



Report should be submitted to the Parks and Recreation Division Manager within 24 hours Location Facility/ Program: Carver Recreation Name of Participant/Injured Party: Specific Area where the accident/Incident occurred: Parent/Guardian Phone (H): Phone (W): Phone (W): Phone (W): 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 9:1. 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 Inju	CIRCLE ONE:	INCIDENT XXX	ACCIDENT	DATE of Incident: 6/30/16
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CIRCLE ONE: PLEASE PRINT	INCIDENT: distespect	ACCIDIENT:	DATE of Incident:
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Report should be submitt	ed to the Parks and Recrea	ation Division Manager with	in 24 hours
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Name:	Name:		Name
Transported: yes/no Transpo	orted to:		·
STAFE ACTION - Evoluin how staff	responded including blood borne p	athagan procedures followed	
STATE AND THE EXPLANTATION SCALE	1 .	/	
	an I Warn	ma	
	7	$\overline{\lambda}$	
		U	
7111	0) <u> </u>	
Staff in Charge: Dud.	Staff completing form: 1	why Miliany	Time of event: 6:10
*	CONTRACTOR OF THE PROPERTY OF		
Report Filed By:		Date:	Time:
Date/Time Received by Supervis	sor;		





CIRCLE ONE:	INCIDENT	ACCIDENT x	DATE of Incident: 6/26/16
PLEASE PRINT			
Panart should be submit	ted to the Parks and Recrea	ition Division Manager wi	thin 24 hours
		ition Division Manager Wi	Phone: 434-970-3053
Location Facility/ Program: Car	rver kec koller Skating		
			Participant age: 6
Name of Participant/Injured Page 1			
Specific Area where the accide	nt/incident occurred: multi-purp	ose room	
Parent/Guardian: B. Pa	tterson	Phone (H): 804-999-9398	Phone (W):
•			
Address: 208 8 th st Charlottesv	rille, va		Zip: 22902
Description of Accident/Incide	nt (What occured? What was the pa	tron doing? Please be as specific as	nossible.)
Che was skating and hit has me	outh on the floor which caused he	or nume to bleed Ice was used	on ston the bleeding
She was skating and nit her me	outh on the floor which caused he	er guills to pieed, ice was used i	o stop the pleeding.
,			
Note: If more space is needed	please use reverse side of form		
 Injured Body Part – Specify Rig	oht or Left		
leg/foot	head/neckx	ears/nose/mouth/teeth	
		internal	
knees	_torso/back	- :	
shoulder	hand/arm	_other	
WITNESSES:			
Name: Brittany Patterson	Address: 823 E Hardy dr		Phone: 804-999-9398
Name: Natasha Henson	Address:		Phone: 540-737-8813
Name:	Address:		Phone:
Name:	Audress.		THORE.
Police Contacted: yes/ no x	Fire Contacted: yes/ no x		Rescue contacted: yes/ no x
Name:	Name:		Name:
Transported: yes no x Tran	sported to:		
STARE ACTION - Explain how et	aff responded including blood borne p	nathogen procedures followed:	
A Lead State of Balance of State of Sta	provided water for her to rinse he	or mouth and used iso to help s	tan tha blanding
Asked if the child was ok and	provided water for her to mise he	er modul and used ice to help's	top the bleeding
1			
Staff in Charge: Mike B	Staff completing form: Mike B		Time of event: 1:50
Staff in Charge: Mike B	Staff completing form: Mike B		Time of event: 1:50
	Staff completing form: Mike B		
Report Filed By: Date/Time Received by Super	7	Date:	Time of event: 1:50





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:
PLEASE PRINT			June 26 2016
Panart chould be submit	tad to the Darks and Rosses	ation Division Manager with	nin 24 hours
		ation Division Wanager with	Phone (434) 465 - 146
Location Facility/ Program: 🗘	arrer Dec		(
	0.		Participants age:
Name of Participant/Injured Pa	arty: DIOY COWAN		
Specific Area where the accide	nt/incident occurred: Skaliv	ng in middle of	Floor
		, , , , , , , , , , , , , , , , , , , ,	
Parent/Guardian:		Phone (H):	Phone (W):
B. Part	ton_	Phone (C): 804-999-9398	
Address: 7,046 6th	St Charlottesi	MY	Zip: 72907
Description of Accident/Incide	nt (What occurred? What was the page	atron doing? Please be as specific as	possible.)
			eeding Stoo
Hit mouth or	n floor, Gums	bleeding, DI	20119 5100
Put Ice on	it.	J	
		•	
Note: If more space is needed	please use reverse side of form		
Injured Body Part – Specify Rig	ght or Left		
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm (finger)	other	
WITNESSES:			
Name: Britany Patersa	Address:		Phone 504 999-7998
	<u> </u>	1	Phone: 541) 73 7-4-13
Name: Na Tash Honson	Address: 423 E Have	<u> </u>	
Name:	Address:	,	Phone:
			79
Police Contacted: yes/no	Fire Contacted: yes/no)		Rescue contacted: yes/no
Name:	Name:		Name
Transported: yes/no Trans	ported to:		
STAFF ACTION Explain how sta	aff responded including blood borne p	pathogen procedures followed:	
MICKED TE ALILA	were of and number	WATER FOR her to RINSE	hen worth
and see to use t	DA La Com to	vi- jun junge	- TWIS TOUR TO
and we to vie t	VI here movin		
Staff in Charge: Mike Brown		ke BKOWN	Time of event: 50pm
		ke BKowN	Time of event: 50pm
		ke Bkown	Time of event: 50pm





