

parks (S) recreation

CIRCLE ONE:	INCIDENT:	ACCIDENT	DATE of Incident: 5/19/16
PLEASE PRINT			2/11/16
			-in 24 hours
		ation Division Manager with	In 24 hours
Location Facility/ Program:	Carver		Phone: (434)970 3053
Name of Participant/Injured Pa	mulant 10th		Participants age: 2 3
Name of Participant/Injured Pa	nt/incident occurred: Myl台)	ourpose Room Lamp	
Specific Area where the accide	my meide ne occurred. 3-14 (7-1)	surpesse resent re(m)	
Parent/Guardian:		Phone (H): Phone (C):	Phone (W):
Address: 1204 Carlt	on Avenue Charlet	tesuill, UA	Zip: 22902
Description of Assident/Incide	nt (Milhot accurred) Milhot was the n	atron doing? Please be as specific as	nossible \
July Was Using #	he roof to move t	ne ramp, when 1+3	ipped ton my
hands and hit m	re in my Jaw. Ja	he ramp, when it s mes went to grab a tewel and grabbed	re some ice,
while I covered ma	, iam with a paper	tenel and grabbed	a band aid.
		J	
			·
Note: If more space is needed	please use reverse side of form		
Injured Body Part – Specify Rig		· · · · · · · · · · · · · · · · · · ·	
leg/foot	head/neck X	ears/nose/mouth/teeth/Ch internal	117
knees shoulder	_torso/back hand/arm	internalother	
Silouidei	nand/ann	outer	
WITNESSES:			
Name: James Statil	Address: 1130 Archen Do	Charlotesville M. 22906	Phone: 301-362-3275
Name:	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: yes/no	Fire Contacted: yes/no		Rescue contacted: yes
Name:	Name:		Name ·
Transported: yes (no) Trans	ported to:		
STAFF ACTION - Explain how sta	aff responded including blood borne	pathogen procedures followed:	
James not me a bac	/ , , , , , , , , , , , , , , , , , , ,		the light hleading.
I washed my hands	with soaptwater i he		
	chazard boxeand the		· · · · · · · · · · · · · · · · · · ·
Staff in Charge: Ludi	Staff completing form:	acos Lott	Time of event: 4,'30 pm
WooHen-Donal	is .		
Report Filed By:		5 6 110 /110	1 '11
I Webole Linearphy The Native	Woothh-Doublas	Date: 5/19/10	Time: (g-11pm





CIRCLE ONE:	INCIDENT:	ACCIDENT	DATE of Incident:
PLEASE PRINT	Argo errant	Control of an October and Octobers	05/14/16
	1		
Report should be submit	ted to the Parks and Recrea	ition Division Manager with	oin 24 hours
		THOM DIVISION WANTAGE WITH	
Location Facility/ Program: (Carrer Open Gym		Phone: 970 - 5386
Name of Dantisin and Asian d D	16 - 177	3.4 1/61	Participants age:
Name of Participant/Injured P		rold Kids	
Specific Area where the accide			
	Gym (Far sid		
Parent/Guardian:	, -	Phone (H):	Phone (W):
		Phone (C):	
Address:			Zip:
Description of Accident/Incide	nt (What occurred? What was the pa	tron doing? Please be as specific as	possible.)
Tenn ag	e boys where	around In H	TO Wha
	It is it was	<i>)</i> ,	4 CIYMI
Over Da	:	was a larg	Grove
arquing o	early 2 other	Kids. Lasked	the hyposit
Kind to 1	eave and the	Lead Kind In	the bia
		S N	
group to	play ball as	of chill or 1.	eave as well
, ,	•		
Note: If more space is needed	please use reverse side of form		
-			
injured Body Part – Specify Rig			
leg/foot	head/neck	_ears/nose/mouth/teeth	
knees	_torso/back	_internal	
shoulder	_hand/arm 	other <u>Pride</u>	
WITNESŞES:			
Name: Name:	Address:		Phone:
Name:	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: yes no	Fire Contacted: yes/no		Rescue contacted: yes/fo
Name:	Name:	,	Name
Hume.	· · · · · · · · · · · · · · · · · · ·		Ivallic
Transported: yes no Trans	ported to:		
Transported, yes the Trans	orted to.		
,			
STATE ACTION Sometime become	CC		
	ff responded including blood borne pa	1 1	
lold Kids	to calm down	and or leave	
		<u> </u>	
Staff in Charge: Heidi	Staff completing form: H_{Γ}	From Corne	Time of event: ろっちょう
	t		
Report Filed By: Arthur	Corvia	Date: 05/19/16	Time: 19:45
Date/Time Received by Superv		-1:0111-	1
,, caper.	My Voya	3/11/14	





