

parks (S) recreation

CIRCLE ONE:	INCIDENT: .	ACCIDENT:	DATE of Incident:	
PLEASE PRINT			7/29/17	
Report should be submit	tted to the Parks and Recrea) - 5: 450M ation Division Manager wit	thin 24 hours	
Location Facility/ Program:	CARVER		Phone:	
	Tolora aille	A) c	Participants age:	
Name of Participant/Injured-P		<u> </u>		
Specific Area where the accide	ent/incident occurred:	ress center		
Parent/Guardian:		Phone (H):	Diam (M)	
N	H	Phone (C):	Phone (W):	
Address: N A			Zip: NY/A	
Description of Accident/Incide	ent (What occurred? What was the pa	atron doing? Please be as specific as	s nossible)	
	nas seen on.	FIFNESC COMPEN	2 Friding La	
Climb on t	Ne Darben co	ICK to Chance	2 · 1/0 0 TV	
Front desk ca	ned Bill in fi	LAPCC IS ASE V	him pointely to	
bot chimp on	eaujoment, and	Bill asked Joy		
to a lead a	and Incit held t	n 1		
for him - a	ittoer replied	Station Bill V	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
V		2100-1011 1	1925 cunted his day	
Note: If more space is needed	please use reverse side of form			
Injured Body Part – Specify Rig	ht or Left		·	
leg/foot	head/neck	_ears/nose/mouth/teeth		
knees	torsó/back	internal		
shoulder	_hand/arm (finger)	_other		
WITNESSES:	,	•		
Name: 12.11 C	Address:		nh	
Name: Tayyaraya B.	Address:		Phone:	
Name: LAW C 13	Address:		Phone:	
			Phone:	
Police Contacted: yes(no	Fire Contacted: yes (no		Rescue contacted: yes no	
Name:	Name:		Name	
Transported: yes no Transported to:				
STAFE ACTION - Explain how staff	f responded including blood borne pa	AL		
	sent and take		P'all more la	
see his side		ed to John B	214-ner to	
Bittner Sta		Claimed that		
equipment the other day, and that he had gotten upset.				
Staff in Charge:) (MVCV/1 1	Staff completing form:	Ofren	Time of event: 6:40-5:45	
Wik	47		Time of event. 15 CID - 0 . 48	
Report Filed By:		Date:	Time:	
Date/Time Received by Supervis	sor:			



parks & recreation

CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:	
PLEASE PRINT			7-24-1.7	
·	· · · · · · · · · · · · · · · · · · ·	,		
Report should be submit		ocreation Division Manager with	jue 24 Ynours COSUC	
Location Facility/ Program:	ian yer k	ee Center Wa	Phone:	
	1/ 1/1.	On Nak	Participants age: 4	
Name of Participant/Injured-P	arty: Show	L PUNLEN		
Specific Area where the accide	ent/incident occurred:			
D			,	
Parent/Guardian:		Phone (H):	Phone (W):	
Address: (\$\infty)	Md Only	Phone (C):	776	
Address. L.S. & C.	our cong	pole colleva	Zip: 2270	
Description of Accident/Incide	ent (What occurred) Mihat was	s the patron doing? Please be as specific as		
Ol c : 1	A CI	0.00	possible.)	
playing VK	all 50	Warred ank	le	
	/ /	· /\		
	i	SHALLING	MOVED	
			120	
Note: if more space is needed	please use reverse side of t	orm		
Injuree Body Part - Specify Rig	-bt-out-off		·	
leg/foot	head/neck		<u> </u>	
knees	torso/back	ears/nose/mouth/teeth internal		
shoulder	_torso/pack _hand/arm (finger)	other		
- Stocker -		Otilei		
WITNESSES:				
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
			11000	
Police Contacted: yes/no	Fire Contacted: yes/no	<i>'</i>	Rescue contacted: yes/no	
Name:	Name:		Name	
Transported: yes no Transported to:				
STAFF ACTION Explain how stat	frespanded including blood be	orne pathogen procedures followed:	11.00	
INLOPIDA	NOC TO THE	COLVIVA IN	Ja Coll	
V31/27 24	1117-10-11	The state of the s	TULL	
TILL	W	· · · · · · · · · · · · · · · · · · ·		
A si i				
Staff in Charge: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Staff completing form:	Dania	Time of event: 6:45, 7:09	
Description 10	MC Z			
Report Filed By: \(\iiii)	Mari	Date: 4/20/17-	Time: BOW	
Date/Time Received by Supervi	sor:		1	





