



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: <u>ACCIDENT</u>	DATE of Incident: 5/19/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours		
Location Facility/ Program: <u>Carver</u>		Phone: <u>(434) 970-3053</u>
Name of Participant/Injured Party: <u>Jacob Lott</u>		Participants age: <u>23</u>
Specific Area where the accident/incident occurred: <u>Multipurpose Room Ramp</u>		
Parent/Guardian:	Phone (H): Phone (C):	Phone (W):
Address: <u>1204 Carlton Avenue Charlottesville, VA</u>		Zip: <u>22902</u>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)		
<u>I was using the tool to move the ramp, when it slipped from my hands and hit me in my jaw. James went to grab me some ice, while I covered my jaw with a paper towel and grabbed a band aid.</u>		
Note: If more space is needed please use reverse side of form		
Injured Body Part -- Specify Right or Left		
<u>leg/foot</u>	<u>head/neck</u>	<u>X ears/nose/mouth/teeth /Chin</u>
<u>knees</u>	<u>torso/back</u>	<u>internal</u>
<u>shoulder</u>	<u>hand/arm</u>	<u>other</u>
WITNESSES:		
Name: <u>James St. Hill</u>	Address: <u>1130 Arden Dr Charlottesville VA 22902</u>	Phone: <u>301-302-3275</u>
Name:	Address:	Phone:
Name:	Address:	Phone:
Police Contacted: yes/ <u>no</u>	Fire Contacted: yes/ <u>no</u>	Rescue contacted: yes/ <u>no</u>
Name:	Name:	Name:
Transported: yes/ <u>no</u> Transported to:		
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:		
<u>James got me a bag of ice, while I used a paper towel to stop the light bleeding. I washed my hands with soap/water &amp; hand sanitizer and placed the paper towel in a bio bag into the bio hazard box and then grabbed a bandaid.</u>		
Staff in Charge: <u>Heidi</u>	Staff completing form: <u>Jacob Lott</u>	Time of event: <u>4:30 pm</u>
<u>Woolter-Douglas</u>		
Report Filed By: <u>Heidi Woolter-Douglas</u>	Date: <u>5/19/16</u>	Time: <u>6:11 pm</u>
Date/Time Received by Supervisor:		



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: Argument	ACCIDENT _____	DATE of Incident: 05/14/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver (Open Gym)		Phone: 970-5386	
Name of Participant/Injured Party: 15-17 year old Kids		Participants age:	
Specific Area where the accident/incident occurred: Gym (Far side from door)			
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.)			
Teen age boys where arguing in the gym over basketball. There was a large group arguing against 2 other kids. I asked the biggest kid to leave and the leader kid in the big group to play ball and chill or leave as well			
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 <u>Pride</u>	
WITNESSES:			
Name: _____	Address:	Phone:	
Name: _____	Address:	Phone:	
Name: _____	Address:	Phone:	
Police Contacted: yes/ <u>no</u>	Fire Contacted: yes/ <u>no</u>	Rescue contacted: yes/ <u>no</u>	
Name:	Name:	Name	
Transported: yes/ <u>no</u> Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
Told kids to calm down and/or leave			
Staff in Charge: Heidi	Staff completing form: Antione Currie	Time of event: 3-4:30	
Report Filed By: Antione Currie	Date: 05/19/16	Time: 12:45	
Date/Time Received by Supervisor: _____	_____ 5/19/16		



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT <i>Sprained ankle</i>	DATE of Incident: <i>5/18/2016</i>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <i>Volleyball / Carver Rec</i>		Phone: <i>540-503-1726</i>	<i>470-30153</i>
Name of Participant/Injured Party: <i>Ralf Melis</i>		Participant age: <i>42</i>	
Specific Area where the accident/incident occurred: <i>on court</i>			
Parent/Guardian:		Phone (H): <i>(540) 503-1726</i>	Phone (W):
Address: <i>1066 Samuel Miller Loop</i>		Zip: <i>22903</i>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) <i>Sprained ankle during volleyball. Jumped up for the ball and came down wrong.</i>			
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 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 checked="" type="radio"/> no	Fire Contacted: yes/ <input checked="" type="radio"/> no	Rescue contacted: yes/ <input checked="" type="radio"/> no	
Name:	Name:	Name:	
Transported: yes/ <input checked="" type="radio"/> no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: <i>Staff got him ice and checked on him periodically.</i>			
Staff in Charge: <i>Justin</i>	Staff completing form: <i>Tia James</i>	Time of event: <i>7:00 pm</i>	
Report Filed By: <i>Tia James</i>	Date: <i>5/18/16</i>	Time: <i>7:45 pm</i>	
Date/Time Received by Supervisor:			