CIRCLE ONE:	INCIDENT	ACCIDENT	DATE of Incident:	
PLEASE PRINT		Spraned andle	5/18/2016	
		1	***************************************	
Report should be submit	ted to the Parks and Recrea	ition Division Manager with	in 24 hours	
Location Facility/ Program:	John Jack / Co	rves Bec	Phone: State of the later of th	3055
		A series	Participant age:	
Name of Participant/Injured Pa	arty: Rall Melis		42	
Specific Area where the accide	ent/incident occurred: Craca	un		
Parent/Guardian:		Phone (H): (540) 503-1726	Phone (W):	
Address: 1066 Samu	et miller loop		zip: 22103	
Description of Accident/Incide	nt (What occured? What was the pa	tron doing? Please be as specific as p		
Specined antile	eduring soll	Eyland, Jumpe	d up for	
the ball o	and carry to	who wond.		
		1		
	-			
-Note:-If-more-space-is-needed	-please-use-reverse-side-of-form-			
Injured Body Part – Specify Rig		ears/nose/mouth/teeth		
leg/foot	head/neck	internal		
knees	torso/back	nternat		
shoulder	hand/arm	Other		
WITNESSES:				
	Address:		Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Ivallie.	Audress.			
Police Contacted: yes/no	Fire Contacted: yes/no		Rescue contacted: yes/(no)	
Name:	Name:		Name:	
Nation	ratific:			
Transported: yes no Trans	sported to:			
STAFE ACTION Evoluin how st	aff responded including blood borne (pathogen procedures followed:		
Staff ant him	100 and chec		eriodizz./lu-	
HURWY AUT WILL	(V C: 2 C 8 1 C C			
 				
Staff in Charge: John	Staff completing form:	a None 15	Time of event: 7.000	
orall in charge, 1903 / 18	Total composing rotal E	<u> </u>		
Report Filed By:	- News	Date: 5 (8/16	Time: 7.45 av.	
Date/Time Received by Super	visor:			





CIRCLE ONE:	INCIDENT:	ACCIDENT	0//	DATE of Incident:
PLEASE PRINT		<u>/ </u>		
Report should be submitt	\langle ed to the Parks and Rec	reation Division	Manager with	in 24 hours
		Leating		Phone:
				Participants age:
Name of Participant/Injured Pa		CONTRA	·	
Specific Area where the accider	nt/incident occurred:	46K-0-24 10 3x		
Parent/Guardian;	<u> </u>	TJV-でごいっさ Phone (H)には	4) 882-1952	Phone (W):
Parenty Guardian 7 / Garage	Carter	Phone (C):		Profite (VV).
Address:	isto Cherry	Awe		Zip: 골 조곡(6) - (5)
Description of Accident/Incider	nt (What occurred? What was the	e patron doing? Plea	se be as specific as p	oossible.)
one of the (Ther Show	ters wer	e Skadi	ng too tast
Acer being t	and bulling a	04 the	alender	ite to sow
Chan ther So	natural and	Made	Sierran	Fort Which
10120 10 81	inno Win L	and on t	To An	1) the more of
	ich and Ic	C WOD	Anolie	J-Hi azare
			126.	
HUG HORDIZE	1	. ,		
* . >				
Note: If more space is needed	aleace use reverse side of for	rm		
Note. If more space is needed		111		
Injured Body Part – Specify Rig	ntor Left forebeach			
leg/foot X	head/neck	ears/nose/mo	uth/teeth	
knees	_torso/back	internal		
shoulder	_hand/arm	other		
WITNESSES:	tare			
Name: (Next)	Address:			Phone: (434) 960-2531
Name:	Address:			Phone:
Name:	Address:			Phone:
Police Contacted: yes no	Fire Contacted: yes/no		.*	Rescue contacted: yes/no
Name:	Name:	<i>I</i>		Name
/**·:				
Transported: yes no Transp	ported to:			
STAFF ACTION – Explain how stat	ff responded including blood bor	ne pathogen procedu	res followed:	
Chand act is 60	sierrah am	ormed the	idi about	the situation
0 1	,		-	
- 004 - 1		16.00	Un. Day Ja-	Time of accepts (1)
Staff in Charge: - (1)	Staff completing form:	Hudi Wa	Hen-Douglas	Time of event: 4
Banart Ellad Bu		Date:		Time:
Report Filed By:	lear	Date.		FRIE.