PLEASE PRINT	INCIDENT	ACCIDENT X	DATE of Incident:6/19/2016
FLEMOLTIMAL			
Report should be submit	tted to the Parks and Recrea	ition Division Manager wi	thin 24 hours
Location Facility/ Program: Ca			Phone: 434-970-3053
Location rueincy, rrogram, co	rver sketnig i rogicini		Participant age:10
Name of Participant/Injured F	Party: Sating Green		Tarticipant age.10
	ent/incident occurred: Multi-Purp	osa PNA	
Specific Area where the accid	enty incluent occurred, widit-1 drp	OSE ILIVI	
Davant/Cuardian Dhana	da Jackson	Phone (H): 540-205-0289	Phone (W):
Parent/Guardian: Rhono	ia Jackson	Phone (n): 540-205-0289	Phone (w):
Address: 600 Rainer Rd. Char	lottoguillo VA		Zip:22903
Address, 600 Kailler Ku. Cilar	lottesville, VA		Zip.22303
Description of Assident/Inside	ent (What occured? What was the par	tran daing? Blazes ha ze enocific a	noscible \
	fell and hit his head on the ground		possible./
Santino was skating when he	reil and nit his head on the ground	1	
1			
	·		
	Wilder Control of the		
Note: If more space is needed	please use reverse side of form		
•	-		
Injured Body Part – Specify Ri	ght or Left		
	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm		
stludidel		other	
		_other	
SAUTA)ECCEC.		other	
WITNESSES:			T DI 424 ACE 9027
Name:Arika Brown	Address: 600 Rainer Rd. Charlo		Phone: 434-465-8927
Name:Arika Brown Name:	Address: 600 Rainer Rd. Charlo		Phone:
Name:Arika Brown	Address: 600 Rainer Rd. Charlo		
Name:Arika Brown Name:	Address: 600 Rainer Rd. Charlo		Phone:
Name:Arika Brown Name:	Address: 600 Rainer Rd. Charlo		Phone:
Name:Arika Brown Name: Name:	Address: 600 Rainer Rd. Charlo Address: Address:		Phone:
Name:Arika Brown Name: Name: Police Contacted: yes/ noX	Address: 600 Rainer Rd. Charlo Address: Address: Fire Contacted: yes/ noX		Phone: Phone: Rescue contacted: yes/ noX
Name:Arika Brown Name: Name: Police Contacted: yes/ noX Name:	Address: 600 Rainer Rd. Charlo Address: Address: Fire Contacted: yes/ noX		Phone: Phone: Rescue contacted: yes/ noX
Name:Arika Brown Name: Name: Police Contacted: yes/ noX Name:	Address: 600 Rainer Rd. Charlo Address: Address: Fire Contacted: yes/ noX Name:		Phone: Phone: Rescue contacted: yes/ noX
Name:Arika Brown Name: Name: Police Contacted: yes/ noX Name: Transported: yes no X Transported: yes no X	Address: 600 Rainer Rd. Charlo Address: Address: Fire Contacted: yes/ noX Name:	ottesville,VA	Phone: Phone: Rescue contacted: yes/ noX
Name:Arika Brown Name: Name: Police Contacted: yes/ noX Name: Transported: yes no X Tran STAFF ACTION – Explain how st	Address: 600 Rainer Rd. Charlo Address: Address: Fire Contacted: yes/ noX Name: nsported to:	ottesville,VA	Phone: Phone: Rescue contacted: yes/ noX
Name:Arika Brown Name: Name: Police Contacted: yes/ noX Name: Transported: yes no X Transported: yes no X	Address: 600 Rainer Rd. Charlo Address: Address: Fire Contacted: yes/ noX Name: nsported to:	ottesville,VA	Phone: Phone: Rescue contacted: yes/ noX
Name:Arika Brown Name: Name: Police Contacted: yes/ noX Name: Transported: yes no X Tran STAFF ACTION – Explain how st Checked on childs status after	Address: 600 Rainer Rd. Charlo Address: Address: Fire Contacted: yes/ noX Name: nsported to:	ottesville,VA	Phone: Phone: Rescue contacted: yes/ noX
Name:Arika Brown Name: Name: Police Contacted: yes/ noX Name: Transported: yes no X Tran STAFF ACTION – Explain how st Checked on childs status after	Address: 600 Rainer Rd. Charlo Address: Address: Fire Contacted: yes/ noX Name: nsported to: aff responded including blood borne p	ottesville,VA	Phone: Phone: Rescue contacted: yes/ noX Name:
Name:Arika Brown Name: Name: Police Contacted: yes/ noX Name: Transported: yes no X Tran STAFF ACTION – Explain how st Checked on childs status after * Staff in Charge: Cheryl	Address: 600 Rainer Rd. Charlo Address: Address: Fire Contacted: yes/ noX Name: nsported to:	ottesville,VA	Phone: Phone: Rescue contacted: yes/ noX
Name:Arika Brown Name: Name: Police Contacted: yes/ noX Name: Transported: yes no X Tran STAFF ACTION – Explain how st Checked on childs status after	Address: 600 Rainer Rd. Charlo Address: Address: Fire Contacted: yes/ noX Name: nsported to: aff responded including blood borne p	ottesville,VA	Phone: Phone: Rescue contacted: yes/ noX Name:
Name:Arika Brown Name: Name: Police Contacted: yes/ noX Name: Transported: yes no X Tran STAFF ACTION – Explain how st Checked on childs status after * Staff in Charge: Cheryl	Address: 600 Rainer Rd. Charlo Address: Address: Fire Contacted: yes/ noX Name: nsported to: aff responded including blood borne p	ottesville,VA	Phone: Phone: Rescue contacted: yes/ noX Name:





Date,	/Time Received by	y Supervisor:		





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident: 6//9/20/6
PLEASE PRINT		<u> </u>	1 0/1 1/20, c
		tion Division Manager with	
Location Facility/ Program: C	ARVER SKATI	NG PROGRAM	Phone:
		W 11 0 10	Participants age:
Name of Participant/Injured Pa		VILLA	
Specific Area where the accide	nt/incident occurred: /// (//	TI PURPOSE	KOON
Daniel (Consider		Dhana tith 2/11 - 1/2 1/29	Phone (W):
Parent/Guardian:	DO MOVSON/ee	Phone (H): 540 205-5284 Phone (C): 434465 842	Phone (w).
Address: A Down	THE STANK LICE	11/10/18 (c): 45/40/18 12	Zip: ZFQ3
Yadi casi (ME) INTO INTO	The two transmitted	1 Capacitan	1 2. p. 6 y 3
Description of Accident/Incide	nt (What occurred? What was the pa	atron doing? Please be as specific as	possible.)
SYA 6,00 ,2 10	II - hit his	AL Malhorite	o anima
HARAIN SA		> 1000x 0, 1 11.	a grownia
CHILD/GUAR	ROIAN ICE RE	EFUSED.	
100,11	· pun/ you be the	dinn-	
		· more of 11 folias	
Note: If more space is pended	please use reverse side of form		
Note. Il filore space is needed	preduce due reverse side of form		
Injured Body Part – Specify Rig	ht or Left		
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	_hand/arm (finger)	other	
		.*	
WITNESSES:			1
Name: Aux a forther	Address: On Pour 10	x Va	Phone: 434465-872
Name: (SISTEK	4		Phone:
Name:	Address:		Phone:
Dellas Cantastati de la Contractation de la Co	Flue Company of the second		Decayle contests de l'all
Police Contacted: yes/no	Fire Contacted: yes/no Name:		Rescue contacted: yes/no
Name:	Inquie:		Name
Transported: yes no Transp	ported to:		
Transported, yes/110 ffdfis	or acu to.		
:			
STAFF ACTION – Explain how sta	ff responded including blood borne p	athogen procedures followed: M	SCAREY
CHECKED ON		ATUS AFTER	3 FALLINO
OPEN WOU			
Staff in Charge: MIHERY!	Staff completing form (2 /-		Time of event: 3 1/5
BRJOOKS - DJ	4VIS	DAUIS	
Damant Ciled Div			
Report Filed By: Date/Time Received by Superv		Date:	Time:





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:	
PLEASE PRINT			6-16-16	
Report should be submitt	ed to the Parks and Recrea	tion Division Manager with	in 24 hours	
Location Facility/ Program: Ca			Phone: (434) 970-3053	٦
			Participants age:	٦
Name of Participant/Injured Pa	rty: Misty Price-Chambers and N	ladison Chambers	Madison-3 yrs. old	╛
	nt/incident occurred: Outside Da			
Parent/Guardian: Misty Price-C	hambers	Phone (H)(434) 270-5172	Phone (W):	
		Phone (C):		_
Address: 1572 Cool Spring Road	d, Charlottesville, VA,		Zip:22901	
				ı
Description of Accident/Incider	nt (What occurred? What was the pa	tron doing? Please be as specific as	possible.)	4
Misty and her daughter Madiso	on were attending the Creative Da	ance class taught by Abby Reid fr	om 5:30-6:15 pm. Misty had	
called the front desk while she	was upstairs saying that Abby wo	ouldn't let her come into the class	s with Madison because	
parents weren't allowed in. Sho	e was upset about that because h	er daughter had never been awa	y from her and she felt like	
Abby was being unreasonable l	because it was her first time. Whe	en I came to the dance room, Mil	sty was crying as well as	,
Madison and Misty felt like it w	vasn't that big of a deal and she w	vanted to know who she could co	nitact about the situation. Apply	'
came to the door and tried to g	get Madison to come in but she w	rougan t. Appy went back into the	more comfortable. Misty was	
Appy nad said that Misty shoul	d give the class a few weeks and to go in and she couldn't underst	men maybe iviauson would leer	Ahhy came hack to the door	
very misistem that she wanted	to go in and she couldn't uniderst adison to come in again, she refus	and why it was such a big uear. A	en Abby said that she had 17	
vears of experience in dance as	nd Misty then put her hand in Abl	by's face and said "I don't care al	bout your experience." She said	
that Ahhy was heing riide and	Abby said that Madison was getti	ng upset because of Misty. Abby	then reached for the door to	
close it and Misty said she was	n't going anywhere and that her	child had every right to stand the	re in case she wanted to join. I	
told Misty that I would be right	t back so I could get her in contac	t with someone who could bette	r help her. Misty later came	
downstairs, still upset, and said	d she wanted her money back. W	'e could not give her a refund on	her credit card because it is	
against policy and that we coul	ld give her a credit on her househ	old. She said that she would no	longer be involved with the	
Charlottesville Parks and Recre				
				\dashv
				_
				4
	1			İ
Note: If more space is needed	please use reverse side of form			
 Injured Body Part – Specify Rig	ht or Left			
leg/foot	head/neck	ears/nose/mouth/teeth		_
knees	torso/back	internal		
shoulder	hand/arm	other		
grounder				
WITNESSES:				
Name: Chase Green	Address: 840 Windrift Drive, Ea	arlysville, VA, 22936	Phone: 434-973-7804	_
Name:	Address:		Phone:	
Name:	Address:		Phone:	
				_
Police Contacted: No	Fire Contacted: No		Rescue contacted: No	
Name:	Name:		Name	_
		1		





