



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT		INCIDENT:	ACCIDENT:	DATE of incident: 9/24/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: CARVER			Phone:	
Name of Participant/Injured-Party: Dallas Toney			Participants age: 7	
Specific Area where the accident/incident occurred: Roller skating				
Parent/Guardian:		Phone (H):	Phone (W):	
		Phone (C):		
Address:			Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)				
FELL ON HIS WRIST				
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 (finger)	_____ other		
WITNESSES:				
Name:	Address:	Phone:		
Name:	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:				
GAVE ICE!				
Staff in Charge: LANCORIE	Staff completing form: [Signature], Jamari	Time of event: 2:40 PM		
Report Filed By: JAMARI	Date: 9/24/17	Time: 2:46 PM		
Date/Time Received by Supervisor:				