CIRCLE ONE:	INCIDENT:	ACCIDENT: X	DATE of Incident:		
PLEASE PRINT			05/29/16		
Report should be submitt	ed to the Parks and Recrea	ntion Division Manager with	nin 24 hours		
Location Facility/ Program: Ca	rver Rec Center/Skating		Phone: (434) 970-3053		
(2)	Participants age:				
Name of Participant/Injured Pa			6		
Specific Area where the accider	nt/incident occurred: Multipurpo	ose Koom	· · · · · · · · · · · · · · · · · · ·		
Barra I Caratta Cata		Diamentally			
Parent/Guardian: Eriqua Carte	r	Phone (H):	Phone (W):		
Address: 1510 Cherry Ave, Cha	rlottorvillo VA	Phone (C): (434) 882-1952	22903		
Address: 1510 Cherry Ave, Cha	nottesvine, va		22903		
Description of Accident/Incider	nt (What occurred? What was the pa	atron doing? Please be as specific as	possible.)		
One of the other skaters was go	oing too fast even after Margaret	t Carey (one of the attendants) to	ld him to slow down. He		
Skated past Sierrah, who was lo	ooking at him and slipped. She g	ot up and then immediately fell a	gain, bumping her head on		
The floor. After successfully ge	tting up, Sierrah skated to her m	other, who then asked Cheryl for	ice. This can be seen on the		
Multi 3 camera starting at 16:1	5:22 (Sierrah is wearing a black s	hirt 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 Rigl					
leg/foot X	head/neck (forehead)	_ears/nose/mouth/teeth			
kneestorso/backinternal					
shoulderhand/armother					
WITNESSES:					
Name: Cheryl Brooks-Davis	Address:		Phone: (434) 960-2531		
Name:	Address:		Phone:		
Name:	Address:		Phone:		
- Turner	71441 655.		Thorac.		
Police Contacted: no	Fire Contacted: no		Rescue contacted: no		
Name:	Name:		Name		
Transported: no Transporte	d to:				
	·				
	fresponded including blood borne p				
	poke to the skater accused of bui	mping into Sierrah. Cheryl then i	nformed Heidi about the		
situation.					
Staff in Charge: Heidi	Staff completing form: Heid	i Wootten-Douglas	Time of event: 4:15pm		
Report Filed By: Heidi Wootte		Date: 5/29/16	Time: 5:11pm		
Date/Time Received by Supervisor:					





CIRCLE ONE:	INCIDENT:	ACCIDENT: X	DATE of Incident:		
PLEASE PRINT			05/29/16		
Report should be submitt	ed to the Parks and Recrea	tion Division Manager with	in 24 hours		
Location Facility/ Program: Ca	rver Rec Center/Skating		Phone: (434) 970-3053		
Name of Participant/Injured Pa	rty: Kadarius Payne		Participants age: 10		
Specific Area where the accider	nt/incident occurred: Lower leve	l bathroom/hallway	-		
Parent/Guardian: Sharnese All		Phone (H): (434) 977-5275 Phone (C):	Phone (W):		
Address: 743 Prospect Ave, Cha	rlottesville, VA		22903		
		tron doing? Please be as specific as a and got his finger caught in the d			
kitchen when he when he saw	Kadarius on the floor with his fing	ger clamped in the door.			
		-			
Note: If more space is needed p	please use reverse side of form				
Injured Rody Bart - Specify Big	at or loft	•			
Injured Body Part – Specify Right leg/foot	head/neck	ears/nose/mouth/teeth			
	torso/back	internal internal			
shoulder X	hand/arm (finger)	other			
Shoulder A handyarm (mager)					
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 staf	fresponded including blood borne pa	nthogen procedures followed:			
		ce with Heidi. Bill then got a cup			
Finger in while Heldi got inform	ation from the family. The skin v	vasn't broken so there was no bl	ood to clean.		
Staff in Charge: Heidi	Staff completing form: Heid	Wootten-Douglas	Time of event: 2:10pm		
	The state of the s				
Report Filed By: Heidi Wootte		Date: 5/29/16	Time: 3:16pm		
Date/Time Received by Supervi	sor:				

GINIA.