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT <input checked="" type="radio"/>	DATE of Incident: 5/29/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carter Rec / skating</u>		Phone:	
Name of Participant/Injured Party: <u>Sierrah Carter</u>		Participants age: <u>6</u>	
Specific Area where the accident/incident occurred: <u>Roller skating</u>			
Parent/Guardian: <u>Elguia Carter</u>		Phone (H): <u>(434) 882-1982</u>	Phone (W):
Address: <u>1510 Cherry Ave</u>		Phone (C): <u>u</u>	Zip: <u>22903</u>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) <u>one of the other skaters were skating too fast never being told by one of the attendants to slow down. they continued and made Sierrah fall, which cause her bump her head on the floor, the parent asked for ice and ice was applied, the skater did apologize.</u>			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left <u>forehead</u>			
<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	<input type="checkbox"/> other	
WITNESSES:			
Name: <u>Cheryl</u>	Address:	Phone: <u>(434) 960-2531</u>	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <input checked="" type="radio"/> yes <input type="radio"/> no	Fire Contacted: <input checked="" type="radio"/> yes <input type="radio"/> no	Rescue contacted: <input checked="" type="radio"/> yes <input type="radio"/> no	
Name:	Name:	Name	
Transported: <input checked="" type="radio"/> yes <input type="radio"/> no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: <u>Cheryl got ice for Sierrah &amp; informed Heidi about the situation</u>			
Staff in Charge: <u>Heidi</u>	Staff completing form: <u>Heidi Wenter-Douglas</u>	Time of event: <u>4:15p</u>	
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: 05/29/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec Center/Skating		Phone: (434) 970-3053	
Name of Participant/Injured Party: Sierrah Carter		Participants age: 6	
Specific Area where the accident/incident occurred: Multipurpose Room			
Parent/Guardian: Eriqua Carter		Phone (H): Phone (C): (434) 882-1952	Phone (W):
Address: 1510 Cherry Ave, Charlottesville, VA		22903	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
One of the other skaters was going too fast even after Margaret Carey (one of the attendants) told him to slow down. He skated past Sierrah, who was looking at him and slipped. She got up and then immediately fell again, bumping her head on the floor. After successfully getting up, Sierrah skated to her mother, who then asked Cheryl for ice. This can be seen on the Multi 3 camera starting at 16:15:22 (Sierrah is wearing a black shirt with orange skates). Ice was applied and the other skater apologized.			
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 (forehead)	<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: Cheryl Brooks-Davis	Address:	Phone: (434) 960-2531	
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 Sierrah and spoke to the skater accused of bumping into Sierrah. Cheryl then informed Heidi about the situation.			
Staff in Charge: Heidi	Staff completing form: Heidi Wootten-Douglas	Time of event: 4:15pm	
Report Filed By: Heidi Wootten-Douglas	Date: 5/29/16	Time: 5:11pm	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: X	DATE of Incident: 05/29/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec Center/Skating		Phone: (434) 970-3053	
Name of Participant/Injured Party: Kadarius Payne		Participants age: 10	
Specific Area where the accident/incident occurred: Lower level bathroom/hallway			
Parent/Guardian: Sharnese Allen		Phone (H): (434) 977-5275	Phone (W):
Address: 743 Prospect Ave, Charlottesville, VA		Phone (C):	22903
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Kadarius was leaving the bathroom with skates on when he fell and got his finger caught in the door. Bill was walking to the kitchen when he when he saw Kadarius on the floor with his finger clamped in the door.			
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 (finger)	_____ other _____	
WITNESSES:			
Name: Bill Clark	Address:	Phone: (434) 882-2902	
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:			
Bill helped Kadarius get his finger out of the door and then got ice with Heidi. Bill then got a cup of ice water to dip Kadarius' Finger in while Heidi got information from the family. The skin wasn't broken so there was no blood to clean.			
