder	<input type="checkbox"/> hand/arm (finger)	<input type="checkbox"/> other	
WITNESSES:			
Name: <i>Mike Brown</i>	Address:	Phone: <i>981-5171</i>	
Name: <i>Adarius Taylor</i>	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <input checked="" type="checkbox"/>	Fire Contacted: <input checked="" type="checkbox"/>	Rescue contacted: <input checked="" type="checkbox"/>	
Name:	Name:	Name	
Transported: <input checked="" type="checkbox"/> Transported to: <i>UVA-Hospital</i>			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<i>Immediately calm Jacoby down and called his mother, while another employee called the EMS. Ice was offered but he wanted to wait for EMS</i>			
Staff in Charge: <i>Mike Brown</i>	Staff completing form: <i>Mike Brown</i>	Time of event: <i>4:45</i>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE:	INCIDENT:	ACCIDENT X	DATE of Incident: 10/30/16
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: Jacoby King		Participants age: 16	
Specific Area where the accident/incident occurred: Basketball court			
Parent/Guardian: N/A		Phone (H): 434-227-6259	Phone (W): N/A
Address: N/A		Phone (C):	Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
During a pick-up game, Jacoby, went for a rebound and dislocated his shoulder by grabbing the ball from another person.			
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	
<input checked="" type="checkbox"/> shoulder	_____ hand/arm	_____ other _____	
WITNESSES:			
Name: Mike Monroe	Address:	Phone:	
Name: Radarius Saylor	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: no	Fire Contacted: no	Rescue contacted: yes	
Name:	Name:	Name	
Transported: yes Transported to: UVA- Hospital			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Staff immediately calmed Jacoby down and called his mother while another employee called EMS. Ice was offered but he refused saying he wanted to wait for EMS.			
Staff in Charge: Mike Brown	Staff completing form: Mike Brown	Time of event: 4:45	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			