City of Charlottesville

Parks and Recreation Department

ACCIDENT/INCIDENT REPORT

parks a recreation

CIRCLE ONE:	INCIDENT:	ACCIDENT	DATE of Incident:
PLEASE PRINT		<u> </u>	5/29/16
			' '
Report should be submitt	ed to the Parks and Recre	ation Division Manager wit	hin 24 hours
Location Facility/ Program: (orver rec		Phone: 43970-3053
	1/0-10-35) · · · · · · ·	Participants age:
	rty: Kadanus L		
Specific Area where the accide	nt/incident occurred: Bat W	oad/hallway lav	ves level
· · · · · · · · · · · · · · · · · · ·		Diam't Diam't	Dh (M)
Parent/Guardian: SMOCOSE Allec	`	Phone (H): 434-971-5275 Phone (C):	Phone (W):
Address: 743 12050e	···	Thone (c).	Zip: 22903
Description of Accident/Incident	it (What occurred? What was the p	patron doing? Please be as specific as	s possible.)
Vood privale	, , ,	The his forest	was claused
1	after falling.		
- by the assor	give talling		
·O.C.I. 1.	- 10 1/ · · · · · · ·	1 1	10 10
Bill was wall	ing, the Kitch	1 When he saw	Kadasius on the
Stock	· 1		
Note: If more space is needed	olease use reverse side of form		
Note. If more space is neceed	Nedde dde reverse side of romin		
Injured Body Part - Specify Rig	nt or Left		
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	_torso/back	internal	
shoulder	_hand/arm	other	
14PTNECCCC.			
WITNESSES: Name: Bill Clall	Address:		Phone:
Name: 1511 Clauc	Address:		Phone:
Name:	Address:		Phone:
	- Pag		
Police Contacted: yes no	Fire Contacted: yes (no		Rescue contacted: yes/no
Name:	Name:		Name
* 34.			• •
Transported: year no Transp	oorted to:		
		· · · · · · · · · · · · · · · · · · ·	
CTAFF ACTION For later to a constant	ff responded including blood borne	nathagan pracaduras fallowad: R	ill helped get Kadhius
0.01 11.101	ice after which	D'1:	
	1 -1 -1	act inter from four	illa
The Mis Purden In	WILL TURK	Sol ilong told told	113
Staff in Charge: Harti	Staff completing form: \-	2020 1200 Les-Burgel	IS Time of event: 2100
STATION AND AND AND AND AND AND AND AND AND AN		The state of the s	
Report Filed By:		Date:	Time:
Date/Time Received by Superv	isor:		
Battaj timo nocerodi bij saperi			





CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT	DATE of Incident: 5/27//6
FILAJI, FRIIVI		I / 1	-/: //-
Report should be submitte	ed to the Parks and Recrea	tion Division Manager with	in 24 hours
Location Facility/ Program: (1/	HEVER REL CEMER I MUI	fiorewse)	Phone: 470-306
		Participant age:	
Name of Participant/Injured Par		1501	7
Specific Area where the accider	nt/incident occurred:		
		Db (11)	Dhono (W)
Parent/Guardian:	alleros Plheolo	Phone (H): 2/1040XK	Phone (W):
Address: Will Ri Hen	XX IX MOCK	Herville	Zip: 02902
Description of Accident/Inciden	t (What occured? What was the par	tron doing? Please be as specific as p	
WAS BUMBER &	u awaver Skut	er and fell how	ting his pake
	7	•	, ,
			1
- Note: If-more-space-is-needed-p	olease-use-reverse-side-of-form-		
Injured Body Part – Specify Rigi	ht or (aft)		
leg/foot	head/neck	ears/nose/mouth/teeth	
	torso/back	internal	
shoulder	hand/arm	other	
WITNESSES:			
Name: (MON) - MONS DOWN	Address:		Phone: 434-960-3324
Name:	Address:		Phone:
Name:	Address:		Phone:
[Rescue contacted: yes/no
Police Contacted: yes/100	Fire Contacted: yes/nd/		
Name:	Name:		Name: 7:40
Transported was Transp	oorted to:		
Transported: yes no Transp	ortea to		
STAFE ACTION - Explain how staf	ff responded including blood borne p	nathogen procedures followed:	
ASKIA IL MIGILA	Medical affection.	and was given I	re hark
MANY IX MULLIA	There was made	June 2	/
Staff in Charge: Mike Brown	Staff completing form: Mu	respons	Time of event:
		<u> </u>	
Report Filed By:		Date:	Time:
Date/Time Received by Superv	isor:		





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:		
PLEASE PRINT		x ************************************	5/23/2016		
Report should be submitt	ed to the Parks and Recrea	ation Division Manager with	ain 24 hours		
Location Facility/ Program: Ca		THOSE DIVISION WHAT AGE! WITH	Phone:434-970-3053		
Location Facility/ Program. Cal	iver ket tenter				
Name of Participant/Injured Pa			Participants age: 12		
Specific Area where the accide	nt/incident occurred: Multi-Purp	ose Rm.			
Parent/Guardian:		Phone (H):	Phone (W):		
Jie Lin		Phone (C): 434-760-1936			
Address: 1914 Swanson Dr			Zip: 22901		
Description of Accident/Incide	nt (What occurred? What was the page	atron doing? Please be as specific as	possible.)		
Kids were playing dodge ball ar	nd he ran into the wall trying not	to get hit			
		· · · · · · · · · · · · · · · · · · ·			
Note: If more space is peeded	please use reverse side of form				
Note. If Thore space is freeded	please use reverse side of form				
 Injured Body Part – Specify Rig	ht or Left				
leg/foot x	head/neck	ears/nose/mouth/teeth			
knees	torso/back	ears/1103e/1110atti/teetti	-		
shoulder	hand/arm	other			
Silouldei					
WITNESSES:					
Name: Dorothy Carney	Address: 1708 Galloway Dr.		Phone:434-962-3195		
Name:	Address:		Phone:		
Name:	Address:		Phone:		
Ivaille.	Aduless.		riiolie.		
Police Contacted: no	Fire Contacted: no		Rescue contacted: no		
Name:	Name:		Name		
ivallie.	I Maille.	 	Name		
Transported: Transported t	····				
no					
STAFE ACTION - Evoluin how state	ff responded including blood borne p	athogan procedures followed:			
		tention, was also given an ice pa	rk		
was asked flow bad was tile pa	and and it tiley needed includes at	cention, was also given an ice par	J.K.		
Staff in Charge: Miles Brown	Staff completing form: Mike	n Brown	Time of event: 3:50		
Staff in Charge: Mike Brown	Stan completing form: Mike	e blumii	Time of event: 5:50		
			and the state of t		
Report Filed By:		Date:	Time:		
Date/Time Received by Supervisor:					





