



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT XXX	ACCIDENT	DATE of Incident: 6/30/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation		Phone: 434-970-3053	
Name of Participant/Injured Party:		Participant age:	
Specific Area where the accident/incident occurred:			
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.)			
At approximately 9:00 a.m. I started smelling what seemed like gas. Parents who were dropping their children off for Camp			
Said they could smell gas as well. After hearing other comments I contacted Cyril w/CBRE and he said to evacuate the building			
And call 911. I did as directed and evacuated the building. Once the fire department got here they checked the building but			
Couldn't find anything. Cyril felt like it was one of the AC Units they may have gone bad. Apparently the smell was an electrical			
Burn smell. Cyril called Southern Air who came and checked in the ceiling all the units they too could find nothing wrong. The			
End result was they said it was a smell coming from the outside. I personally do not believe that because the smell was			
Extremely strong mainly in the Classroom/Lounge and in that adjoining hallway. I was told to call again if we started smelling			
The odor again. We were told by the fire department that it was safe to re-enter the building.			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
_____ leg/foot	_____ head/neck	_____ x _____ ears/nose/mouth/teeth	
_____ knees	_____ torso/back	_____ internal	
_____ shoulder	_____ hand/arm	_____ other _____	
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ no	Fire Contacted: yes/ no	Rescue contacted: yes/ no	
Name:	Name:	Name:	
Transported: yes no x Transported to: _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Staff in Charge: Nancy Burney	Staff completing form: Nancy Burney	Time of event: Approx. 9am	
Report Filed By:	Date:	Time:	



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: <i>disrespect</i>	ACCIDENT: <i>/</i>	DATE of Incident: <i>6/20/16</i>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program:		Phone:	
Name of Participant/Injured Party: <i>Torius Price</i>		Participants age: <i>14</i>	
Specific Area where the accident/incident occurred:			
Parent/Guardian:		Phone (H): <i>466-2261</i>	Phone (W):
Address: <i>Forest Street Charlottesville, VA</i>		Phone (C):	
		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<i>disrespect / Not following rules</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 type="checkbox"/> shoulder	<input type="checkbox"/> hand/arm (finger)	<input type="checkbox"/> other	
WITNESSES:			
Name:	Address:	Phone:	
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:			
<i>1 day / warning</i>			
Staff in Charge: <i>Aidi</i>	Staff completing form: <i>Carly Melnyk</i>	Time of event: <i>6:10</i>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: June 26 2016
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec		Phone (434) 465-1462	
Name of Participant/Injured Party: Dior Cowan		Participants age: 6	
Specific Area where the accident/incident occurred: skating in middle of floor			
Parent/Guardian: B. Patterson		Phone (H):	Phone (W):
Address: 2046 6th St Charlottesville VA		Phone (C): 804-999-7398	Zip: 22902
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Hit mouth on floor, Gums bleeding. Bleeding stop put ice on it.			
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 checked="" type="checkbox"/> ears/nose/mouth/teeth	
<input 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: Brittany Patterson	Address:	Phone: (804) 999-7398	
Name: NaTash Henson	Address: 423 E Hardy Dr	Phone: (540) 737-8813	
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:			
Asked if child was ok and provided water for her to rinse her mouth and ice to use for her mouth			
Staff in Charge: Mike Brown	Staff completing form: Mike Brown	Time of event: 150pm	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT x	DATE of Incident:6/19/2016
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Skating Program		Phone: 434-970-3053	
Name of Participant/Injured Party: Satino Green		Participant age:10	
Specific Area where the accident/incident occurred: Multi-Purpose RM			
Parent/Guardian: Rhonda Jackson		Phone (H): 540-205-0289	Phone (W):
Address: 600 Rainer Rd. Charlottesville, VA		Zip:22903	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Santino was skating when he fell and hit his head on the ground			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
_____ leg/foot	_____ x _____ head/neck	_____ ears/nose/mouth/teeth	
_____ knees	_____ torso/back	_____ internal	
_____ shoulder	_____ hand/arm	_____ other _____	
WITNESSES:			
Name:Arika Brown	Address: 600 Rainer Rd. Charlottesville,VA		Phone: 434-465-8927
Name:	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: yes/ noX	Fire Contacted: yes/ noX	Rescue contacted: yes/ noX	
Name:	Name:	Name:	
Transported: yes no X Transported to: _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Checked on childs status after fall. No open wounds			
Staff In Charge: Cheryl Brooks-davis	Staff completing form: Cheryl Brooks-davis		Time of event: 3:15
Report Filed By:	Date:	Time:	



