

City of Charlottesville Parks and Recreation Department ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT:	ACCIDENT	DATE of Incident:			
PLEASE PRINT	Stolen Onone		5/7/16			
Report should be submitted to the Parks and Recreation Division Manager within 24 hours						
Location Facility/ Program: (Corver Recreati	on Center (Mythans	Phone: 42480 6 2 1 7 0			
	alian o	1 (20)	Participants age:			
Name of Participant/Injured Pa						
Specific Area where the accider	nt/incident occurred: 10 +	he Muthpurpose	Room in the			
Parent/Guardian:		Phone (H): N	Phone (W):			
Parent/Guardian.	and the second of the second o	Phone (C):(434) 804	Frione (w).			
Address: 30 \ Ludo	Avenue #1081	C Louisa. V				
		y .	there is a second to the secon			
Description of Accident/Incider	nt (What occurred? What was the pa	atron doing? Please be as sr				
My phone	was left o	n the				
with the	walk e-tall	(ie on	11 -1- 211 -075			
ohore 1	a CATE	on the	Harvey BN CISS			
Hoor for	3-4 MINU	HS O	/			
my Ohane	Was and	e and	Harvey BN CP35 434-970-3280			
talkie was	an the	Same 5				
the count	- lanked	over and				
the area a	shod potrons	sc they	<u>.</u>			
an ahoureen	ent over the	*Whero h	Micale Daney			
Note: If more space is needed	olease use reverse side of form					
			Stolen Phone.			
Injured Body Part – Specify Rigi		<u> </u>	spoker have,			
leg/foot	head/neck	ears/nose/moutn/teetr	*			
	torso/back	internal				
shoulder	_hand/arm	other				
WITNESSES:						
Name:	Address:					
Name:	Address:					
Name:	Address:					
	Sinc Country to division of					
Police Contacted (yes/ no	Fire Contacted: yes/no					
Name:	Name:					
Transported: yes no Transp	orted to:					
			imediatly			
On Carlo Car						
Officer Harvey) investigated the scene and it						
oppeared under the place in the kitchen that was alread						
Staff in Charge: Shaw Staff completing form: Niche Barney Time of event: 10.15						
Ponie! at!						
Report Filed By: Nicole Barney (Date: 5/1/16 Time: 10:38)						
Date/Time Received by Supervisor:						



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PLEASE PRINT			-5/8/16			
Report should be submitted to the Parks and Recreation Division Manager within 24 hours						
Location Facility/ Program:	Carver - Lower	Paskers Dark	Phone:			
Location racinty/ rrogram.	Carlot - cooce	The state of the s	Participant age:)			
Name of Participant/Injured Pa	rty: Ford Explores	r	and the same of th			
Specific Area where the accider	nt/incident occurred:	lite portion lot	closest to wall			
Specific Area where the accider	TO METALLIC OCCUTICATION	A CONTRACTOR OF THE CONTRACTOR				
Parent/Guardian:		Phone (H):	Phone (W):			
Address:			Zip:			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Description of Accident/Inciden	nt (What occured? What was the pat	ron doing? Please be as specific as p	ossible.)			
When Ria						
			Ky he called			
<u>rear passenger</u>	more window	shottered out.	The carrier			
non- emergency.	police. Police	came three	bullets/bo-be3			
were hund for	i the amount	XI A police	report was			
A - 1 - 1 - 2		the Ct was	No other			
Med Kiaan to		75 1.19 Jan.				
vehicles were	book to be di	annagen .				
*						
-Note: If-more-space-is-needed-p	olease-use-reverse-side-or-to-in-					
Latinard Date Doub Consider Died	ht ar laft					
Injured Body Part – Specify Rigi	head/neck	ears/nose/mouth/teeth				
leg/foot	torso/back	internal				
knees		other				
shoulder	hand/arm	_Ottlel				
MARTINECCEC.						
WITNESSES:	Address:		Phone:			
Name: Rican Anthony	Address:		Phone:			
Name: Kali (pmptc			Phone:			
Name: /	Address:		Thomas .			
Palice Contacted work no	Fire Contacted: yes/ no		Rescue contacted: yes/ no			
Police Contacted: yes/ no			Name:			
Name:	Name:					
Transported: yes no Transported to:						
Hansported, yes no Hansported to.						
STAFF ACTION Explain how staff responded including blood borne pathogen procedures followed:						
Glass was swept up and disposed in "Shalps" containes.						
Carrie And his At any Transfer of the Contract						
Staff in Charge:	Staff completing form:	in Common	Time of event: 10:15000			
Start in Charge.	Staff completing form:	uc verific				
Departs File of Dec		Date: 5/8/1%	Time: // 25am			
Report Filed By: Karlow Superv	<u>Compre</u>	Date: 3/0/1/0	1111Co \$ 1. Se 26 1 1 5			
L. Date/Time Received by Sunery	isor: 12 2< am					



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PLEASE PRINT			1-3/8/16			
Report should be submitted to the Parks and Recreation Division Manager within 24 hours						
Location Facility/ Program:	Carrer - Lower	Pasking Deck	Phone:			
Eocason racinty riogram.	Tarver - Lever	V Service Serv	Participant age:)			
Name of Participant/Injured Pa	ity: Ford Explore	C				
Specific Area where the accident/incident occurred: middle got of parking lot, closest to walk						
			,			
Parent/Guardian:		Phone (H):	Phone (W):			
Address:			Zip:			
Description of Accident/Incider	it (What occured? What was the par	tron doing? Please be as specific as p	ossible.)			
When Ria	an act in the	e car and sh	it the door, the			
Than passender	twork window	chattered out	Kulie called			
100	- notice . Police	range three	bullets be - be's			
Mon-amergenly		1				
Were hound on	3					
Med Rigan to		 				
vehicles were	book to be d	arraised.				
			man property			
			Officer Craig SOROTE.			
		1	(1/21/ 7/2 1/10			
 Note:-If-more-space-is-needed-	please-use-reverse-side-of-form		(937/ 160-9/03			
•	-					
Injured Body Part – Specify Rig						
leg/foot	_head/neck	ears/nose/mouth/teeth	02010-121110			
knees	_torso/back	_internal	12010 02999			
shoulder	_hand/arm	<u>other</u>	The second secon			
WITNESSES:		pro-				
Name: Rican Anthorn	Address:					
Name: Kala (pmok	Address:					
Name:	Address:	······································				
Arian.						
Police Contacted: yes/ no	Fire Contacted: yes/ no					
Name:	Name:	:				
		·				
Transported: yes no Transp	ported to:					
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed						
Glass was swept up and disposed in						
Staff in Charge: Staff completing form: Karic Cempce						
Star in charge.						
Report Filed By:	Compré	Date: 5/8/16	Time: //:25am			
Date/Time Received by Superv		1				