CIRCLE ONE:	INCIDENT	ACCIDENT	DATE of Incident:
PLEASE PRINT		<u> </u>	\$\left(1\sim 2\left\right)\$
Report should be submitted	ed to the Parks and Recrea	tion Division Manager with	in 24 hours
Location Facility/ Program:	DIFFO REF FEMAR		Phone: 134-170-3053
Location Facility, Flogram. (A	HUNK PEC CONTEST		Participant age:
Name of Participant/Injured Pa	rty: Freeman Cia		12
Specific Area where the accider	nt/incident occurred: Μίνο ρνε	tox koom	
Parent/Guardian: 📆 i . 🧸	Li.	Phone (H): 434 760 - 1936	Phone (W):
Address: 1914 Swam	son Tr.		Zip: 22901
Description of Accident/Incider	at /What occured? What was the pa	tron doing? Please be as specific as p	ossible.)
Kips with the fenun	g grove were playing	delar but and by	SAN INTO THE WALL
A			
Taying Mi Get !			
 Note:-If-more-space-is-needed-	please-use-reverse-side-of-form-		
Hotel in More apare is installed			
Injured Body Part – Specify Rig	ht or Left		
leg/foot	_head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	_hand/arm	_other	
	100/10/90		
WITNESSES:			The state of the s
Name: Dorothy Corne	Address: 1708 Calle	no and lady	Phone: #34 767-3/1
Name:	Address:		Phone:
Name:	Address:		Phone:
			Bassa santastada de la Caracteria
Police Contacted: yes/ (10)	Fire Contacted: yes/ no		Rescue contacted: yes/no
Name:	Name:		Name:
			1
Transported: yes no Transp	ported to:		
	er to though to this add	math again procedures followed:	
	ff responded including blood borne	patnogen procedures followed:	on; Was given Toe pack
Asked how bad was i	he pain, and did they	need Medical Attention	m. Mis Bretia 40 - bathe
C C C C C C C C C C C C C C C C C C C	Chaff completing forms Miles	D.A. or all	Time of event: 3:50
Staff In Charge: Mile Brown	Staff completing form: Nike	Brown	Time of events grade
	A company of the comp		Time:
Report Filed By:	_	Date:	HIHE.
Date/Time Received by Superv	visor:		





CIRCLE ONE:	INCIDENT:	ACCIDENT: X	DATE of Incident:		
PLEASE PRINT			5/22/16		
Report should be submitt	ed to the Parks and Recrea	tion Division Manager with	in 24 hours		
Location Facility/ Program: Car	Phone: 434-260-4045				
			Participants age:		
Name of Participant/Injured Pa					
Specific Area where the accide	nt/incident occurred: Multipurpo	se room/roller skating			
		L DI	61 700		
Parent/Guardian: Sandra Juare	Ζ .	Phone (H): 434-260-4045	Phone (W):		
Address 1404 Dikkernick In. Ch	anathanilla MA	Phone (C):	Zip: 22902		
Address: 1494 Bitternut Ln., Ch	ianottesvine, va		Zip. 22302		
Description of Accident/Incides	nt (What occurred? What was the pa	tron doing? Please be as specific as i	possible.)		
	Il and bumped her head on the flo				
assistance.	it and battiped her head on the in	Sort Sile Bot back up and mas file	yong alan troquestios si		
assistatios.					
Note: If more space is needed	please use reverse side of form				
•					
Injured Body Part – Specify Rig	ht or Left	·			
leg/foot X	head/neck	ears/nose/mouth/teeth			
knees	_torso/back	_internal			
shoulder hand/arm other					
WITNESSES:	1				
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		
T	L.				
Transported: Transported	to:				
STAFF ACTION Evolain how sta	ff responded including blood borne p	athogen procedures followed:			
	dical attention and offered her a				
Ottor yr united it one fleeded file	man autorous, and orior as flor di				
Staff in Charge: Mike Brown	Staff completing form: Lara	McLellan	Time of event: 5 pm		
	1				
Report Filed By: Lara McLellar	1	Date: 5/22/16	Time: 5:15 pm		
Date/Time Received by Superv					