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



Date/Time Received by Supervisor: _____



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 6/19/2016
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER SKATING PROGRAM		Phone:	
Name of Participant/Injured Party: Santiago Green		Participants age: 10	
Specific Area where the accident/incident occurred: MULTI PURPOSE ROOM			
Parent/Guardian: Brandon Jackson		Phone (H): 840-205-0789	Phone (W):
Address: 600 Rainier Rd Charlottesville, VA		Phone (C): 434-465-8923	Zip: 22903
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) skating + fell + hit his head on the ground.			
CHILD/GUARDIAN ICE REFUSED - CUMBS			
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 checked="" 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 type="checkbox"/> shoulder	<input type="checkbox"/> hand/arm (finger)	<input type="checkbox"/> other	
WITNESSES:			
Name: AUSA BROWN	Address: 600 Rainier Rd	Phone: 434-465-8923	
Name: (SISTER)	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no <input checked="" type="checkbox"/>	Fire Contacted: yes/no <input checked="" type="checkbox"/>	Rescue contacted: yes/no <input checked="" type="checkbox"/>	
Name:	Name:	Name:	
Transported: yes/no <input checked="" type="checkbox"/> Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: MS. CAREY CHECKED ON CHILD'S STATUS AFTER FALL. NO OPEN WOUNDS.			
Staff in Charge: CHERYL BROOKS-DAVIS	Staff completing form: CHERYL BROOKS-DAVIS	Time of event: 3:15	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



City of Charlottesville
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ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: 6-16-16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation Center		Phone: (434) 970-3053	
Name of Participant/Injured Party: Misty Price-Chambers and Madison Chambers		Participants age: Madison-3 yrs. old	
Specific Area where the accident/Incident occurred: Outside Dance Room			
Parent/Guardian: Misty Price-Chambers		Phone (H){434} 270-5172	Phone (W):
		Phone (C):	
Address: 1572 Cool Spring Road, Charlottesville, VA,			Zip:22901
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>Misty and her daughter Madison were attending the Creative Dance class taught by Abby Reid from 5:30-6:15 pm. Misty had called the front desk while she was upstairs saying that Abby wouldn't let her come into the class with Madison because parents weren't allowed in. She was upset about that because her daughter had never been away from her and she felt like Abby was being unreasonable because it was her first time. When I came to the dance room, Misty was crying as well as Madison and Misty felt like it wasn't that big of a deal and she wanted to know who she could contact about the situation. Abby came to the door and tried to get Madison to come in but she wouldn't. Abby went back into the class and Misty told me that Abby had said that Misty should give the class a few weeks and then maybe Madison would feel more comfortable. Misty was very insistent that she wanted to go in and she couldn't understand why it was such a big deal. Abby came back to the door and when Abby tried to get Madison to come in again, she refused. Misty said something and then Abby said that she had 17 years of experience in dance and Misty then put her hand in Abby's face and said "I don't care about your experience." She said that Abby was being rude and Abby said that Madison was getting upset because of Misty. Abby then reached for the door to close it and Misty said she wasn't going anywhere and that her child had every right to stand there in case she wanted to join. I told Misty that I would be right back so I could get her in contact with someone who could better help her. Misty later came downstairs, still upset, and said she wanted her money back. We could not give her a refund on her credit card because it is against policy and that we could give her a credit on her household. She said that she would no longer be involved with the Charlottesville Parks and Recreation program.</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: Chase Green	Address: 840 Windrift Drive, Earlysville, VA, 22936	Phone: 434-973-7804	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: No	Fire Contacted: No	Rescue contacted: No	
Name:	Name:	Name	



