



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	<u>INCIDENT:</u>	ACCIDENT:	DATE of Incident: 7/29/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours 5:40 - 5:45 PM			
Location Facility/ Program: <u>CARVER</u>		Phone:	
Name of Participant/Injured-Party: <u>John Bittner</u>		Participants age:	
Specific Area where the accident/incident occurred: <u>Fitness Center</u>			
Parent/Guardian: <u>N/A</u>	Phone (H): <u>N/A</u>	Phone (W): <u>N/A</u>	
Address: <u>N/A</u>	Phone (C): <u>N/A</u>	Zip: <u>N/A</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>A patron was seen on fitness camera 3 trying to climb on the barbell rack to change the TV - Frontdesk called Bill in fitness to ask him politely to not climb on equipment, and Bill asked John Bittner politely to not climb, and that he'd be happy to change the channel for him - Bittner replied stating Bill has ruined his day →</p>			
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 (finger)	<input checked="" type="checkbox"/> other	
WITNESSES:			
Name: <u>Bill C.</u>	Address:	Phone:	
Name: <u>Jamari B.</u>	Address:	Phone:	
Name: <u>Mike B.</u>	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:			
<p><u>Mike B. went and talked to John Bittner to see his side and if he wanted to take any action. Bittner stated that Bill claimed that he broke equipment the other day, and that he had gotten upset.</u></p>			
Staff In Charge: <u>Jamari & Mike B.</u>	Staff completing form: <u>Jamari</u>	Time of event: <u>5:40-5:45</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CHARLOTTESVILLE
parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: 7-24-17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			league volleyball
Location Facility/ Program: Carver Rec Center/Women's		Phone:	Participants age: 43
Name of Participant/Injured Party: Kristina Parker		Specific Area where the accident/incident occurred:	
Parent/Guardian:	Phone (H):	Phone (W):	
Address: 1580 Old Oaks Drive, Curle VA	Phone (C):	Zip: 22901	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
playing volleyball, sprained ankle (may be broken) JBO			
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 (finger)	<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:	Name:	Name:	
Transported: <input checked="" type="checkbox"/> no Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: ice/wr wheeled her to the parking lot to be picked up.			
Staff In Charge: Jamar	Staff completing form: Jamar	Time of event: 6:45p - 7:00p	
Report Filed By: Jamar	Date: 7/20/17	Time: 8PM	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	<u>ACCIDENT:</u>	DATE of Incident: 7/14/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>CARVER</u>		Phone:	
Name of Participant/Injured-Party: <u>JAMEL BANKS</u>		Participants age: <u>12</u>	
Specific Area where the accident/incident occurred: <u>Playing Ball and fell.</u>			
Parent/Guardian: <u>Ashley Washington</u>	Phone (H): <u>N/A</u>	Phone (W): <u>202-271-9071</u>	
Address: <u>1440 Wilton Farm</u>	Phone (C):	Zip: <u>22902</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Jamel tried to save the ball from going out of bounds and he hit his elbow on the wall. (Not bleeding just bruised)</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 (finger)	<input type="checkbox"/> other	
WITNESSES: <u>(Right Arm)</u>			
Name: <u>Mike M</u>	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <u>yes</u> (no)	Fire Contacted: <u>yes</u> (no)	Rescue contacted: <u>yes</u> (no)	
Name:	Name:	Name	
Transported: <u>yes</u> (no) Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
<u>Gave ice and he went back upstairs.</u>			
Staff In Charge:	Staff completing form:	Time of event:	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			

Divia Darley



City of Charlottesville
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CIRCLE ONE: PLEASE PRINT	INCIDENT: Noise Complaint	ACCIDENT: Child yelling	DATE of Incident: 7/19/2017
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver		Phone: 434 970-5053	
Name of Participant/Injured-Party: Atta Divia Darling		Participants age: Senior	
Specific Area where the accident/incident occurred: Front desk / Hallway			
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.)			
A child yelled seeking the attention of a staff and a lady had said that the child had yelled in her ear. The younger lady apologized about the situation but the lady continued to pry for an issue. The lady was standing Semi-Hallway / front desk and the children were come in as a group from a field trip. From my judgement the child didn't yell very loudly and was about 3ft away from the lady.			
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 (finger)	<input type="checkbox"/> other	
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <input checked="" type="checkbox"/> no	Fire Contacted: yes/no	Rescue contacted: yes/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:			
Reported to Manager, Didn't receive the ladies name due to her over talking and avoiding the questions asked of her.			
Staff in Charge: Nancy Bracey		Staff completing form:	Time of event:
Report Filed By: Shaquawn Brown	Date: 7/19/2017	Time: 12:46 pm	
Date/Time Received by Supervisor: 12:46 pm			

3:43 pm

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)

CHARLOTTESVILLE
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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: ✓	DATE of Incident: 07-14-17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER SKATING		Phone: 434 2933971	
Name of Participant/Injured Party: CAUDICE MAUREN		Participants age: 30	
Specific Area where the accident/incident occurred: MULTI-PURPOSE ROOM			
Parent/Guardian:		Phone (H):	Phone (W):
Address: 334 10 1/2 STREET NW		Phone (C):	Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) SKATING BACKWARDS, FELL BACKWARDS			
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) WRIST	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: APPLIED TCE RAG			
Staff In Charge: CHERYL BROOKS Staff completing form: CHERYL BROOKS-DAVIS Time of event: 6:15 DAVIS			
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			