CIRCLE ONE:	INCIDENT	ACCIDENT A	DATE of Incident: 5/22/14
PLEASE PRINT		75	7/27/14
Report should be submitt	ed to the Parks and Recrea	ation Division Manager with	
Location Facility/ Program:	eurre rel unter		Phone:
	A SARA ROSA		Participant age:
Name of Participant/Injured Pa			
Specific Area where the accide	nt/incident occurred: 🛮 🚜 👍	'yKating (MVITI-PVV)	00/E)
		Phone (II)	Phone (W):
Parent/Guardian:	Nacez	Phone (H): 2/2	Priorie (W).
Address: 1494 (1470)	A / No Obselettes	WIR I A STORY	Zip: 32113
Address: 19 921 1)/7/1//C	J DO ON WING TO		
Description of Accident/Incide	nt (What occured? What was the pa	tron doing? Please be as specific as p	oossible.)
Rallice Stalling	CH and lama	of hose Locator	tho
ESWA CHANKA	1300 UN CUIP	a some some	
Hwa			
· · · · · · · · · · · · · · · · · · ·			
			•
	t and affective		
-Note: it-more-space-is-needed	please-use-reverse-side-of-form-		
Injured Body Part – Specify Rje	sht or Left		
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm	other	
3,1041401			
WITNESSES:			
Name Dadra Bracez	Address: JAVI BITTO	not IN	Phone: 154 9 of 400
Name:	Address:		Phone:
Name: Makey I fonck - Ord			Phone: 9 34-960-2531
Hames Mary 1 Wisse Da	,		
Police Contacted: yes/ ho	Fire Contacted: yes/no		Rescue contacted: yes/no
Name:	Name:		Name:
	1		-
Transported: yes no Trans	ported to:		
STAFF ACTION - Explain how sta	aff responded including blood borne	pathogen procedures followed:	
USKEL IT She Alla	led medical afterfur	and was officed	KEPACK
170			r
		1	
Staff in Charge:	Staff completing form: MW.	(2 DIROWN	Time of event: 5:05 p/n
- 1 11/V 1/1 V V	***		ž .
Report Filed By:		Date:	Time:
Date/Time Received by Suner			





CIRCLE ONE:	I INCIDENT:	ACCIDENT: X	DATE of incident:			
PLEASE PRINT	<u> </u>		5/21/16			
Report should be submitted to the Parks and Recreation Division Manager within 24 hours						
Location Facility/ Program: Car	Phone: (434) 970-3053					
Location Facility Frograms ca.	ver neereadon, open aym basic		Participants age:			
Name of Participant/Injured Pa	rty: Mitahii Cooper		15			
	nt/incident occurred: Basketball (Gum	13			
Specific Area where the acciden	MANUELLE OCCUTEG. DASKELDAN	dyili				
5 · / 6 · /						
Parent/Guardian:		Phone (H): (434) 227-8367	Phone (W):			
Janisha Cooper		Phone (C):				
Address: 408 Riverside Ave, Ch	ariottesville, VA		Zip: 22903			
		tron doing? Please be as specific as p				
		other player. Mitahjj chipped his	tooth and continued playing			
after the area was secured by J	amar and cleaned by Heidi.					
						