CIRCLE ONE:	INCIDENT:	ACCIDENT: .	DATE of Incident:		
PLEASE PRINT		"""Stitutemen on the South of the second	TIMIT		
Report should be submitted to the Parks and Recreation Division Manager within 24 hours					
Location Facility/ Program: (ARUER .		Phone:		
	10.10 0 000	r\	Participants age:		
Name of Participant/Injured-Pa	rty: JAMEL BAME	5	12		
Specific Area where the accide	nt/incident occurred: ア(人	ying Bodil and	+211:		
Devent (Consultance A					
Parent/Guardian: ASWL	4 Washin off on	Phone (H):	Phone (W): 202-271-9071		
Address: 1440 IN11	too tarm J'	,	Zlp: 22902		
Description of Accident/Incider	nt (What occurred? What was the pa	tron doing? Please be as specific as p	oossible.)		
174 BRANC	301 to Saye 400	DON FROM GOINO	1 014 65		
bounds and	or but his econ		. last welling		
INST DYWISC	A Comment	W DAI THE MINI	· CMOI DECORDY		
Jan 120 136	M. J.		· · · · · · · · · · · · · · · · · · ·		
		· ·			
	•				
Note: If more space is needed p	olease use reverse side of form		•		
1	,				
Injured Body Part - Specify Rigi					
		_ears/nose/mouth/teeth			
	knees torso/back internal				
shoulder	hand/arm (finger)	other			
WITNESSES:	Right Arms				
Name: Miv. M	Address:		DL		
Name:	Address:		Phone:		
Name:	Address:		Phone:		
Nation	Adui cas.		Phone:		
Police Contacted: yes/no	Fire Contacted: yes/ho	•	Rescue contacted: yes (no)		
Name:	Name:		Name		
	,		Turne		
Transported: yes/no) Transported to:					
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:					
Gave ice and pre went backupstairs.					
		``			
C1 - C61 - Cl			_		
Staff in Charge:	Staff completing form:		Time of event:		
Report Filed By:		Date:	Time:		
Date/Time Received by Supervis	sor: .				

Diva Darley



City of Charlottesville Parks and Recreation Department ACCIDENT/INCIDENT REPORT

parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT: Noise Complain F C	ENT:	DATE of Incident: 7/19/2014	
·	7.0 50 50,10	ACIO VEILINE	1/1/2011	
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: C	arver		Phone: 434 970 -5053	
	West Dist D	},	Participants age:	
Name of Participant/Injured-Pa	arty: MA Divier Dar nt/incident occurred: Front desk/1	lina.	Benior	
Specific Area where the accide	nt/incident occurred: Front desk / I	Mallway		
Parent/Guardian:	Dhoma	/H.	D1 610	
Tarefry Odardian.	Phone Phone	• •	Phone (W):	
Address:	Thone	(0).	Zlp:	
		·	1 15-	
Description of Accident/Incide	nt (What occurred? What was the patron doin,	g? Please be as specific as r	oossible.)	
1	ching the attention of a			
Call la late of the	1 Colonia Mention Ste	CSICOL COLO A	larg Maa	
Said That the Chil	d had yelled in her ear	· We younger	lady apoligited	
a bout the situatio	n but the lady conti	rued to pry	for an issue.	
The lady was sta	nding Semi-Hallway / Pro	aldesk and t	he children	
were come in a	s a group from a field	trip From	my judg-ment	
the child didn	Yellvery loudinand w	Sout about 36	tangue En a Alea la du	
The state of the s	i yen very toodingen en w	as export of	Tablig From the 1000.	
Note: If more space is needed	olease use reverse side of form		,	
		*	·	
Injured Body Part – Specify Rigi				
		se/mouth/teeth		
	torso/back internal			
shoulder ·	_hand/arm (finger)other_			
WITNESSES:	·			
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
			Thorac	
Police Contacted: yes no	Fire Contacted: yes/no		Rescue contacted: yes/no	
Name:	Name:		Name	
Transported: yes/60 Transpo	orted to:		·	
STATE ACTION Fundament	responded including blood borne pathogen pr			
het over talking and avoiding the questions asked of her.				
Staff in Charge:	Staff completing form:		Time of event:	
Nancy Burney				
Report Filed By: Shaquau	on Brows Date:	7/19/2014	Time: 12:46 pm	
Date/Time Received by Supervis			10000	

