



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: <input checked="" type="checkbox"/>	ACCIDENT: <input type="checkbox"/>	DATE of Incident: 02/27/16
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: Demetrius Christmas		Participants age: 15	
Specific Area where the accident/incident occurred: Upstairs hallway			
Parent/Guardian:		Phone (H):	Phone (W):
		Phone (C): (434) 806-5658	
Address: 926 B South First St, Charlottesville			Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Demetrius was asked repeatedly by Heidi to take his hood off. Each time he was asked, he took it off, but put it back on			
Very soon after. The second or third time he was asked, he argued that it wasn't on completely, but was reminded that the			
Rule is to keep hoods off completely. At 5:42p after the fourth time, Heidi told him he had to leave for the day for disrespecting			
The rules and staff requests. On his way out, he said "Fuck this" and left.			
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: La'Naje' Bledsoe	Address: 922 Charlton Ave	Phone: (434) 882-0773	
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:			
Heidi asked Demetrius repeatedly to follow the rules and when he blatantly disregarded them, he was asked to leave.			
Antione confirmed he left the building.			
Staff in Charge: Heidi	Staff completing form: Heidi Wootten-Douglas	Time of event: 5:42p	
Report Filed By: Heidi Wootten-Douglas	Date: 2/28/16	Time: 5:11p	
Date/Time Received by Supervisor:			



**City of Charlottesville
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CIRCLE ONE: PLEASE PRINT	INCIDENT: X	ACCIDENT	DATE of Incident: 2/21/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec Center/Open Basketball		Phone: (434) 284-3485	
Name of Participant/Injured Party: Eliot Stevenson		Participants age: 14	
Specific Area where the accident/incident occurred: Gymnasium			
Parent/Guardian: Donald Stevenson		Phone (H):	Phone (W):
		Phone (C): (434) 284-3485	
Address: 514 Moseley Dr, Charlottesville, VA			Zip: 22903
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
At 6pm, Eliot came down to the front desk and informed Elizabeth that he could not find his phone. Elizabeth called Heidi on the radio to come downstairs to assist. Heidi came down and Elizabeth was already looking on the camera. Eliot pointed out his backpack, which was lying on the floor just barely in view of the GYM 3 camera. Eliot is unable to be seen sitting near his property, but reappears from the direction of the bench at 5:48pm. It is believed that the phone was taken from his backpack sometime after this point; however, we were unable to view anything due to the placement of the backpack. Eliot was advised to call his father since it was after-hours. His father came in and was told that he could call the police and they would be able to obtain whatever footage they needed. After talking with his son, they decided to try using built-in location services to try to locate the phone after leaving.			
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:	Phone:	
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:			
As detailed above, Elizabeth called Heidi, who took over checking the camera and advised Eliot's father as to his options, which included calling the police. Shaniece reminded them both that locks are available for free for use with the lockers upstairs.			
Staff in Charge: Heidi Wootten-Douglas	Staff completing form: Heidi	Time of event: 6:00pm	
Report Filed By: Heidi	Date: 2/24/2016	Time: 5:23pm	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT <input checked="" type="checkbox"/>	DATE of Incident: 2-27-16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Cacer Rec</u>		Phone:	
Name of Participant/Injured Party: <u>Abdul Arbab</u>		Participant age: <u>16</u>	
Specific Area where the accident/incident occurred:			
Parent/Guardian: <u>Naseem Arbab</u>		Phone (H): <u>434-227-7476</u>	Phone (W):
Address: <u>2002 Greenbrier Dr.</u>		Zip: <u>22901</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Abdul turned his ankle playing a basketball game in the gymnasium</u>			
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: <u>Jaquan Wood</u>	Address: <u>705 Ridge St.</u>	Phone: <u>434-227-0585</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>Was given ice</u>			
Staff in Charge: <u>Chase Green</u>		Staff completing form: <u>Chase Green</u>	Time of event: <u>3:45</u>
Report Filed By: <u>Chase Green</u>		Date: <u>2-27-16</u>	Time: <u>4:11pm</u>
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT	<u>ACCIDENT</u>	DATE of Incident: 2-26-16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carroll Recreation Center</u>		Phone:	
Name of Participant/Injured Party: <u>LJ Harmon</u>		Participant age: <u>21</u>	
Specific Area where the accident/incident occurred: <u>Gymnasium</u>			
Parent/Guardian:		Phone (H): <u>540-383-8670</u>	Phone (W):
Address: <u>2738 glennwood rd</u>		Zip: <u>24590</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Accidental pass hit LJ in the face and caused a nose bleed while playing basketball.</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>Brandon Doss</u>	Address: <u>835 N. Mallside Forest Ct 22901</u>	Phone: <u>434-569-6782</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"/> no Transported to: _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<u>used ice for nose, paper towel for blood. No blood on floor</u>			
Staff in Charge:	Staff completing form: <u>Chase Green</u>	Time of event: <u>1:30 pm</u>	
Report Filed By: <u>Chase Green</u>	Date: <u>2-26-16</u>	Time: <u>1:45 pm</u>	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	<u>INCIDENT</u>	ACCIDENT	DATE of Incident: 02/15/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>M/F/US Restroom 2nd Floor (Curver Rel.)</u>		Phone: (434) 882-3174	975-8063
Name of Participant/Injured Party: <u>ERIC GILCHRIST</u>		Participant age:	
Specific Area where the accident/incident occurred: <u>M Restroom 2nd floor</u>			
Parent/Guardian: _____		Phone (H): <u>(434) 882-3174</u>	Phone (W):
Address: <u>511 First St N Apt. 211, Coville</u>		Zip: <u>22901</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>ERIC Returned to his locker after working out in the fitness center ~ 4:45p. Noticed his pants on the floor and his black leather wallet missing from his coat. Eric checked trash cans around the restrooms in case it was dumped but had no luck.</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 type="checkbox"/> hand/arm	<input type="checkbox"/> other _____	
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ no	Fire Contacted: yes/ no	Rescue contacted: yes/ no	
Name: <u>Will Contact when returns home</u>	Name:	Name:	
Transported: yes no Transported to: _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<u>Took Eric's info, description of the wallet, and recommended calling the non emergency police #.</u>			
Staff in Charge: <u>Justin M.</u>	Staff completing form: <u>Justin McKenzie</u>	Time of event: <u>5:45</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT	<u>ACCIDENT</u>	DATE of Incident: 2-12-16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>SKATING</u>		Phone:	
Name of Participant/Injured Party: <u>MITCHELL VOLENTINE</u>		Participant age: <u>7</u>	
Specific Area where the accident/incident occurred: <u>LEFT HAND - MIDDLE, RING, POINTER</u>			
Parent/Guardian: <u>CRAIG VOLENTINE</u>	Phone (H): <u>757-272-3176</u>	Phone (W):	
Address: <u>74 CANTONBURY RD</u>		Zip: <u>22903</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>CHILD WAS COMING OUT OF BATHROOM, PLACED HIS LEFT HAND IN DOOR WHERE HINGES ARE. DOOR CLOSED ON HIS HAND/FINGERS. CHERYL HEARD CHILD SCREAM & OPENED DOOR TO RELEASE HIS HAND.</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 <u>LEFT</u>	<input type="checkbox"/> other	
WITNESSES:			
Name: <u>N/A</u>	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:			
<u>STAFF IMMEDIATELY GAVE BAG OF ICE TO PARENTS TO PLACE ON HAND.</u>			
Staff in Charge: <u>CHERYL BROOKS-DAVIS</u>	Staff completing form: <u>KAREN CAMBELLETTA</u>	Time of event: <u>7:10pm</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			