Note: If more space is needed p	danca usa ravarsa sida of farm	•				
Note: If more space is needed p	nease use reverse side of form	·				
fairmed Bady Dank Casally Bigh	ha a u l aft	,				
Injured Body Part – Specify Rigi						
	head/neckX	ears/nose/mouth/teeth				
kneestorso/backinternal						
shoulder		_other				
,						
WITNESSES:						
Name: Jamar Pierre-Louis	Address: 759 King Street		Phone: (434) 882-0559			
Name:						
	Address:		Phone:			
Name:	Address:					
	ļ		Phone:			
	ļ		Phone:			
Name:	Address:		Phone:			
Name: Police Contacted: no	Address: Fire Contacted: no		Phone: Phone: Rescue contacted: no			
Name: Police Contacted: no Name:	Address: Fire Contacted: no Name:		Phone: Phone: Rescue contacted: no			
Name: Police Contacted: no	Address: Fire Contacted: no Name:		Phone: Phone: Rescue contacted: no			
Name: Police Contacted: no Name:	Address: Fire Contacted: no Name:		Phone: Phone: Rescue contacted: no			
Name: Police Contacted: no Name: Transported: no Transporte	Address: Fire Contacted: no Name: d to:	athogen procedures followed:	Phone: Phone: Rescue contacted: no			
Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how staf	Address: Fire Contacted: no Name: d to: f responded including blood borne page		Phone: Phone: Rescue contacted: no Name			
Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how staf Jamar guarded the area while H	Address: Fire Contacted: no Name: d to: f responded including blood borne poleidi went and got gloves, sharp	container, broom, and dust pan a	Phone: Phone: Rescue contacted: no Name s stated in blood borne			
Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how staf Jamar guarded the area while is pathogen procedures. The area	Address: Fire Contacted: no Name: d to: f responded including blood borne processed went and got gloves, sharp of was swept where tooth fragment		Phone: Phone: Rescue contacted: no Name s stated in blood borne			
Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how staf Jamar guarded the area while H	Address: Fire Contacted: no Name: d to: f responded including blood borne processed went and got gloves, sharp of was swept where tooth fragment	container, broom, and dust pan a	Phone: Phone: Rescue contacted: no Name s stated in blood borne			
Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how staf Jamar guarded the area while is pathogen procedures. The area	Address: Fire Contacted: no Name: d to: f responded including blood borne processed went and got gloves, sharp of was swept where tooth fragment	container, broom, and dust pan a	Phone: Phone: Rescue contacted: no Name s stated in blood borne			
Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how staf Jamar guarded the area while H pathogen procedures. The area equipment was rinsed with a w	Address: Fire Contacted: no Name: d to: fresponded including blood borne proceed went and got gloves, sharp or was swept where tooth fragmentater/bleach solution.	container, broom, and dust pan a nts were located and placed in th	Phone: Phone: Rescue contacted: no Name s stated in blood borne e sharp container. The			
Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how staf Jamar guarded the area while is pathogen procedures. The area equipment was rinsed with a w Staff in Charge: Jamar	Address: Fire Contacted: no Name: d to: f responded including blood borne processed went and got gloves, sharp of was swept where tooth fragment	container, broom, and dust pan a nts were located and placed in th	Phone: Phone: Rescue contacted: no Name s stated in blood borne			
Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how staf Jamar guarded the area while I- pathogen procedures. The area equipment was rinsed with a w Staff in Charge: Jamar Heidi Wootten-Douglas (MOD)	Address: Fire Contacted: no Name: d to: fresponded including blood borne proceeding went and got gloves, sharp or was swept where tooth fragmentater/bleach solution. Staff completing form: Jama	container, broom, and dust pan a nts were located and placed in th ar	Phone: Phone: Rescue contacted: no Name s stated in blood borne e sharp container. The Time of event: 3:05PM			
Name: Police Contacted: no Name: Transported: no Transporte STAFF ACTION – Explain how staf Jamar guarded the area while is pathogen procedures. The area equipment was rinsed with a w Staff in Charge: Jamar	Address: Fire Contacted: no Name: d to: fresponded including blood borne poleidi went and got gloves, sharp a was swept where tooth fragmentater/bleach solution. Staff completing form: Jaman-Douglas	container, broom, and dust pan a nts were located and placed in th	Phone: Phone: Rescue contacted: no Name s stated in blood borne e sharp container. The			





parks & recreation

CIRCLE ONE:	INCIDENT	ACCIDENT		DATE of Incident:
PLEASE PRINT		<u> </u>	\nearrow \angle	5/4/16
Report should be submitt	ed to the Parks and Recre	ation Division	n Manager with	in 24 hours
Location Facility/ Program: (wher REC/OPE	O GUM	Bashestrall	Phone: (434)970-3053
Name of Participant/Injured Pa		91.5	The second	Participant age:
Name of Participant/Injured Pa	nt/incident occurred: Bask	M 11 c.		
Specific Area where the accide	int/incluent occurred. Yaska	JOHN CY	()	
Parent/Guardian:	Lmasc	Phone (H):	- <u> </u>	Phone (W):
Address: Aod Ther Cha	116			Zip:
			,	
	nt (What occured? What was the pa			
ment to stem	the bull & Wall of	uninspire	y chooned	an another burder.
Chapped his touth	3 Working of Pluping	Ufter the	Grew Was	lewie A.
10)		
-Note: If-more-space-is-needed-	please-use-reverse-side-of-form-			
Injured Body Part – Specify Rig		ears/nose/m	auth Maath	
leg/foot	_head/neck	ears/nose/n internal	louthyteeth	
knees	_torso/back	other		
shoulder	_hand/arm	Ottle1		
WITNESSES:				
Name: Jumus Pierre- Vois	Address: 759 King St.			Phone: 434-442-0559
Name:	Address:			Phone:
Name:	Address:	•		Phone:
Police Contacted: yes/no	Fire Contacted: yes/(no)			Rescue contacted: yes/(o)
Name:	Name:			Name:
Transported: yes to Trans	ported to:			
CTASE ACTION 5	ss	notheren presed	uras fallowads	
	ff responded including blood borne			interior, brown dust fun
	a while heidi Went a	, , ,		
ppb but porter most were sport fractioners more i Black prouse in punity propries.				
Staff in Charge: Tymar	Staff completing form: Tur	na.		Time of event: 3:05
Sent in ciciese. JAIAM	Total combinering to the			
Report Filed By:	<u>aan jameen kankaista ka ka maranganga para an kananaka akkan ka maran kikanjanta an kilamaan kanana</u>	Date:	errollina maragona (1772 g. 1888) gaga gasa ¹⁸ delinanta ta anno ata tirrollita da teng	Time:
Data/Time Received by Superi	doors	1		