Burney, Nancy

To:

Anthony, Riaan

Cc:

Rice, Jessica A

Subject:

Divya Darling Incident

Attachments:

Divya Darling Incident 07 19 2017.pdf

Riaan,

Attached is the incident report regarding Divya Darling. When I spoke with her around 12:30 p.m. she told me that she may require medical attention and that she would be calling me back. She stated that she was having pain in her jaw and down her neck from the child "yelling in her ear". She also wanted me to talk with the child and let them know how much they hurt her ear. I told her that I would speak with the Program Manager who was in charge of camp. She said I don't want you to just blow this off and think it's not a big deal. I said mam, when someone calls me with a concern I don't just blow it off, I will look into the situation and handle it. Again, she said she would be calling me back if medical attention was needed. I apologized to her for the incident happening, gave her my name and direct phone number. I wished her well and hung up.

At 3:43 p.m.Divya Darling called back saying that she was feeling better. She wanted to know what I had done regarding the incident and I told her that I had spoken to the Program Manager and she would handle it. I told her I was glad she was feeling better, apologized for the incident once again and hoped she continues to feel better.

If you need any additional information from me please let me know.

Thank You,

Nancy Burney, Assistant Manager

Carver Recreation Center 233 4th Street NW Charlottesville, VA 22903

434-970-3622 (Office) 434-962-5289 (Cell)







CIRCLE ONE:	INCIDENT:	ACCIDENT: .	DATE of Incident:		
PLEASE PRINT	'	V	07-14.17		
•		· · · · · · · · · · · · · · · · · · ·			
Report should be submitted to the Parks and Recreation Division Manager within 24 hours					
Location Facility/ Program:	CARVER SKAT	ING	Phone: 4.34 293397		
			Participants age:		
Name of Participant/Injured-P	arty: CANDTON A	AAURIU	30		
Specific Area where the accide	ent/incident occurred: MULT	I - PURPOSE K	200M		
Parent/Guardian:		Phone (H):	Phone (W):		
	11	Phone (C):			
Address: 334 10	12. STREET	<u> NW </u>	Zip:		
Description of Applicant/Institu	me file				
Description of Accident/Incide	it (what occurred? What was the p	atron doing? Please be as specific as	possible.)		
DAALING	BACKWAL	KAS, FELL,	<u> WACK WAR</u> DI		
•		. J	-		
	.				
	• •		***************************************		
•	•				
Note: If more space is needed	please use reverse side of form				
,		, .			
Injured Body Part—Specify Rig					
leg/foot	head/neck	_ears/nose/mouth/teeth			
knees	_torso/back	_internal			
shoulder	_hand/arm (finger) WRASI	_other			
	•				
WITNESSES:					
Name:	Address:		Phone:		
Name:	Address:		Phone:		
Name:	Address:		Phone:		
	- Committee of the comm				
Police Contacted: yes/no	Fire Contacted: yes/no		Rescue contacted: yes/no		
Name:	Name:		Name		
Transported: yes/no) Transp					
Transported: yes not Transp	orted to:				
STAFE ACTION - Explain how stat	fresponded including blood borne pa	. · · · · · · · · · · · · · · · · · · ·			
APPTETA TO	1 responded inciding plood bottle by	amogen procedures followed:			
	TA AB:				
		*			
Staff in Charge HERIC BROOKS taff completing form CHERYL BROOKS - DAID Time of event: 6 - 1.5					
	から 大く	KIL BK.OOKS-DAU	Mille of event: 6, 15		
Report Filed By:		Data			
Date/Time Received by Supervi	cor	Date:	Time:		
Pace, time necessed by publish	JUI				

Follow up: Skating Accident

I Candice D. Muss om of Sand Body and Mind. I was shahis Backwoods, Saw what I thought was sechild, I tried to covered the Child and I was going down Backwoods. I came clown on my felt whist with the weight of my body. I cam solly responsable Somy Secals accident. As a result I have General Broken Bones that will reque a metal Plate and Serews to Six. I am correctly In a last awaiting surgay. The staff here af Canar was creat. Mrs. Cheryl was very helpful and alimbur to my needs. I will continue to come skuting here as I have if over 20415.