Staff in Charge: Heidi	Staff completing form: Heidi Wootten-Douglas	Time of event: 2:10pm	
Report Filed By: Heidi Wootten-Douglas	Date: 5/29/16	Time: 3:16pm	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT <input checked="" type="checkbox"/>	DATE of Incident: 5/29/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Caves Rec</u>		Phone: <u>434-970-3053</u>	Participants age: <u>10</u>
Name of Participant/Injured Party: <u>Kadarius Payne</u>			
Specific Area where the accident/incident occurred: <u>Bathroom/hallway Caves level</u>			
Parent/Guardian: <u>Sharrese Allen</u>	Phone (H): <u>434-977-5275</u>	Phone (W):	
Address: <u>743 Prospect Avenue</u> <u>Charlottesville, VA, 22903</u>	Phone (C):		Zip: <u>22903</u>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Leaving bathroom - looked like his finger was clamped by the door after falling.</u>			
<u>Bill was walking to the kitchen when he saw Kadarius on the floor.</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	<input type="checkbox"/> other	
WITNESSES:			
Name: <u>Bill Clark</u>	Address:	Phone:	
Name:	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: <u>Bill helped get Kadarius' finger on</u>			
<u>Bill &amp; Heidi get ice, after which Bill got a cup of ice water to dip his finger in while Heidi got info from family</u>			
Staff In Charge: <u>Heidi</u>	Staff completing form: <u>Heidi Watten-Dugles</u>	Time of event: <u>2:10p</u>	
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 <input checked="" type="checkbox"/>	DATE of Incident: 5/27/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER REC CENTER (MULTIPURPOSE)		Phone: 434-970-3053	
Name of Participant/Injured Party: Joel Garrison		Participant age: 9	
Specific Area where the accident/incident occurred:			
Parent/Guardian: Sandra Alvarez Pineda	Phone (H): 734-210-4045	Phone (W):	
Address: 14917 Britton Ct, Charlottesville		Zip: 22902	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
WAS BUMPED BY ANOTHER SKATER AND FELL HURTING HIS ANKLE			
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 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: Cheryl-Anne's Dawu	Address:	Phone: 434-960-3524	
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: 7:40	
Transported: yes/ <input checked="" type="checkbox"/> no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
asked if needed medical attention, and was given ice pack			
Staff in Charge: Mike Brown	Staff completing form: Mike Brown	Time of event:	
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: x	DATE of Incident: 5/23/2016
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: Lin Freeman		Participants age: 12	
Specific Area where the accident/incident occurred: Multi-Purpose Rm.			
Parent/Guardian: Jie Lin		Phone (H): Phone (C): 434-760-1936	Phone (W):
Address: 1914 Swanson Dr		Zip: 22901	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) Kids were playing dodge ball and he ran into the wall trying not to get hit			
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: Dorothy Carney	Address: 1708 Galloway Dr.		Phone: 434-962-3195
Name:	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: no	Fire Contacted: no	Rescue contacted: no	
Name:	Name:	Name	
Transported:      Transported to: no			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: Was asked how bad was the pain and if they needed medical attention, was also given an ice pack			
Staff in Charge: Mike Brown		Staff completing form: Mike Brown	Time of event: 3:50
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: 5/23/16
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: Freeman Liu		Participant age: 12	
Specific Area where the accident/incident occurred: Multi-purpose room			
Parent/Guardian: Jie Liu		Phone (H): 434 760-1936	Phone (W):
Address: 1914 Swanson Dr.		Zip: 22901	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Kids with the fencing group were playing dodge ball and he RAN INTO THE WALL PLAYING NOT GET HIT.			
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	<input type="checkbox"/> other	
WITNESSES:			
Name: Dorothy Carner	Address: 1708 Galloway Dr.	Phone: 434 762-3195	
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:			
Asked how bad was the pain, and did they need medical attention; was given ICE pack			
Staff In Charge: Mike Brown	Staff completing form: Mike Brown	Time of event: 3:50	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