Transported: yes/no Transpor	rted to:	
STAFF ACTION – Explain how staff r	esponded including blood borne pathogen procedures folio	wed:
I responded with the actions desc	cribed above. I assured her that we would help her to	the best of our abilities.
Staff in Charge: Heidi Wooten- Douglas	Staff completing form: Chase Green	Time of event: 5:45 pm
Report Filed By:	Date:	Time:
Date/Time Received by Superviso	or:	





CIRCLE ONE:	INCIDENT:	ACCIDENT: X	DATE of Incident: 6/12/16
PLEASE PRINT			
Report should be submitt	ed to the Parks and Recrea	tion Division Manager with	in 24 hours
Location Facility/ Program: Ca	rver Rec/Roller Skating		Phone: 434-970-3053
			Participants age:
Name of Devilsiant / nivred De	rty. Galace Bartram		8
Name of Participant/Injured Pa		_	8
Specific Area where the accide	nt/incident occurred: Multipurp	ose Room	
Parent/Guardian: Heather Flyn	n (aunt)	Phone (H):	Phone (W):
, 2, 2, 1, 4	,	Phone (C): 434-270-0688	, , ,
Address: 311 Patriot Way, Char	dotton Illo MA	1110110 (0). 10 1 270 0000	Zip: 22903
Address: 311 Patriot Way, Chai	nottesvine, vA		ZIP. 22303
		,	
Description of Accident/Incide	nt (What occurred? What was the pa	itron doing? Please be as specific as p	oossible.)
Patron lost balance and fell wh	nile skating. Her left wrist was so	re afterwards.	
ration lost paragraphs and remain			
		and the state of the state of the	
Note: Heather mentioned that	t Gaines had broken the same w	rist about a month ago.	
•			
			•
Note: If more space is needed	please use reverse side of form		
Injured Body Part – Specify Rig	ht or Left		
		ears/nose/mouth/teeth	
leg/foot	head/neck		
l knees	_torso/back	_internal	
shoulder X	_hand/arm (wrist)	other	
	_hand/arm (wrist)	_other	
shoulder X	_hand/arm (wrist)	other	
shoulderX WITNESSES:			Dhara 424 270 0090
shoulder X	Address: 311 Patriot Way, Cha		Phone: 434-270-0688
shoulderX WITNESSES:			Phone: 434-270-0688 Phone:
shoulder X WITNESSES: Name: Heather Flynn Name:	Address: 311 Patriot Way, Cha		
shoulder X WITNESSES: Name: Heather Flynn	Address: 311 Patriot Way, Cha		Phone:
shoulder X WITNESSES: Name: Heather Flynn Name: Name:	Address: 311 Patriot Way, Cha Address: Address:		Phone:
shoulder X WITNESSES: Name: Heather Flynn Name:	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no		Phone: Phone: Rescue contacted: no
shoulder X WITNESSES: Name: Heather Flynn Name: Name:	Address: 311 Patriot Way, Cha Address: Address:		Phone:
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no		Phone: Phone: Rescue contacted: no
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name:	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name:		Phone: Phone: Rescue contacted: no
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name:		Phone: Phone: Rescue contacted: no
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name:	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name:		Phone: Phone: Rescue contacted: no
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name:	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name:		Phone: Phone: Rescue contacted: no
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name:	arlottesville, VA 22903	Phone: Phone: Rescue contacted: no
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name: ed to:	orlottesville, VA 22903	Phone: Phone: Rescue contacted: no Name
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name: ed to:	arlottesville, VA 22903	Phone: Phone: Rescue contacted: no Name
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name: ed to:	orlottesville, VA 22903	Phone: Phone: Rescue contacted: no Name being unnecessary.
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name: ed to:	orlottesville, VA 22903	Phone: Phone: Rescue contacted: no Name
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta Cheryl and Margaret (skating a	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name: ed to:	orlottesville, VA 22903	Phone: Phone: Rescue contacted: no Name being unnecessary.
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta Cheryl and Margaret (skating a	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name: ed to:	orlottesville, VA 22903	Phone: Phone: Rescue contacted: no Name being unnecessary.
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta Cheryl and Margaret (skating a	Address: 311 Patriot Way, Cha Address: Address: Fire Contacted: no Name: ed to: ff responded including blood borne pattendants) offered ice, but child	orlottesville, VA 22903 orathogen procedures followed: and adult were adamant about it	Phone: Phone: Rescue contacted: no Name being unnecessary.
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta Cheryl and Margaret (skating a	Address: 311 Patriot Way, Characteristics Address: Address: Fire Contacted: no Name: ed to: ff responded including blood borne pattendants) offered ice, but child - Staff completing form: Che	orlottesville, VA 22903	Phone: Phone: Rescue contacted: no Name being unnecessary.
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta Cheryl and Margaret (skating a	Address: 311 Patriot Way, Characteristics Address: Address: Fire Contacted: no Name: ed to: ff responded including blood borne pattendants) offered ice, but child - Staff completing form: Che	orlottesville, VA 22903 orathogen procedures followed: and adult were adamant about it	Phone: Phone: Rescue contacted: no Name being unnecessary.
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta Cheryl and Margaret (skating a	Address: 311 Patriot Way, Characteristics Address: Address: Fire Contacted: no Name: ed to: ff responded including blood borne pattendants) offered ice, but child - Staff completing form: Che	orlottesville, VA 22903 orathogen procedures followed: and adult were adamant about it	Phone: Phone: Rescue contacted: no Name being unnecessary.
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta Cheryl and Margaret (skating a	Address: 311 Patriot Way, Characteristics Address: Address: Fire Contacted: no Name: ed to: ff responded including blood borne pattendants) offered ice, but child - Staff completing form: Che	orlottesville, VA 22903 orathogen procedures followed: and adult were adamant about it	Phone: Phone: Rescue contacted: no Name being unnecessary.
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta Cheryl and Margaret (skating a	Address: 311 Patriot Way, Characteristics Address: Address: Fire Contacted: no Name: ed to: ff responded including blood borne pattendants) offered ice, but child - Staff completing form: Che	arlottesville, VA 22903 Bathogen procedures followed: and adult were adamant about it ryl Brooks-Davis (original)/Heidi	Phone: Phone: Rescue contacted: no Name being unnecessary. Time of event: 4:00pm
shoulder X WITNESSES: Name: Heather Flynn Name: Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how sta Cheryl and Margaret (skating a	Address: 311 Patriot Way, Charles Address: Address: Fire Contacted: no Name: ed to: ff responded including blood borne pattendants) offered ice, but child - Staff completing form: Che Wootten-Douglas (typed)	orlottesville, VA 22903 orathogen procedures followed: and adult were adamant about it	Phone: Phone: Rescue contacted: no Name being unnecessary.