July 16, 2017

(md) Man

CHARLOTTES YILLE	
parks 🖂	٠ π
recreation	าหึ
ICCICUIT	ווכ

			recreation
CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident:
	The state of the s	,	7/0/0
Report should be submitte	ed to the Parks and Rec	reation Division Manager v	vithin 24 hours
ocation Facility/Program: ('ARVER		Phone:
	David NIDER	16.1	Participants age:
lame of Participant/Injured-Par pecific Area where the acciden)N	· ·
pecine Area where the acciden	ityincident occurred:		· · · · · · · · · · · · · · · · · · ·
arent/Guardian:		Phone (H):	Phone (W);
		Phone (C):	Phone (W),
ddress:			Zlp:
	,		
escription of Accident/Inciden	t (What occurred? What was th	e patron doing? Please be as specific	
DUMA MAZON	CUME TO WOY	KOUT 7/0/17 M.	the afternoon
<u>ind he Explair</u>	ned to staff	= 719/17 that in	e was locked
nside of the h	ouilding at a	100(0X, 5:590m.	Ochle McD
mentioned that	his Cl.H. woon	iet was invod	in the fitness
CUDM IINTIL +	May March	CHUTCH THUI PO	
MI FAY STAFF	TO MAN STATE	COOL TILLY IX	2 attempted to
UII IVI STUTT	in why and	realized he	was alone.
ote: If more space is needed p	lease use reverse side of forr	n	
jured Body Part - Specify Right			
	head/necktorso/back	ears/nose/mouth/teeth internal	
	hand/arm (finger)	other .	,
,	'	- VIIII	
/ITNESSES:			
ame:	Address:		Phone:
ame:	Address:		Phone:
ime:	Address:		Phone:
olice Contacted: yes(no)	Fire Contacted: yes/no)	•	Rescue contacted: yes/ho
ame:	Name:		Name
Zm.			. (4)1134
ansported: yes(no) Transpo	rted to:	·	
		. •	
AFE ACTION - Evoluin how	responded to the little of the Little	a mark a mark a	
AFF ACTION — Explain how staff i			*
349pm 7/8/17 %	David Nelson u	vent to shower	horaged his annual is
349pm 7/8/17 %		vent to shower	because his phone is 7
349 pm 718/17 8 850 pm 718/17 8	David Nelson u	vent to Snowly	because his phone is re
SPIRIT MARSES SOUTH TO BE STANDED TO SHAPE TO STANDED	David Nelson u David is cailir Ior Ked in Noci rewinded	oent to Showly no aut for staff footable from =	because his phone is the 1917 Pop
SENOIT AND SOR	David Nelson u David is cailir Ior Ked in Noci rewinded	olnt to Showly ng aut for staft footable from a	because his phone is really pool of the proof dest.
SYOPM ABLAS SOOPM TOLLAS JOMES C & JOW SYOQUOWN IN affin Charge: JOWILLY	David Nelson u David is cailir lacked in haci rewinded hormed Nanc	olnt to Showly no aut for staff footable from = y Burnley of Inc	118/17 Por
SPIRIT MARY SPIRIT MARGER SUMPLE C & JAN SUMPLE COMPANDING	David Nelson U David 15 calling ICCO in MICH REWINDED FORMED NAME Staff completing form:	olnt to Showly no aut for staft footable from a n burney of mo	because his phone is really if Popular in the proof dest. Time of event: 7/8/15/5/15/6-4:02 Time: 5:02 OM

(5:58pm) 5:40pm Bill locks times room & eneeting of her doors, and heads back to sestroom of their doors and heads back to restroom of the serious building the restroom of the serious days of the serious da