City of Charlottesville  
Parks and Recreation Department  
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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: X	DATE of Incident: 5/22/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec Center/Skating		Phone: 434-260-4045	
Name of Participant/Injured Party: Ariana Bishop		Participants age:	
Specific Area where the accident/incident occurred: Multipurpose room/roller skating			
Parent/Guardian: Sandra Juarez		Phone (H): 434-260-4045	Phone (W):
		Phone (C):	
Address: 1494 Bitternut Ln., Charlottesville, VA			Zip: 22902
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
During roller skating, Ariana fell and bumped her head on the floor. She got back up and was fine; she didn't request ice or assistance.			
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: Sandra Juarez	Address: 1494 Bitternut Ln		Phone: 434-26-4045
Name: Cheryl Brooks-Davis	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: no	Fire Contacted: no	Rescue contacted: no	
Name:	Name:	Name	
Transported:      Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Cheryl asked if she needed medical attention and offered her an ice pack			
Staff in Charge: Mike Brown	Staff completing form: Lara McLellan		Time of event: 5 pm
Report Filed By: Lara McLellan	Date: 5/22/16		Time: 5:15 pm
Date/Time Received by Supervisor:			



City of Charlottesville  
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CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT <input checked="" type="checkbox"/>	DATE of Incident: 5/22/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Currier Rec Center</u>		Phone:	
Name of Participant/Injured Party: <u>Arianna Bishop</u>		Participant age:	
Specific Area where the accident/incident occurred: <u>Roller skating (multi-purpose)</u>			
Parent/Guardian: <u>Sandra Suarez</u>		Phone (H): <u>203-210-4005</u>	Phone (W):
Address: <u>1494 Bitterroot Ln. Charlottesville VA 22902</u>		Zip: <u>22902</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Roller skating, fell and bumped nose hard on the floor.</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 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	<input type="checkbox"/> other	
WITNESSES:			
Name: <u>Sandra Suarez</u>	Address: <u>1494 Bitterroot Ln</u>	Phone: <u>434-960-4005</u>	
Name:	Address:	Phone:	
Name: <u>Cheryl Buck-Davis</u>	Address:	Phone: <u>934-960-2534</u>	
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"/> Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<u>asked if she needed medical attention and was offered ICE pack</u>			
Staff in Charge: <u>Mike Brown</u>	Staff completing form: <u>Mike Brown</u>	Time of event: <u>5:05 pm</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



**City of Charlottesville  
Parks and Recreation Department  
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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 5/21/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation/Open Gym Basketball		Phone: (434) 970-3053	
Name of Participant/Injured Party: Mitahjj Cooper		Participants age: 15	
Specific Area where the accident/incident occurred: Basketball Gym			
Parent/Guardian: Janisha Cooper		Phone (H): (434) 227-8367 Phone (C):	Phone (W):
Address: 408 Riverside Ave, Charlottesville, VA		Zip: 22903	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Mitahjj tried to steal the ball and was accidentally elbowed by another player. Mitahjj chipped his tooth and continued playing after the area was secured by Jamar and cleaned by Heidi.			
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: Jamar Pierre-Louis	Address: 759 King Street	Phone: (434) 882-0559	
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:			
Jamar guarded the area while Heidi went and got gloves, sharp container, broom, and dust pan as stated in blood borne pathogen procedures. The area was swept where tooth fragments were located and placed in the sharp container. The equipment was rinsed with a water/bleach solution.			
Staff in Charge: Jamar	Staff completing form: Jamar	Time of event: 3:05PM	
Heidi Wootten-Douglas (MOD)			
Report Filed By: Heidi Wootten-Douglas	Date: 5/21/16	Time: 4:04pm	
Date/Time Received by Supervisor:			