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident: 2016
PLEASE PRINT	Sove Luvist	Sell skating	UO-162016
Report should be submitt	ed to the Parks and Recrea	ațion Division Manager with	in 24 hours
	arver & how		Phone: 434-270-0680
Location and the first terms of		1	Participants age:
Name of Participant/Injured Pa	irty: Gaines Bar	train	Es
Specific Area where the accide	nt/incident occurred: 1777	ilti burbar	
			3777)
Parent/Guardian:	/	Phone (H):	Phone (W):
Heather F	lynn (Aind) Way, Charlotteri	Phone (C): 4134 - 270 0688	
Address: 311 Pectricat	War Charlotteri	Ito VA	Zip: 22903
	7, 000	17, 373	
Description of Accident/Incide	it (What occurred? What was the p	atron doing? Please be as specific as p	oossible.)
FOI WHILE S	Kating. Luris) .DUV C.	
destru 1	& dlyn-		
- Dyace.	V OF JULY	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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			•
		•	
Note: if more space is needed	please use reverse side of form		
Injured Body Part – Specify Rig	ht or Left	,	
leg/foot	head/neck	_ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	_hand/affm/(finger)	_other	, '
WITNESSES:			-
Name: Headhow Flynn	Address: 311 Padriot L	say civille VA 22903	Phone:434 - 270 - 0689
Name:	Address:		Phone:
Name:	Address:		Phone:
_		4	
Police Contacted: yes/no	Fire Contacted: yes/no		Rescue contacted: yes(no)
Name:	Name:		Name
Transported: yes no Transp	orted to:		
STAFF ACTION – Explain how stat	f responded including blood borne p	athogen procedures followed: OFF	
CHILD I ADUC	T SAID IT V	VAS NOT NECO	ESSARY
			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
	2014-2		
Staff in Charge //ERYL 45	Staff completing form: $C/$	HERYL BROOKS-DAL	Time of event: 4:00P/V
	75		,
Report Filed By:		Date:	Time: 4:00 PM
Date/Time Received by Superv	isor:		