CHARLOTTESVILLE	
parks 👸 🚬 🝃	4
recreation	ì

CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of incident:		
PLEASE PRINT	Runaway		7 9 17		
	child				
Report should be submit	ted to the Parks and Re	creation Division M	anager within 24 hours		
Location Facility/ Program:	Carver		Phone: 434-801/8974		
Name of Bartisiaant/Intimed B	arty: Telly (Reid	Participants age:		
Name of Participant/Injured-Participant/Injured-Participant/Injured-Participant/Injured-Participant/Injured-Participant/Injured-Participant/Injured-Participant/Injured-Participant/Injured-Participant/Injured-Participant/		KC101	12-14		
Specific Area where the accide	and morderic occurrent				
Parent/Guardian:		Phone (H):	Phone (W):		
		Phone (C):	* Hone (w).		
Address:	3		. Zip:		
	•				
Description of Accident/Incide	nt (What occurred? What was t	he patron doing? Please b	as specific as possible.)		
16jon's mot	her and bro-	ther called	d around 3pm to		
ask about T	Plon's When	reabouts,	and if Carver staff		
COULD KEED ON		C MANAGE CO	alil to he a sai to d		
4			ntil they arrived.		
	sother child,	ranerm k	ier, who has been		
Oregionsly sust		POR recream	ion facilities, sprinted		
CLOWN FUE 246BZ.	and out the	and despite	Staff efforts to Stop		
themaround.	3.30 pm	0. 1			
Note: If more space is needed	please use reverse side of for	m			
 injured Body Part — Specify Rig	ht or Left				
leg/foot head/neck ears/nose/mouth/teeth					
knees	torso/back	internal	,		
shoulder hand/arm (finger) vother QUNGINGAL COILC					
• ***	•				
WITNESSES:					
Name: JOMES C.	Address:	,	Phone:		
Name:	Address:		Phone:		
Name.	Address:		Phone:		
Police Contacted: (ves)no	Fire Contacted: yes/no		Page via a contact of via		
Name:	Name:		Rescue contacted: yes(no) Name		
			IVGERE		
Transported: yes/no) Transported to:					
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:					
theter critic can cut of bounding James C. carrel					
the non-timeroelicition report, and left a voice way					
Missorbe For Stellorns Mother. Someth Checked the					
parternes tots to set which direction the children went					
Staff in Charge: Jamar Staff completing form: Jamar Time of event: 3000					
y VIIII (II)) Jamari,	Time of events: 3pm		
Report Filed By: JUMON		Date: "7 9	7 Time: 4:19		
Date/Time Received by Supervis	sor: .	1 1 1	Time, Gitti		

to Tejon leid was last seen wearing a long sleeved block t-swit, a red short sleeved t-swit on top of the black t-shirt, and black basiltball shorts.

light-sunned, bracial boy





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:
PLEASE PRINT	'	<u> </u>	07-07-17
Ranart should be submit	tad to the Darks and Deers	ation Division Manager with	to nat
Location Easility/ Program: O	ARVER / SKATIK	ition Division Manager With	r
Location ractitely Program: (ARVER I SKATAN	J6	Phone:
Name of Participant/Injured.Ps	orty: ALONZO SAL	11110	Participants age:
Specific Area where the accide	nt/incident occurred:	-ALAK	/
			,
Parent/Guardian: * OHR		Phone (H): 434 409 867	Phone (W):
LESS	ICA SALAZAR	Phone (C):	
Address: 1815 MIN	OR ARIVE	1	zip: 22902
CH VIL	LE VA	atron doing? Please be as specific as p	,
Description of Accident/Incides	TE (What occurred? What was the pa	atron doing? Please be as specific as p	ossible.)
ALONEO FEE	LL SEVERAL T	IMES WHILE SI	KATING AND
HIT HIS L	EFT ARM AN	A ELBOW.	•
	•		
,			
1	,		
			,
Note: If more space is needed p	places use reverse side of form		
TOTAL IT ITIES OF SECTION AS A STATE OF SECTION AS	stead use revelue side of form		,
Injured Body Part - Specify Rigi	nt or Left	•	,
	head/neck	_ears/nose/mouth/teeth	
	torso/back	internal	
shoulder	hand/a(rm)(finger)	other <i>LEFT ELB</i> OW	
ALDERITORES.	•		
WITNESSES: Name(JARTSTPALL SDA	Minima Min Marial	1 ADMIN	
Name: Name:	Regdress: 12.18 JACKSOL Address:	DRIVE	Phone: 4098675
Name:	Address:		Phone:
TWITI-CE	Address.		Phone:
Police Contacted: yes no	Fire Contacted: yes no		Rescue contacted: yes no
Name:	Name:		Name
		,	
Transported: yes/no Transport	orted to:		
			·
STATE ACTION - Evoluin how staff	responded including blood borne pa	of the second se	
ALONZO WAS		OF TOE	
MACIVIC VVIIC	BLVCK /L OAG	of dulity	
	1		
Staff in Charge CHERY L	Staff completing form: CH	ERYL BROOKS-PAUL	Time of event: 7:00 PM
BROOKS - DAUTS	*		
Report Filed By:		Date:	Time: 7.'00 PM
Date/Time Received by Supervis	ort		