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: X	DATE of Incident: 6/12/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec/Roller Skating		Phone: 434-970-3053	
Name of Participant/Injured Party: Gaines Bartram		Participants age: 8	
Specific Area where the accident/incident occurred: Multipurpose Room			
Parent/Guardian: Heather Flynn (aunt)		Phone (H):	Phone (W):
		Phone (C): 434-270-0688	
Address: 311 Patriot Way, Charlottesville, VA		Zip: 22903	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Patron lost balance and fell while skating. Her left wrist was sore afterwards.			
Note: Heather mentioned that Gaines had broken the same wrist about a month ago.			
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 (wrist)	_____ other _____	
WITNESSES:			
Name: Heather Flynn	Address: 311 Patriot Way, Charlottesville, VA 22903		Phone: 434-270-0688
Name:	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: no	Fire Contacted: no	Rescue contacted: no	
Name:	Name:	Name	
Transported: no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Cheryl and Margaret (skating attendants) offered ice, but child and adult were adamant about it being unnecessary.			
Staff in Charge: Cheryl Brooks-Davis (skating)/Heidi Wootten-Douglas (MOD)	Staff completing form: Cheryl Brooks-Davis (original)/Heidi Wootten-Douglas (typed)		Time of event: 4:00pm
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: Sore L wrist	ACCIDENT: Self skating	DATE of Incident: 00-12-2016
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carnes Skating</u>		Phone: <u>434-270-0680</u>	
Name of Participant/Injured Party: <u>Gaines Bartram</u>		Participants age: <u>8</u>	
Specific Area where the accident/incident occurred: <u>Multi purpose room</u>			
Parent/Guardian: <u>Heather Flynn (Aunt)</u>		Phone (H):	Phone (W):
Address: <u>311 Patriot Way, Charlottesville, VA</u>		Phone (C): <u>434-270-0680</u>	
		Zip: <u>22903</u>	
Description of Accident/incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Fell while skating, L wrist sore.</u>			
<u>Heather R. Flynn</u>			
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 type="checkbox"/> shoulder	<input checked="" type="checkbox"/> hand/arm (finger)	<input type="checkbox"/> other	
WITNESSES:			
Name: <u>Heather Flynn</u>	Address: <u>311 Patriot Way, C'ville, VA 22903</u>	Phone: <u>434-270-0680</u>	
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: <u>OFFERED ICE, CHILD/ADULT SAID IT WAS NOT NECESSARY.</u>			
Staff in Charge: <u>CHERYL BROOKS</u> Staff completing form: <u>CHERYL BROOKS-DUTTS</u> Time of event: <u>4:00PM</u>			
Report Filed By:		Date:	Time: <u>4:00PM</u>
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: X	ACCIDENT:	DATE of Incident: 6/08/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec		Phone: (434)970-3053	
Name of Participant/Injured Party: Ja'Lonnice Henson		Participants age: 13	
Specific Area where the accident/incident occurred: Teen Center			
Parent/Guardian: Natasha Henson		Phone (H):	Phone (W):
		Phone (C): (434)830-6979	
Address: 823 Apt E Hardy Dr, Charlottesville, VA			Zip: 22903
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>Ja'Lonnice entered with an attitude – just refused to follow rules. He has been in the Teen Center many times and is very aware of the rules. He appeared agitated each time I asked him not to guard his brother playing basketball as it is a shooting game, not court basketball. He threw the ball in the basket from behind backboard (he claimed he was retrieving the ball and dropped it in instead of walking to the front to shoot it like he was supposed to). He then was shooting across the double shot game from one to the other (he said his brother did it, but not him, not this time, but he admitted to doing it in the past). Carolyn spoke to him about respect and mentioned that when he was with his mentor, he was respectful and nice, but when he comes without the mentor, he is very disrespectful. He was warned to follow the rules or he would have to leave. He stayed, but after being told not to do something, he left with his little brother Jalonte. He claimed Carolyn was yelling at them the whole time (nothing was heard from the front desk so he likely felt like he was being fussed at, but not yelled at).</p>			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left NONE			
_____ leg/foot	_____ head/neck	_____ ears/nose/mouth/teeth	
_____ knees	_____ torso/back	_____ internal	
_____ shoulder	_____ hand/arm (finger)	_____ other _____	
WITNESSES:			
Name: Jalonte Henson	Address: 823 apt E Hardy Dr., Charlottesville, VA 22903		Phone:
Name: Carolyn McCray	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: no	Fire Contacted: no	Rescue contacted: no	
Name:	Name:	Name	
Transported: no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<p>Carolyn brought both Ja'Lonnice and Jalonte to the front desk to talk to Heidi and described the incident. Heidi talked to the boys about rules and encouraged them to follow them because they can't come if they don't. Heidi got mother's name and heard Ja'Lonnice's side. She sent them home for the day and advised them that her supervisor may impose a possible suspension.</p>			
Staff in Charge: Heidi Wootten-Douglas	Staff completing form: Carolyn McCray (original), Heidi (typed)		Time of event: 6:30pm
Report Filed By: Heidi Wootten-Douglas	Date: 6/08/16	Time: 7:40pm	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: <u>X</u>	ACCIDENT	DATE of Incident: 6/08/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Cornet Rec / Teen Center</u>		Phone: <u>(434) 970-3053</u>	
Name of Participant/Injured Party: <u>Jalonnie Henson</u>		Participants age: <u>13</u>	
Specific Area where the accident/incident occurred: <u>teen center</u>			
Parent/Guardian: <u>Natasha Henson</u>		Phone (H):	Phone (W):
		Phone (C): <u>830-6979</u>	
Address: <u>823 E Hardy Dr, Charlottesville, VA</u>		Zip: <u>2290</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p><u>Jalonnie enter Teen Center a attitude - just refuse to follow rules. He has been in Teen Center many many times and is very aware of rules. He appeared agitated each time I asked him Not to guard his brother playing basketball as it is a shooting game Not court basketball - He threw ball in basket from behind the back board. He then was shooting across the double shot game from one to the other. I Spoke to him about respect and his <u>Big Brother</u> would come to him - he was respectful always was Nice. Coming alone - Very disrespectful</u></p>			
Note: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left <u>None</u>			
<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 type="checkbox"/> shoulder	<input type="checkbox"/> hand/arm	<input type="checkbox"/> other	
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes <input type="radio"/> no <input checked="" type="radio"/>	Fire Contacted: yes <input type="radio"/> no <input checked="" type="radio"/>	Rescue contacted: yes <input type="radio"/> no <input checked="" type="radio"/>	
Name:	Name:	Name:	
Transported: yes <input type="radio"/> no <input checked="" type="radio"/> Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
<p><u>Carolyn brought boys to front desk to talk to Heidi, described incident. Heidi talked to boys about rules & encouraged them to follow them, got info from them, and sent them home for today. Advised them about possi</u></p>			
Staff In Charge: <u>Heidi</u>	Staff completing form: <u>Carolyn McCray</u>	Time of event: <u>6:30p</u>	
<u>Walter Douglas</u>	<u>Heidi Walter Douglas</u>		
Report Filed By:	Date: <u>6/08/16</u>	Time: <u>7:40pm</u>	
Date/Time Received by Supervisor:			

