



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT		<u>INCIDENT:</u>	ACCIDENT:	DATE of Incident: 4/29/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: <u>Carver Recreation Center</u>			Phone:	
Name of Participant/Injured-Party: <u>Radarius Breckenridge</u>			Participants age: <u>21</u>	
Specific Area where the accident/incident occurred: <u>Multi-purpose room</u>				
Parent/Guardian:		Phone (H):		Phone (W):
		Phone (C):		
Address: <u>1016 A Grady Ave</u>			Zip: <u>22903</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)				
<u>AS I WAS PUSHING THE CHAIRS UP THE RAMP, MY LEGS GAVE OUT AT THE LAST SECOND AND THEN THE CHAIRS CAME FALLING DOWN.</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	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/ <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>Remained calm, checked the wound wrapped</u>				
<u>Broke the skin on (R) shin & has a knot.</u>				
Staff in Charge:		Staff completing form: <u>Radarius</u>		Time of event:
Report Filed By: <u>Radarius Breckenridge</u>		Date: <u>5/1/17</u>	Time: <u>12:50</u>	
Date/Time Received by Supervisor:				

Claim #

W001997269

W Boney
May 1, 2017



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <i>A</i>	DATE of Incident: <i>4/19/17</i>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <i>CURNER REC Center</i>		Phone:	
Name of Participant/Injured-Party: <i>Hamyra Cabell</i>		Participants age: <i>10</i>	
Specific Area where the accident/incident occurred: <i>MULTI-PURPOSE RM. REC SUPERVISOR</i>			
Parent/Guardian: <i>Regina Vaughan</i>		Phone (H):	Phone (W):
Address: <i>B3 ROCK OAK CREEK RD</i>		Phone (C): <i>434-249-5241</i>	Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) <i>Marhayan was on the back of Hamyra shirt she fell and hurt her arm.</i>			
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) <i>Right</i>	<input type="checkbox"/> other	
WITNESSES:			
Name: <i>Hamyra Cabell</i>	Address: <i>412-B Friendship Court</i>	Phone: <i>434-326-3141</i>	
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: <i>gave her ice</i>			
Staff in Charge: <i>Michael B</i>		Staff completing form: <i>Regina Vaughan</i>	Time of event: <i>6:30pm</i>
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



City of Charlottesville
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CIRCLE ONE:	INCIDENT	ACCIDENT	DATE: 4/9/2017
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Gym Basketball Open Gym		Phone:	
Name of Participant/Injured Party: Ben Drake		Participants age: 15	
Specific Area where the accident/incident occurred: Gym basket closest to the hall door			
Parent/Guardian: Melissa/David Drake		Phone (H): 434.825.4118	Phone (W):
		Phone (C): 434.825.8256	
Address: 2018 Bethpage Ct			Zip: 22901
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Slipped while landing after trying to dunk the ball. Dislocated left knee			
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: Mike Monroe	Address: 106 Towler Place	Phone: 434.981.5171	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no	Fire Contacted: yes/no	Rescue contacted: yes/no	
Name:	Name:	Name: Ann Kogler	
Transported: yes/ no Transported to:			
<u> UVA </u>			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Called 911 and participant's mom			
Staff in Charge: Tia Jones		Staff completing form: Mike Monroe	Time of event: 4:13
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 4/9/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER MULTI PURPOSE ROOM SKATING			
Name of Participant/Injured-Party: Nylzer A Walker			Participants age: 6
Specific Area where the accident/incident occurred:			
Parent/Guardian: Collette Sones		Phone (H): 434-326 Phone (C): 7271	Phone (W):
Address: 309 valley rd charville VA			Zip: 22903
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) CHILD WAS SKATING AND FELL DOWN. CHILD'S HEAD (BACK) HIT THE FLOOR.			
Note: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left			
leg/foot	<input checked="" type="checkbox"/> head/neck	BACK	ears/nose/mouth/teeth
knees	torso/back		Internal
shoulder	hand/arm (finger)		other
WITNESSES:			
Name: REGGIE YATES	Address: MILTON ROAD 2246	Phone: 960 1536	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no <input checked="" type="checkbox"/>	Fire Contacted: yes/no <input checked="" type="checkbox"/>	Rescue contacted: yes/no	
Name:	Name:	Name	
Transported: yes/no <input checked="" type="checkbox"/> Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: ICE PACK APPLIED TO BACK OF HEAD			
Staff In Charge: BROOKS-DAVIS Staff completing form: CHERYL BROOKS-DAVIS Time of event: 2:50P			
Report Filed By: CHERYL BROOKS-DAVIS	Date: 4/9/17	Time: 3:00	
Date/Time Received by Supervisor:			



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CHARLOTTESVILLE
parks & recreation

CIRCLE ONE: PLEASE PRINT		INCIDENT:	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:	
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's cash was stolen from his locker between 4:17pm and 6pm. About \$200 was taken, but his credit cards were left. His locker was unlocked.				
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 (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:				
James C. & Jamar looked at the footage to see if there was anything captured between 4 and 6pm then asked Mr. Nelson if he wanted to call the police. David Nelson initially wanted to call officers, but left the building. We tried to call, but phone # in system was incorrect.				
Staff in Charge: Jamar		Staff completing form: Jamar		Time of event: 4pm-6pm
Report Filed By: Jamar		Date: 7/9/17		Time: 4:27
Date/Time Received by Supervisor:				