CIRCLE ONE:	INCIDENT: X	ACCIDENT:	DATE of Incident:
PLEASE PRINT			6/08/16
-			
Report should be submitt	ed to the Parks and Recrea	tion Division Manager with	nin 24 hours
Location Facility/ Program: Ca	rver Rec		Phone: (434)970-3053
			Participants age: 13
Name of Participant/Injured Pa	rty: Ja'Lonnie Henson		
	nt/incident occurred: Teen Cente	er	
Parent/Guardian: Natasha Hen	ison	Phone (H):	Phone (W):
,		Phone (C): (434)830-6979	1110112 (71)
Address: 823 Apt E Hardy Dr, C	harlottesville. VA		Zip: 22903
Description of Accident/incider	nt (What occurred? What was the pa	tron doing? Please be as specific as	possible)
		. He has been in the Teen Cente	
of the rules. He appeared agita	ited each time I asked him not to	guard his brother playing baske	thall as it is a shooting game
not court basketball. He threw	the ball in the basket from behir	nd backboard (he claimed he was	retrieving the hall and
dropped it in instead of walking	to the front to shoot it like he w	as supposed to). He then was sl	nonting across the double shot
game from one to the other (he	said his brother did it, but not h	ilm, not this time, but he admitte	ed to doing it in the nast)
Carolyn spoke to him about res	pect and mentioned that when h	e was with his mentor, he was r	espectful and nice but when he
comes without the mentor, he	is very disrespectful. He was war	rned to follow the rules or he wo	uld have to leave. He stayed
		rother Jalonte. He claimed Carol	
		felt like he was being fussed at, b	
The state of the s	Trotte trotte debt bottle titlety	include the was selling rassea de, c	at not yened dej.
Note: If more space is needed p	please use reverse side of form		
Troter it more space is recucu p	near doc reverse side of form		
Injured Body Part – Specify Righ	ntorieft NONE		
	head/neck	_ears/nose/mouth/teeth	
	torso/back	internal	
shoulder	hand/arm (finger)	other	
Jiloulaei	italia/artis (tinger)	Other	
WITNESSES:			
Name: Jalonte Henson	Address: 823 apt E Hardy Dr., 6	Charlottamilla VA 22002	
Name: Carolyn McCray			Phone:
		charlottesville, VA 22903	Phone:
	Address:	inariottesville, VA 22905	Phone:
Name:		natiotiesville, VA 22305	
Name:	Address: Address:	natiotiesville, VA 22305	Phone:
Name: Police Contacted: no	Address: Address: Fire Contacted: no	nanottesvine, VA 22303	Phone: Phone: Rescue contacted: no
Name:	Address: Address:	natiotiesville, VA 22303	Phone:
Name: Police Contacted: no Name:	Address: Address: Fire Contacted: no Name:	nanottesvine, VA 22303	Phone: Phone: Rescue contacted: no
Name: Police Contacted: no	Address: Address: Fire Contacted: no Name:	nanottesvine, VA 22303	Phone: Phone: Rescue contacted: no
Name: Police Contacted: no Name:	Address: Address: Fire Contacted: no Name:	TIATIOLIESVIIIE, VA 22303	Phone: Phone: Rescue contacted: no
Name: Police Contacted: no Name: Transported: no Transported	Address: Address: Fire Contacted: no Name:		Phone: Phone: Rescue contacted: no
Name: Police Contacted: no Name: Transported: no Transported: STAFF ACTION – Explain how staff	Address: Address: Fire Contacted: no Name: d to: fresponded including blood borne pa	athogen procedures followed:	Phone: Phone: Rescue contacted: no Name
Name: Police Contacted: no Name: Transported: no Transported: STAFF ACTION – Explain how staff Carolyn brought both Ja'Lonnie	Address: Address: Fire Contacted: no Name: d to: fresponded including blood borne parand Jalonte to the front desk to	athogen procedures followed: talk to Heidi and described the Ir	Phone: Phone: Rescue contacted: no Name
Name: Police Contacted: no Name: Transported: no Transported: STAFF ACTION – Explain how staff Carolyn brought both Ja'Lonnie boys about rules and encourage	Address: Address: Fire Contacted: no Name: d to: fresponded including blood borne pa and Jalonte to the front desk to ed them to follow them because	athogen procedures followed: talk to Heidi and described the In they can't come if they don't. He	Phone: Phone: Rescue contacted: no Name ncident. Heidi talked to the eldi got mother's name and
Name: Police Contacted: no Name: Transported: no Transported: STAFF ACTION – Explain how staff Carolyn brought both Ja'Lonnie boys about rules and encourage heard Ja'Lonnie's side. She sen	Address: Address: Fire Contacted: no Name: d to: fresponded including blood borne pa and Jalonte to the front desk to ed them to follow them because	athogen procedures followed: talk to Heidi and described the Ir	Phone: Phone: Rescue contacted: no Name ncident. Heidi talked to the eldi got mother's name and
Name: Police Contacted: no Name: Transported: no Transported: STAFF ACTION – Explain how staff Carolyn brought both Ja'Lonnie boys about rules and encourage	Address: Address: Fire Contacted: no Name: d to: fresponded including blood borne pa and Jalonte to the front desk to ed them to follow them because	athogen procedures followed: talk to Heidi and described the In they can't come if they don't. He	Phone: Phone: Rescue contacted: no Name ncident. Heidi talked to the eldi got mother's name and
Name: Police Contacted: no Name: Transported: no Transported: STAFF ACTION – Explain how staff Carolyn brought both Ja'Lonnie boys about rules and encourage heard Ja'Lonnie's side. She sen suspension.	Address: Address: Fire Contacted: no Name: d to: fresponded including blood borne parand Jalonte to the front desk to ed them to follow them because them home for the day and adv	athogen procedures followed: talk to Heidi and described the li they can't come if they don't. Hi rised them that her supervisor m	Phone: Phone: Rescue contacted: no Name ncident. Heidi talked to the elidi got mother's name and ay impose a possible
Name: Police Contacted: no Name: Transported: no Transported: STAFF ACTION – Explain how staff Carolyn brought both Ja'Lonnie boys about rules and encourage heard Ja'Lonnie's side. She sen suspension. Staff in Charge: Heidi	Address: Address: Fire Contacted: no Name: d to: fresponded including blood borne part and Jalonte to the front desk to be d them to follow them because them home for the day and adventised. Staff completing form: Carol	athogen procedures followed: talk to Heidi and described the li they can't come if they don't. Hi rised them that her supervisor m	Phone: Phone: Rescue contacted: no Name ncident. Heidi talked to the eldi got mother's name and
Name: Police Contacted: no Name: Transported: no Transported: STAFF ACTION – Explain how staff Carolyn brought both Ja'Lonnie boys about rules and encourage heard Ja'Lonnie's side. She sen suspension. Staff in Charge: Heidi Wootten-Douglas	Address: Address: Fire Contacted: no Name: d to: fresponded including blood borne parand Jalonte to the front desk to bed them to follow them because them home for the day and advice typed) Staff completing form: Carol (typed)	athogen procedures followed: talk to Heidi and described the Ir they can't come if they don't. He dised them that her supervisor m	Phone: Phone: Rescue contacted: no Name ncident. Heidi talked to the eldi got mother's name and ay impose a possible Time of event: 6:30pm
Name: Police Contacted: no Name: Transported: no Transported: STAFF ACTION – Explain how staff Carolyn brought both Ja'Lonnie boys about rules and encourage heard Ja'Lonnie's side. She sen suspension. Staff in Charge: Heidi	Address: Address: Fire Contacted: no Name: d to: fresponded including blood borne parand Jalonte to the front desk to ed them to follow them because them home for the day and advice them home for the day and advice typed) Staff completing form: Carol (typed)	athogen procedures followed: talk to Heidi and described the li they can't come if they don't. Hi rised them that her supervisor m	Phone: Phone: Rescue contacted: no Name ncident. Heidi talked to the elidi got mother's name and ay impose a possible