Original

City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT <b>X</b>	DATE of Incident: 5/21/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours.			
Location Facility/ Program: <u>Carter Rec / Open Gym Basketball</u>		Phone: <u>(434) 970-3058</u>	
Name of Participant/Injured Party: <u>Mitahji Cooper</u>		Participant age: <u>15</u>	
Specific Area where the accident/incident occurred: <u>Basketball gym</u>			
Parent/Guardian: <u>Jarisha Cooper</u>		Phone (H): <u>434-227-8367</u>	Phone (W):
Address: <u>408 Riverside Ave</u>		Zip: <u>22903</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Went to steal the ball &amp; was accidentally elbowed by another player. Chipped his tooth, &amp; continued playing after the area was secured.</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 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	<input type="checkbox"/> other	
WITNESSES:			
Name: <u>Jumar Pierre-Louis</u>	Address: <u>759 King St.</u>	Phone: <u>434-842-0559</u>	
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"/> Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<u>I guarded the area while Heidi went and got gloves, sharps container, broom, dust pan bhp pathogen. Swept area where tooth fragments were &amp; placed them in sharps container. Rinsed equipment w/ bleach.</u>			
Staff in Charge: <u>Jumar</u>	Staff completing form: <u>Jumar</u>	Time of event: <u>3:05</u>	
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:	<u>ACCIDENT</u>	DATE of Incident: 5-10-16
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: Luke Langford		Participants age: 23 Months	
Specific Area where the accident/incident occurred: Gymnasium			
Parent/Guardian: Gina Langford		Phone (H):	Phone (W):
		Phone (C): (210)365-2605	
Address: 1208 Agnese Street. Charlottesville, Virginia			Zip: 22901
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Luke was walking towards his mother, Gina, while holding a hula hoop. His foot stepped on the hula hoop while he was walking and he tripped and fell but could not catch himself. His face hit the floor and he began to bleed from his upper lip.			
Chase called me (Nancy) to the gymnasium due to the accident. After looking at the child's upper lip I suggested that she call his Pediatrician or take him to the ER because he might need a stitch or two. The grandmother said quite rudely that "they don't Give stitches in the lip". I still encouraged the mom to get medical treatment.			
Nancy Burney, Assistant Manager			
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: Jennifer Jones	Address: 115 Old Fifth Circle, Charlottesville, VA, 22903		Phone: (703)307-9300
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:			
The blood on the floor was wiped up with paper towels by the grandmother of the child while Carver employees properly cleaned it up using the spill kit and we disinfected the area with Lysol wipes. The paper towels were disposed of in a biohazard bag. The blood born pathogen protocol was followed and the bag was placed in the biohazard bin.			
Staff in Charge: Chase Green		Staff completing form: Chase Green	Time of event: 11:15 AM
Report Filed By: Chase Green	Date: 5/9/2016	Time: 1:30p	
Date/Time Received by Supervisor: <i>N. Burney</i>			



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT <u>Reported</u>	ACCIDENT <u>injured lip</u>	DATE of Incident: 5-10-16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Center</u>		Phone:	
Name of Participant/Injured Party: <u>LUKE Langford</u>		Participant age: <u>23 months</u>	
Specific Area where the accident/incident occurred: <u>Gymnasium</u>			
Parent/Guardian: <u>Dina Langford</u>		Phone (H): <u>210-365-2605</u>	Phone (W):
Address: <u>1208 Agnese St E-ville</u>		Zip: <u>22901</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>child was walking towards mother while holding hula hoop, tripped and smacked his face on the floor. child was bleeding from the mouth. bleeding was stopped by gauze</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 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	<input type="checkbox"/> other	
WITNESSES:			
Name: <u>Jennifer Jones</u>	Address: <u>118 Old Fifth Ave 22909</u>	Phone: <u>703-707-9300</u>	
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:			
<u>blood was cleaned up using</u>			
Staff in Charge: <u>Chase Green</u>		Staff completing form: <u>Chase Green</u>	Time of event: <u>11:15</u>
Report Filed By: <u>e</u>		Date:	Time:
Date/Time Received by Supervisor:			