



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: stolen phone	ACCIDENT	DATE of Incident: 5/7/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			<input checked="" type="checkbox"/>
Location Facility/ Program: Carver Recreation Center (Multi-Purpose Room)		Phone: 434-806-2170	
Name of Participant/Injured Party: Nicole Barney		Participants age:	
Specific Area where the accident/incident occurred: in the Multi-Purpose Room in the kitchen			
Parent/Guardian:	Phone (H): N/A	Phone (W): N/A	
Address: 301 Lyde Avenue #1086 Louisa, VA		Phone (C): (434) 806-2170	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible): My phone was left on the counter with the walkie-talkie on the phone, <del>left</del> after on the floor for 3-4 minutes I noticed my phone was gone and the walkie-talkie was in the same area. The counter looked over and the area asked patrons if they had an announcement over the intercom.			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm	other	
WITNESSES:			
Name:	Address:		
Name:	Address:		
Name:	Address:		
Police Contacted: yes/no	Fire Contacted: yes/no		
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: I immediately called 911 a police officer came quickly (Officer Harvey) investigated the scene and it appeared under the place in the kitchen that was already looked at!			
Staff in Charge: Shawn Daniel	Staff completing form: Nicole Barney	Time of event: 10:15	
Report Filed By: Nicole Barney	Date: 5/7/16	Time: 10:30	
Date/Time Received by Supervisor: Shawn Daniel			

Harvey BN CP35

434-970-3280

Nicole Barney

Stolen phone.



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CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT	DATE of Incident: 5/8/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver - Lower Parking Deck		Phone:	
Name of Participant/Injured Party: Ford Explorer		Participant age:	
Specific Area where the accident/incident occurred: middle part of parking lot, closest to wall			
Parent/Guardian:		Phone (H):	Phone (W):
Address:		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
When Rian got in the car and shut the door, the rear passenger trunk window shattered out. Kylie called non-emergency police. Police came, three bullets/be-be's were found on the ground. A police report was filed. Rian took the vehicle to City yard. No other vehicles were found to be damaged.			
Note: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left			
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm	other	
WITNESSES:			
Name: Rian Anthony	Address:	Phone:	
Name: Kylie Compre	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ no	Fire Contacted: yes/ no	Rescue contacted: yes/ no	
Name:	Name:	Name:	
Transported: yes no Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
Glass was swept up and disposed in "Sharps" container.			
Staff in Charge:	Staff completing form: Kylie Compre	Time of event: 10:15am	
Report Filed By: Kylie Compre	Date: 5/8/16	Time: 11:25am	
Date/Time Received by Supervisor: 11:25am			