OT POLICE

City of Charlottesville Parks and Recreation Department ACCIDENT/INCIDENT REPORT

parks are recreation

	ACCIDENT	DATE of Incident;
		(08/Ne
The same of the sa	And the state of t	<i>v v</i>
ed to the Parks and Re	ecreation Division Manager wi	thin 24 hours
		Phone: (434) 970-3053
		Participants age:
		13
it/incident occurred: 一方	een center	`
ha Henson		Phone (W):
ardy PT, Cha	rottesville, VA	Zip: 2296
0		
t (What occurred? What was		is possible.)
r leen Cen	ter a attitude.	- Just refuse
. He has bee	in in Teen Center	Many Many
•		/ /
· '	. \ \ .	•
Ng game Not c	court basket ball - He	threw hall is
r would come	E him - ne was resp	ect-ul always
lkaan waxayaa alda af f	was Nice. Comis	la alone - Very disrespo
lease use reverse side of to	orm s	'
storieft Nene		
	ears/nose/mouth/teeth	
torso/back	internal	
hand/arm	other	
-	30,,,,,	
<u> </u>	0.110.1	
Address:	91111	Phone:
	51161	Phone:
Address:		
Address: Address:)	Phone:
Address: Address: Address: Fire Contacted: yes no)	Phone:
Address: Address: Address:)	Phone: Phone: Rescue contacted: yes no
Address: Address: Address: Fire Contacted: yes no)	Phone: Phone: Rescue contacted: yes no
Address: Address: Address: Fire Contacted: yes no Name:)	Phone: Phone: Rescue contacted: yes no
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Address: Address: Address: Fire Contacted: yes no Name: orted to: f responded including blood be	orne pathogen procedures followed:	Phone: Phone: Rescue contacted: yes no Name
Address: Address: Address: Fire Contacted: yes no Name: orted to:	orne pathogen procedures followed:	Phone: Phone: Rescue contacted: yes no Name The id, described
Address: Address: Address: Fire Contacted: yes no Name: orted to: fresponded including blood by the following bloods of the followi	orne pathogen procedures followed: + Alsh +o +a/k +o About Nalls - Eacou	Phone: Phone: Rescue contacted: yes no Name The id; described
Address: Address: Address: Address: Fire Contacted: yes no Name: orted to: fresponded including blood be a full for backs of The Many and S	orne pathogen procedures followed: A desh to talk to About Them nowe for Joo	Phone: Phone: Rescue contacted: yes no Name The id; described
Address: Address: Address: Fire Contacted: yes no Name: orted to: fresponded including blood by A fresh backs Staff completing form	orne pathogen procedures followed: I desh to talk to about Tulls a encounce than nome for too in them have for too	Phone: Phone: Rescue contacted: yes no Name The id; described
Address: Address: Address: Address: Fire Contacted: yes no Name: orted to: fresponded including blood be a full for backs of The Many and S	orne pathogen procedures followed: A desh to talk to About Them nowe for Joo	Phone: Phone: Rescue contacted: yes no Name The id; described roaed than to talk with about Time of event: 6:300
	ty: Jellomie Het/Incident occurred: The Hunson Lardy Pt. Charles What was to the has been aware of a min Not to had the back back back back back back back back	Phone (H): Phone (C): 830-6946 Ardy PT, Charletteswille, VA t (What occurred? What was the patron doing? Please be as specific a r Teen Center = attitude. r He has been in Teen Center ry aware of rules, the appeared rim Not to guard his brothe ring game Not court basket ball - He and the back board. He then was shi from one to the other. I Spoke to r would come = him - he was respected allease use reverse side of form was Nice. Committed that or Left None head/neck