Follow up: Skating Accident
7/14/17

I Candice D. Murphy am of sound Body and mind. I was skating Backwards, Saw what I thought was a child, I tried to avoid the child and I was going down Backwards. I came down on my left wrist with the weight of my body. I am fully responsible for my Great accident. AS A result I have several Broken Bones that will require a metal Plate and Screws to fix. I am currently in a cast awaiting surgery. The staff here at Center was great. Mrs. Cheryl was very helpful and attentive to my needs. I will continue to come skating here as I have for over 20 yrs.

July 16, 2017

Candice D. Murphy



City of Charlottesville
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CIRCLE ONE: PLEASE PRINT		INCIDENT:	ACCIDENT:	DATE of Incident: 7/18/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: CARVER			Phone:	
Name of Participant/Injured-Party: DAVID NELSON			Participants age:	
Specific Area where the accident/incident occurred:				
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.)				
David Nelson came to workout 7/18/17 in the afternoon, and he explained to staff 7/19/17 that he was locked inside of the building at approx. 5:58pm. David also mentioned that his cell phone was locked in the fitness room until today. David stated that he attempted to call for staff to help, and realized he was alone.				
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:				
5:49pm 7/18/17: David Nelson went to Shower				
5:58pm 7/18/17: David is calling out for staff because his phone is locked in				
James C & Jamari rewinded footage from 7/18/17				
Shagwan informed Nancy Burnley of incident and front desk.				
Staff in Charge: JAMARI		Staff completing form: JAMARI		Time of event: 7/18/17
Report Filed By: JAMARI		Date: 7/19/17		5:58 - 6:02
Date/Time Received by Supervisor:		Time: 5:02 PM		

AND
rainer
Post
4pm

5:58pm

5:44pm Bill locks fitness room & checks other doors, and heads back to F.R.

5:50pm David goes into restroom

5:52 Bill leaves building

6:02 David looks for staff members until 6:17 PM!

Front Desk & Fitness left at 5:59

Teen & adult left at 5:41; teen = no patrons all day



City of Charlottesville
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CIRCLE ONE: PLEASE PRINT	INCIDENT: Runaway child	ACCIDENT:	DATE of incident: 7/9/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER		Phone: 434-806-8974	
Name of Participant/Injured-Party: Tejon Reid		Participants age: 12-14	
Specific Area where the accident/incident occurred:			
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.)			
Tejon's mother and brother called around 3pm to ask about Tejon's whereabouts, and if Carver staff could keep an eye out for him until they arrived. Tejon and another child, Kyheim Kier, who has been previously suspended from P&R recreation facilities, sprinted down the steps and out the door despite staff efforts to stop them around 3:30pm.			
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)	<input checked="" type="checkbox"/> other	runaway child
WITNESSES:			
Name: James C.	Address: _____	Phone: _____	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <input checked="" type="radio"/> yes / <input type="radio"/> no	Fire Contacted: <input checked="" type="radio"/> yes / <input type="radio"/> no	Rescue contacted: <input checked="" type="radio"/> yes / <input type="radio"/> no	
Name:	Name:	Name:	
Transported: <input checked="" type="radio"/> yes / <input type="radio"/> no Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
After child ran out of building, James C. called the non-emergency report, and left a voicemail message for Tejon's mother. Jamarri checked the parking lots to see which direction the children went in, and called the manager, Nancy Burney to alert her.			
Staff in Charge: Jamarri	Staff completing form: Jamarri	Time of event: 3pm	
Report Filed By: Jamarri	Date: 7/9/17	Time: 4:19	
Date/Time Received by Supervisor:			

* Tejon Reid was last seen wearing a long sleeved black t-shirt, a red short sleeved t-shirt on top of the black t-shirt, and black basketball shorts.
light-skinned, biracial boy



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 07-07-17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER / SKATING		Phone:	
Name of Participant/Injured Party: ALONZO SALAZAR		Participants age: 13	
Specific Area where the accident/incident occurred:			
Parent/Guardian: * CHRISTINA SPARKS * JESSICA SALAZAR		Phone (H): 434 409 8675 Phone (W):	
Address: 1815 MINOR DRIVE CHVILLE VA		Phone (C):	
		Zip: 22902	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
ALONZO FELL SEVERAL TIMES WHILE SKATING AND HIT HIS LEFT ARM AND ELBOW.			
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/(m)(finger)	✓	other LEFT ELBOW
WITNESSES:			
Name: CHRISTINA SPARKS	Address: 1218 JACKSON DRIVE		Phone: 409 86 75
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:			
ALONZO WAS GIVEN A BAG OF ICE			
Staff in Charge: CHERYL BROOKS-DAVIS	Staff completing form: CHERYL BROOKS-DAVIS		Time of event: 7:00 PM
Report Filed By:	Date:	Time: 7:00 PM	
Date/Time Received by Supervisor:			