



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 7:20pm
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER GYM		Phone: 434-970-3033	
Name of Participant/Injured Party: LEON STRAUS		Participants age: 21	
Specific Area where the accident/incident occurred: GYMNASIUM			
Parent/Guardian: _____		Phone (H): 434-218-8156	Phone (W):
Address:		Phone (C):	
		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
MR STRAUS WAS GOING FOR A KAY UP WHEN HE WAS UNDERCUT AND FELL DIRECTLY ON HIS HIP. THE FALL CAUSED SOME PAIN IN HIS LEFT HIP / DOWN HIS LEG			
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 HIP	internal	
shoulder	hand/arm (finger)	other	
WITNESSES:			
Name: James Dowell	Address: _____	Phone: 434-825-3208	
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:			
STAFF ASKED IF HE NEEDED EMS, ICE AND IF HE NEEDED TO CALL SOMEONE TO HELP. ICE WAS GIVEN			
Staff in Charge: MKB	Staff completing form: MKB	Time of event: 7:20pm	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			







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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: X	DATE of Incident: 9/30/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>CARVER REC CENTER</u>		Phone:	
Name of Participant/Injured-Party: <u>NO NAME</u>		Participants age:	
Specific Area where the accident/incident occurred: <u>MULTIPURPOSE RM (ROLLER SKATING)</u>			
Parent/Guardian: <u>N/A</u>	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.)			
<u>Child was rollerskating with group of people and stopped skating he appeared to hurt his knee, but parent refused any additional help.</u>			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
<input checked="" type="checkbox"/> leg/foot	<input type="checkbox"/> head/neck	<input type="checkbox"/> ears/nose/mouth/teeth	
<input checked="" type="checkbox"/> knees	<input type="checkbox"/> torso/back	<input type="checkbox"/> internal	
<input type="checkbox"/> shoulder	<input type="checkbox"/> hand/arm (finger)	<input type="checkbox"/> other	
WITNESSES:			
Name: <u>Tracy Cooper</u>	Address:	Phone: <u>434-960-6539</u>	
Name: <u>Margaret Carter</u>	Address:	Phone: <u>434-422-0378</u>	
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:			
<u>We asked child were they ok and gave a bag of ice. PARENT DECLINED ANY ADDITIONAL help</u>			
Staff in Charge: <u>Mike Brown</u>	Staff completing form: <u>Mike Brown</u>	Time of event: <u>6:00pm</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE:	INCIDENT:	ACCIDENT x	DATE of Incident: 9/30/16
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: Bella Poole		Participants age: 6	
Specific Area where the accident/incident occurred: Multi-purpose rm			
Parent/Guardian: Kristina Dooms		Phone (H): 434-806-8069	Phone (W):
		Phone (C):	
Address:			Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Bella was skating and fell hurting her middle finger of her right hand			
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	_____ x hand/arm	_____ other	
WITNESSES:			
Name: Tracy Cooper	Address:	Phone: 434-960-6839	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no x	Fire Contacted: yes/nox	Rescue contacted: yes/nox	
Name:	Name:	Name	
Transported: yes/ nox    Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Staff asked parents if bella needed any ice, parents refused and said she was ok			
Staff in Charge: Mike Brown	Staff completing form: Mike Brown	Time of event: 6:45	
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: 9/30/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER REC Center		Phone:	
Name of Participant/Injured Party: BELLA BROWN POLE		Participants age: 4	
Specific Area where the accident/incident occurred: MULTIPURPOSE			
Parent/Guardian: KRISTINA DOOMS		Phone (H): 434-806-8069	Phone (W):
Address:		Phone (C):	
		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Bella was skating and fell hurting her right middle finger of her right hand.			
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 (finger)	other	
WITNESSES:			
Name: TRACY COOPER	Address:	Phone: 434-960-6837	
Name:	Address:	Phone:	
Name:	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:			
STAFF ASKED PARENTS IF BELLA NEEDED ICE, PARENTS REFUSED SAID SHE WAS OK			
Staff in Charge: MIKE BROWN	Staff completing form: MIKE BROWN	Time of event:	
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			