CIRCLE ONE:	INCIDENT:	ACCIDENT: X	DATE of Incident:					
PLEASE PRINT			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					
			Participants age:					
Name of Participant/Injured Pa		12						
Specific Area where the accide	nt/incident occurred: Multipurpo	ose Room						
Parent/Guardian: Mary Roby		Phone (H): (434)260-4873 Phone (C):	Phone (W):					
Address: 1180 Perry Ln, Loving	gston, VA		Zip: 22949					
	nt (What occurred? What was the pa							
	pped over her own feet, grabbed	Mary's hand to steady herself, b	out fell anyway hurting her					
knee. Mary asked Cheryl for ic	е.							
	,		·					
Note: If more space is needed	please use reverse side of form							
Injured Body Part – Specify Rig	ht 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 Transporte	ed to:							
STAFF ACTION — Explain how sta	ff responded including blood borne p	athogen 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: Heid	li Wootten-Douglas	Time of event: 3:50pm					
		<u> </u>						
Report Filed By: Heidi Wootte		Date: 6/05/16	Time: 5:00pm					
Date/Time Received by Supervisor:								

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City of Charlottesville Parks and Recreation Department

ACCIDENT/INCIDENT REPORT

charcottesyllie parks parks recreation

CIRCLE ONE:	INCIDENT:	ACCIDENT		DATE of incident:		
PLEASE PRINT			$\langle \langle \cdot \rangle \rangle$	6/05/16		
		A State of the Control of the Contro		· I		
Report should be submitt	ed to the Parks and Recrea	tion Division	Manager with	in 24 hours		
Location Facility/ Program: (wer Pec/rollo	Skully		Phone: (434) 970-3053		
	(1 l	X		Dartichantr ago:		
Name of Participant/Injured Pa	rty: Ashly Smith	7		Participants age. 12		
Specific Area where the accider	nt/incident occurred: Multip	WCDOSC TO	UM_			
		1				
Parent/Guardian: Mony	D 1	Phone (H):	314) Z60-4873	Phone (W):		
		Phone (C):	79	Zip: 22949		
Address: 1180 Perry 1	in, Lovingston,	JA		ZIP: ZZ 4 1		
Description of Accident/Incider	nt (What occurred? What was the pa	atron doing? Plea	se be as specific as	possible.)		
ASh 1 1008 510	ating when she to but fell anyway for ice,	spoed a	No hac o	un fout, grabbed		
100000	Lite GIL CONSTRAIN	las Elav	a hor k	Nee Mass		
-7/103 1 5 V COVIDE	PULL DATE OF THE COLOR) A(0/21-12)) 10 1			
asked thery	to Ill,			L. C.		
V						
• .						
Note: If more space is needed	please use reverse side of form					
	4					
Injured Body Part – Specify Rig		ears/nose/mo	- uth /taath			
leg/foot	head/neck	ears/nose/mo _internal	outil/teetii			
knees	_torso/back	other				
shoulder	_hand/arm	other				
WITNESSES:						
Name:	Address:			Phone:		
Name:	Address:			Phone:		
Name:	Address:			Phone:		
Nattie.	7444 633.	,		3		
Police Contacted: yes no	Fire Contacted: yes/no)			Rescue contacted: yes/no		
Name:	Name:			Name		
1141112)						
Transported: yes no Trans	ported to:					
STAFF ACTION – Explain how sta	ff responded including blood borne	pathogen procedu	ures followed:			
Chart agt in for Ashly and radiology for assistance, Heilli went about						
to art information from the pertran There was no blood and Ashly was						
confortable walking,						
Staff in Charge: Little	<u></u>					
Statt its Charge, MANN	Staff completing form: 1	riki Wooth	U-Douglas	Time of event: 3:50p		
Stall in Charge, CATIA	Staff completing form: 🔱	ridi Woott	er-Douglas			
	Staff completing form: Lu WINTA-DUMAS	(idi Wooff Date: (a/i	U-Douglas 15/14	Time of event: 3.50p		