



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: <input checked="" type="checkbox"/> ACCIDENT	DATE of Incident: 01/31/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours		
Location Facility/ Program: Carver Rec Center/Open Gym Basketball		Phone:
Name of Participant/Injured Party: Elnor Musayev		Participants age: 15
Specific Area where the accident/incident occurred: Corner of Basketball gym		
Parent/Guardian: Muhkahbat Musayev	Phone (H): Unknown Phone (C):	Phone (W):
Address: 2204 N. Berkshire Apt A, Charlottesville, VA		Zip: 22901
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)		
Elnor came in at 2:10p with his friend Itiel and played basketball. He put his jacket down, put his phone with his jacket and had his friend put his jacket on top. Around 4:05p, Elnor noticed his phone was missing so he tried tracking it with his friend's phone. It was still in the building so he came to the front desk to talk to Elizabeth at 4:09p. Heidi was downstairs and took over looking at the camera. Elnor ran back upstairs to talk to his friend. He ran back down and went to Cheryl in skating, went to the Teen Center where his friend ended up later to talk to him again. He came back to the front desk and called the police using his friend's phone. Officer B.N. Harvey CP35 came to talk to Elnor and review video. He took info and provided Carver Case number C2016-00548 and a request for video surveillance from 2:10p to 4:09p from camera Gym 2.		
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: Itiel Navas	Address: 2204 Wayne Ave., Charlottesville, VA 22901	Phone: (434) 409-5787
Name:	Address:	Phone:
Name:	Address:	Phone:
Police Contacted: yes	Fire Contacted: no	Rescue contacted: no
Name: B.N. Harvey	Name:	Name:
Transported: no Transported to:		
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:		
Heidi and Elizabeth reviewed the camera. Cheryl directed Elnor back to front desk when he came to skating. Heidi advised Elnor on his options, including calling the cops. Heidi asked Molly to watch out for aggressive behaviors in the gym from Elnor and spoke to officer when he arrived, including reviewing footage with him and offering a copy to be provided later.		
Staff in Charge: Heidi	Staff completing form: Heidi Wootten-Douglas	Time of event: 2-4p
Report Filed By: Heidi Wootten-Douglas	Date: 1/31/16	Time: 5:14p
Date/Time Received by Supervisor:		



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CIRCLE ONE: PLEASE PRINT	INCIDENT	<u>ACCIDENT</u>	DATE of Incident: 1/19/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program:		Phone:	
Name of Participant/Injured Party: <u>Koron Michie</u>		Participant age:	
Specific Area where the accident/incident occurred: <u>Gymnasium</u>			
Parent/Guardian: <u>Ruth Michie</u>		Phone (H): <u>977-0626</u>	Phone (W):
Address: <u>405 11th St NW CHARLOTTESVILLE</u>		Zip: <u>22903</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Koron was playing basketball and turned his ankle when he landed on someone's foot. Paul Paul Abrams got him ice for his ankle. He left at 4:06 with a limp.</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:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <u>yes/no</u>	Fire Contacted: <u>yes/no</u>	Rescue contacted: <u>yes/no</u>	
Name:	Name:	Name:	
Transported: <u>yes no</u> Transported to: _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: <u>GOT ICE FOR HIS ANKLE.</u>			
Staff in Charge: <u>John M.</u>	Staff completing form: <u>Justin McKendle</u>	Time of event: <u>3:30p</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT	DATE of Incident: 1/13/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec		Phone: 207-939-9904	
Name of Participant/Injured Party: Rebecca Ouellette		Participants age: 24	
Specific Area where the accident/incident occurred: Group Exercise Room			
Parent/Guardian: N/A		Phone (H):	Phone (W):
		Phone (C):	
Address: 1222 Smith Street Apt. G Charlottesville, Virginia			Zip: 22902
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
At 7:46 a.m, Hannah Cooper came down to the front desk and said Rebecca Ouellette collapsed at the end of the 7:00 am cycling class. She said the teacher had attempted to use the emergency radio, but no message was received by anyone on duty. Hannah believed that Rebecca had overexerted herself during the class. Erskin in the Fitness Center was called and asked to check on her in the Group Ex room. After that, Justin Mckenzie was called for advice on how to proceed. However, as the phone was ringing, a second patron came downstairs and said that Rebecca was stable and no longer needed assistance. Moments after that, Erskin called and also confirmed that she was stable. At 7:50 am, Rebecca came downstairs in good spirits and exited the facility, showing no signs of injury or trauma.			
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: Megan Donovan	Address:	Phone: 914-874-6570	
Name: Hannah Cooper	Address: 353 10 th St. NW Apt. A Charlottesville, 22902	Phone: 720-839-8383	
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:			
Incident Report filed by Elizabeth Stafford, staff action illustrated in description of incident.			
