





City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



Staff in Charge: Heidi	Staff completing form: Shaniece	Time of event: 6:15p
Report Filed By: Shaniece Bradford	Date:03-24-16	Time: 6:15
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: 3/20/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER SKATING		Phone: (434) 964-6078	
Name of Participant/Injured Party: ANNA JOHNSON		Participants age: 40	
Specific Area where the accident/incident occurred: MULTI-PURPOSE ROOM			
Parent/Guardian:		Phone (H):	Phone (W):
Address: 4744 WREN COURT		Phone (C): (434) 964-6078	Zip: 22911
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
PATRON WAS SKATING IN MULTI-PURPOSE ROOM. PATRON FELL AND HIT HER BACK ON THE HARDWOOD FLOOR. SHE ROLLED OVER ON HER RIGHT SIDE AND SCREAMED.			
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 checked="" 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: 7607531	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <input checked="" type="checkbox"/> no	Fire Contacted: yes/ <input checked="" type="checkbox"/> no	Rescue contacted: <input checked="" type="checkbox"/> yes/no	
Name:	Name:	Name	
Transported: yes no Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
CHERYL RAN TO CHECK ON PATRON. CHERYL RADIOED HEIDI TO COME TO MULTI PURPOSE ROOM. CHERYL ASKED PATRON IF SHE WANTED RESCUE SQUAD TO COME. PATRON SAID YES. HEIDI CALLED 911 AND WAITED FOR RESCUE SQUAD.			
Staff in Charge: CHERYL MARGARET	Staff completing form: C. BROOKS-DAVIS	Time of event: 5:00pm	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			

SAID YES. HEIDI CALLED 911 AND WAITED FOR RESCUE SQUAD.

## **Burney, Nancy**

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**To:** Anthony, Riaan; Cheryl Brooks-Davis (cbrooks2@k12albemarle.org); Margaret Carey (margaret.carey@charlottesvilleschools.org); Heidi Wooten-Douglas (mrswoot0239@gmail.com); McKenzie, Justin  
**Subject:** Anna Johnson

Team,

I just wanted to let you all know that I called Anna Johnson a few minutes ago and she said she was very very sore from her fall and the doctor told her that her injury was all muscle related. She had no broken bones and she said it was nothing serious.

Thanks to all who helped her, good job!

Nancy Burney, Assistant Manager

Carver Recreation Center  
233 4<sup>th</sup> Street, NW  
Charlottesville, VA 22903

434-970-3622 (O)

434-962-5289 (C)

[burneyn@charlottesville.org](mailto:burneyn@charlottesville.org)



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ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT <input checked="" type="checkbox"/>	DATE of Incident: 3/20/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER SKATING		Phone: (434) 964-6078	
Name of Participant/Injured Party: ANNA JOHNSON		Participants age: 40	
Specific Area where the accident/incident occurred: MULTI-PURPOSE ROOM			
Parent/Guardian:		Phone (H): Phone (C): (434) 964-6078	Phone (W):
Address: 4744 WREN COURT		Zip: 22911	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) PATRON WAS SKATING IN MULTI-PURPOSE ROOM. PATRON FELL AND HIT HER BACK ON THE HARDWOOD FLOOR. SHE ROLLED OVER ON HER RIGHT SIDE AND SCREAMED.			
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 checked="" 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: 9607531	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <input checked="" type="checkbox"/> no	Fire Contacted: yes/ <input checked="" type="checkbox"/> no	Rescue contacted: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no	
Name:	Name:	Name:	
Transported: yes no    Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: CHERYL RAN TO CHECK ON PATRON. CHERYL RADIOED HEIDI TO COME TO MULTI PURPOSE ROOM. CHERYL ASKED PATRON IF SHE WANTED RESCUE SQUAD TO COME. PATRON SAID YES. HEIDI CALLED 911 AND WAITED FOR RESCUE SQUAD.			
Staff In Charge: CHERYL	Staff completing form: C. BROOKS-DAVIS	Time of event: 5:00pm	
Report Filed By: MARGARET		Date:	Time:
Date/Time Received by Supervisor:			

SAID YES. HEIDI CALLED 911 AND WAITED FOR RESCUE SQUAD.



City of Charlottesville  
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ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT	<u>ACCIDENT</u>	DATE of Incident: <del>3/3</del> 3/4/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Multi Purpose Room/Skating</u>		Phone:	
Name of Participant/Injured Party: <u>Jacob Strumlauf</u>		Participant age: <u>6</u>	
Specific Area where the accident/incident occurred: <u>Multi Purpose Room</u>			
Parent/Guardian: <u>Daniel Strumlauf</u>		Phone (H):	Phone (W):
Address:		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) <u>Jacob hit his head on a chair while skating. He was trying to sit down &amp; moved a little too fast</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>Daniel Strumlauf</u>	Address: <u>1900 State Mill branch Rd.</u>		Phone: <u>474-8821219</u>
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"/> Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: <u>Cherijl got the child a bag of ice.</u>			
Staff in Charge: <u>Justin McKenzie</u>	Staff completing form: <u>Cherijl</u>	Time of event: <u>7:40p</u>	
Report Filed By: <u>Tren Jones</u>	Date: <u>3/4/16</u>	Time: <u>7:50p</u>	
Date/Time Received by Supervisor:			