CIRCLE ONE:	INCIDENT:	ACCIDEND	DATE of Incident:		
PLEASE PRINT			5-10-16		
Report should be submitted to the Parks and Recreation Division Manager within 24 hours					
Location Facility/ Program: Car	ver Recreation Center		Phone(434)970-3053		
			Participants age:		
Name of Participant/Injured Pa			23 Months		
Specific Area where the accide	nt/incident occurred: Gymnasiur	n			
Devent/Guardian, Cina Langfa	· d	Phone (H):	Phone (W):		
Parent/Guardian: Gina Langfor	a	Phone (C): (210)365-2605	Filone (vv).		
Address: 1208 Agnese Street. (Zip: 22901				
		atron doing? Please be as specific as			
		a hoop. His foot stepped on the			
and he tripped and fell but cou	ld not catch himself. His face hi	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 uppe	r lip I suggested that she call his		
Pediatrician or take him to the	ER because he might need a stit	ch or two. The grandmother said	quite rudely that "they don't		
Give stitches in the lip". I still e	ncouraged the mom to get medi	cal treatment.			
	Nancy Bu	irney, Assistant Manager			
Note: If more space is needed	please use reverse side of form				
Injured Body Part — Specify Rig	ht or Left				
leg/foot	head/neckX	ears/nose/mouth/teeth			
knees	torso/back	internal			
shoulder	hand/arm	other			
WITNESSES:	·				
Name:Jennifer Jones	Address: 115 Old Fifth Circle, 0	Charlottesville, VA, 22903	Phone:(703)307-9300		
Name:	Address:		Phone:		
Name:	Address:		Phone:		
Balica Contacted was (no	Fire Contacted: yes (no)		Rescue contacted: yes(no)		
Police Contacted: yes/no Name:	Name:		Name		
ivaine.	Maille.	-	Walle		
Transported: yes no 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: Cha	se Green	Time of event: 11:15 AM		
Report Filed By:Chase Green Date:5/9/2016 Time: 1:30p					
Date/Time Received by Supervisor:					





CIRCLE ONE:	INCIDENT	ACCIDENT	DATE of Incident:	
PLEASE PRINT	BOGTOLLIV	Thursted life	15-10-70	
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
		tion Division Manager with	Phone:	
Location Facility/ Program:	Carre		1 17 - 11 - 1	
Name of Participant/Injured Pa	irty: BESTER LUKE	Lang Ford	Participant age: 23 Mondos	
Specific Area where the accide	nt/incident occurred:	9. WM 3		
Parent/Guardian:	langeord	Phone (H): 2005	Phone (W):	
Address: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MINEST ST O-NINC		Zip: 12,240 1	
Description of Accident/Incide	nt (What occured? What was the par			
child was		£	nolding huja	
houp, Andore			re Floor, Child	
TAPAR INVERS	of from the n	nowth, heeding	WELS STOROLLA	
In and 28				
M 340 A				
–Note: If-more-space-is-needed-	please-use-reverse-side-of-form-			
	1 6.			
Injured Body Part – Specify Rig		ears/nose/mouth/teeth		
leg/foot	_head/neck	ears/nose/modul/teetii		
knees	torso/back			
shoulder	_hand/arm	_other		
LANTA IROCEG.				
WITNESSES:	Address: 18 Old Fifth	1 /3rt 22509	Phone: 703-307-930	
Name: Tennifer Junes		<u>r Aril Qaeroy</u>	Phone:	
Name:	Address:		Phone:	
Name:	Address:		FIIUIE	
Dallar Cantontonia von Maria	Fire Contacted: yes/10		Rescue contacted: yes/no	
Police Contacted: yes/no			Name:	
Name:	Name:		realite.	
Towns to the Control of the Control	- avtad to:	·	Ì	
Transported: yes no Transported to:				
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:				
blood was chanted of using				
î				
Staff in Charges (3) (3) (4 a c	Staff completing form: //s.c.	8 1 man	Time of event: 11115	
Staff in Charge: Charle Completing form: Charle Charles Time of event: 11:75				
Depart Filed Dry A	the state of the s	Date:	Time:	
Report Filed By: (2) Date/Time Received by Superv	isor:	Date.	111111111111111111111111111111111111111	
- Date/ Hittle RECEIVED DV SUDEN	113UL.			