Staff in Charge:	Staff completing form: Elizabeth Stafford	Time of event: 7:45 am	
Report Filed By: Elizabeth Stafford		Date: 1/15/16	Time: 8:00 am
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT: Fainting	ACCIDENT	DATE of Incident: 1/13/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec Center		Phone:	
Name of Participant/Injured Party: Becca ____?		Participants age: Late 20s?	
Specific Area where the accident/incident occurred: Group Exercise Room			
Parent/Guardian:		Phone (H):	Phone (W):
Address:		Phone (C):	
Zip:			
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Patron finished class, stretched with the group and then seemed a little 'off'. She said she needed to walk it off, and began to walk across the room and fainted. Her sister was on one side and I was on the other, so we slowly lowered her to the ground and had her sit for a few moments with her head between her knees. After about a minute she recovered and said she felt great, that it was weird that she fainted and that she wasn't sure what had happened. She hopped up on her own, refused further treatment from the Rec Center staff, and walked out with her sister and said she'd be back to class one day.			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left N/A			
_____ leg/foot	_____ head/neck	_____ ears/nose/mouth/teeth	
_____ knees	_____ torso/back	_____ internal	
_____ shoulder	_____ hand/arm	_____ other _____	
WITNESSES:			
Name: Megan Donovan	Address:	Phone: 9148746570	
Name: Hannah Cooper	Address:	Phone:	
Name: Lisa Tyree	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:			
I tried to use the radio but couldn't get it to call down to Elizabeth. Hannah Cooper got the employee from the exercise room to come in, offered assistance but she refused.			
Staff in Charge:	Staff completing form: Megan Donovan	Time of event: 7:45AM	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	(INCIDENT) X	ACCIDENT	DATE of Incident: 1/09/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Gymnasium at Carver		Phone: 434-227-9678	
Name of Participant/Injured Party: Kellen Williams		Participants age:	
Specific Area where the accident/incident occurred: Far bench against wall of gymnasium as seen on Gym 2 camera			
Parent/Guardian: Elinor Williams (mother, not present) Lisa Frazier (friend's mother, present during event)		Phone (C): 434-806-7307 Phone (C): 434-989-2683	Phone (W):
Address: 705 B St. Clair Ave, Charlottesville, VA		Zip: 22902	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Kellen put his jacket on the bench and got up to play basketball. When he was ready to go around 17:37, he noticed his phone was missing and came to Nicole (staff in gym) to inform her. She called Heidi on the radio who went downstairs to check the camera. It is seen at 16:09:52 that Kellen put down the jacket and a group of girls sits on the bench next to them at 16:23:26. The group consists primarily of Camiyah Brown, Tierenni Younger, and Tatiana Allen (signed in at 1:39p). Kellen's friend's mom, Lisa Frazier, called the non-emergency police number at 5:50p. Officer Rexrode arrived at 18:02. Heidi showed him camera footage. At 17:59:40, Lisa went upstairs to check women's restroom and found the phone with the case off in either locker 6 or 8. Other officers arrived and spoke to the patrons regarding the phone in question. At 18:08:20, Dre and Camiyah come in to tell officers that "someone" told them the phone was in the women's locker. Officers spoke to them, then they left. Lisa provided officers information regarding parents of Kellen and Kellen provided info about the phone itself. Case number is C2016-00143. Justin will furnish footage to officers when possible.			
Note: If more space is needed please use reverse side of form			
WITNESSES:			
Name: Lisa Frazier	Address: 2059 Proffit Rd, Charlottesville, VA 22911	Phone: 434-989-2683	
Name: Brystan Frazier	Address: same as above	Phone: same as above	
Name: Kellen Williams	Address: 705 B St. Clair Ave, Charlottesville, VA	Phone: 434-227-9678	
Name: Camiyah Brown	Address: 542 Cleveland Ave, Charlottesville, VA	Phone: 434-806-9042	
Name: Dre Bacon	Address: 1089 Arden Place, Charlottesville, VA	Phone: 434-808-3909	
Police Contacted: yes	Fire Contacted: no	Rescue contacted: no	
Name: Haber, Stutzman, Rexrode	Name:	Name	
Transported: no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Nicole called Heidi who checked the camera, gave patrons options regarding police, and showed footage to officers when they arrived. Admission logs were copied for police by Justin, who will provide copy of video to police when able.			
Staff in Charge: Heidi	Staff completing form: Heidi Wootten-Douglas	Time of event: 4:30-5:30p	
Report Filed By: Heidi	Date: 1/09/16	Time: 7:04p	
Date/Time Received by Supervisor:			