Suspicious



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: X	DATE of Incident: 6/05/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec Center/Roller Skating		Phone: (434) 970-3053	
Name of Participant/Injured Party: Ashly Smith		Participants age: 12	
Specific Area where the accident/Incident occurred: Multipurpose Room			
Parent/Guardian: Mary Roby		Phone (H): (434)260-4873	Phone (W):
		Phone (C):	
Address: 1180 Perry Ln, Lovingson, VA		Zip: 22949	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Ashly was skating when she tripped over her own feet, grabbed Mary's hand to steady herself, but fell anyway hurting her knee. Mary asked Cheryl for ice.			
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	
X knees	torso/back	internal	
shoulder	hand/arm (finger)	other	
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: no	Fire Contacted: no	Rescue contacted: no	
Name:	Name:	Name	
Transported: no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Cheryl got ice for Ashly and radioed for assistance. Heidi went down to get information from the patron. There was no blood and Ashly was comfortable walking. No BBP procedures required.			
Staff in Charge: Heidi	Staff completing form: Heidi Wootten-Douglas	Time of event: 3:50pm	
Report Filed By: Heidi Wootten-Douglas	Date: 6/05/16	Time: 5:00pm	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT <input checked="" type="checkbox"/>	DATE of Incident: 6/05/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Curver Rec / Ralls skating		Phone: (434) 970-3053	
Name of Participant/Injured Party: Ashly Smith		Participants age: 12	
Specific Area where the accident/incident occurred: Multipurpose room			
Parent/Guardian: Mary Roby		Phone (H): (434) 260-4873	Phone (W):
Address: 1180 Perry Ln, Lovington, VA		Phone (C):	
Zip: 22949			
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Ashly was skating when she tripped over her own foot, grabbed Mary's hand, but fell anyway hurting her knee. Mary asked Cheryl for ice.			
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 checked="" type="checkbox"/> knees	<input type="checkbox"/> torso/back	<input type="checkbox"/> internal	
<input type="checkbox"/> shoulder	<input type="checkbox"/> hand/arm	<input type="checkbox"/> other	
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no <input checked="" type="checkbox"/>	Fire Contacted: yes/no <input checked="" type="checkbox"/>	Rescue contacted: yes/no <input checked="" type="checkbox"/>	
Name:	Name:	Name:	
Transported: yes/no <input checked="" type="checkbox"/> Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Cheryl got ice for Ashly and radioed for assistance. Heidi went down to get information from the patron. There was no blood and Ashly was comfortable walking.			
Staff in Charge: Heidi	Staff completing form: Heidi Wootten-Douglas	Time of event: 3:50p	
Report Filed By: Heidi Wootten-Douglas	Date: 6/05/16	Time: 5:00pm	
Date/Time Received by Supervisor:			