

parks & recreation

CIRCLE ONE: PLEASE PRINT	(INCIDENT:)	ACCIDENT:	DATE of Incident:	
			1 TEMP !	
Report should be submit	ted to the Parks and Recrea	ntion Division Manager with	nin 24 hours	
Location Facility/ Program: (arver elections	n Center	Phone:	
	Podovi & Roa	cica a dada	Participants age:	
Name of Participant/Injured-P	arty: Radavis Bre	CLERTRICACE	71	
Specific Area where the accidi	ent/incident occurred: WUI-	1-barbazer 100c	Υ \	
Parent/Guardian:		Phone (H):	Phone (W):	
i si atti o siot atomi		Phone (C):	rnone (vv).	
Address: 101 (A G	radu Avl		zip: 12903	
	•			
Description of Accident/Incide	ent (What occurred? What was the pa	atron doing? Please be as specific as	possible.)	
AS I WAS DU	sning the ch	N ONE OIL CIK	PM ami	
LEGG DOLLO CX	# at the last	581,000 Clock !	1000 1100	
Crossing Criss of	falling down.	Decora Carlos	Freelight	
CHANG) COMME	training booms.			
		-		
	<u>'</u>			
Note: If more space is needed	please use reverse side of form			
Injured Body Part – Specify Rig	sht or Left	•		
leg/foot	head/neck	_ears/nose/mouth/teeth	· · · · · · · · · · · · · · · · · · ·	
knees	_torso/back	internal		
shoulder	_hand/arm (finger)	other		
LINTELEGGEG.	•			
WITNESSES:				
Name:	Address:		Phone:	
Name:	Address:		Phone:	
ivailie.	Address.		Phone:	
Police Contacted: yes no	Fire Contacted: yes no	•	Rescue contacted: yes/no)	
Name:	Name:		Name	
Transported: yes(no) Transported to:				
		. •		
CTARE ACTION Euplain have ata				
STALL MCHOIN - EXPIGIT FOR 20	ff responded including blood borne pa	thogen procedures followed:		
Remained	COLOR COMPONENT	athogen procedures followed:	10) (III)	
Remained	Calm, Company		188) WATCH PROBE	
Remained Broke the	calm, common			
Remained	Calm, Company	ALLE CORPORATE CONTRACT		
Remained Brake the	Calm, common	hin a has a	Knat:	
Remained	Calm, Company	ALLE CORPORATE CONTRACT		
Remained Brake the	SKIN M (B) S Staff completing form: P	hin a has a	Knat:	

Claim # W001997269

May 1, 2017





CIRCLE ONE:	INCIDENT:	ACCIDENT: N	DATE of Incident:
PLEASE PRINT			4/19/17
Renart should be subm	itted to the Parks and	Recreation Division Manage	y within 24 hours
ocation Facility/ Program:	PURMER RET. Conten	Recreation Division Manage	Phone:
ocation racincy/ riograms.	11		Participants age:
Name of Participant/Injured-	Party: MCXIMIX	Cabell	ratticipants age.
pecific Area where the accid	dent/incident occurred: //	NUTTI-PURDOSE RM.	
	MRCC SUPOr	V1967	
arent/Guardian:	Sund James	Phone (H):	Phone (W):
122 No.	XIVIO JOYOGA	1011 Phone (C):434-24	9-52411
Address: 65 100CL	JUNET HU	4	. Zip:
ascription of Accident/Incid	lant IMbat occurred Mbat.	was the patron doing? Please be as spe	office and a settle of
A	a No C CONTROL WHAT		00// / 0 00: 1 0
Bicharan ?		the bach (ot hamya
MY TONE T	ell and n	Urt VIEV OY	m) 6
ote: If more space is neede	d please use reverse side o	of form	
jured Body Part – Specify R	labt or Loft		•
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hang/arm (finger)	other	· · · · · · · · · · · · · · · · · · ·
		- Other	
/ITNESSES:	Kinger	_)
ame: Mamya Color	Address: 412-	2 Eciendehie C	DI) T Phone: 424-326-
ame:	Address:		Phone:
nme:	Address:		Phone:
<i>(</i> 2)			
olice Contacted: yes/nb)	Fire Contacted: yes no	<u>) </u>	Rescue contacted: yes/ho
ame:	Name:		Name
ansported: yes(no) Trans	sported to:		·
AFF ACTION	-66		
AFF ACTION — Explain how st	बार responded including blood	d borne pathogen procedures followed:	
and little	<u> </u>		
aff in Charge: Michely ()	Staff completing for	m: Regina Vacyhan	The second of th
m m charge. Minish p		m: Keging Viteginan	Time of event: (01.2001)
mort Filed Pur		P-L-	\\
·		Date:	lime:
Report Filed By: Date/Time Received by Super	visor: .	Date:	Time: '





CIRCLE ONE:	INCIDENT	ACCIDENT	DATE: 4/9/2017	
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
	rver Gym Basketball Open Gym		Phone:	
			Participants age: 15	
Name of Participant/Injured P	arty: Ben Drake		, -	
Specific Area where the accide	nt/incident occurred: Gym bask	et closest to the hall door		
Parent/Guardian: Melissa/Dav	vid Drake	Phone (H): 434.825.4118	Phone (W):	
Phone (C):434.825.8256				
Address: 2018 Bethpage Ct			Zip: 22901	
Description of Accident/Incide	nt (What occurred? What was the p	patron doing? Please be as specific	as possible.)	
	ng to dunk the ball. Dislocated le			
		<u></u>	· · · · · · · · · · · · · · · · · · ·	
Note: If more snace is needed	please use reverse side of form			
- Trace in more space to medical	produce due (excise side si reim			
Injured Body Part – Specify Rig	tht or Left			
leg/foot	head/neck	_ears/nose/mouth/teeth		
knees	torso/backinternal			
shoulder	_hand/arm	_other:		
WITNESSES:	100 7 1 01			
Name: Mike Monroe Name:	Address: 106 Towler Place		Phone:434,981,5171	
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:				
UVA				
STAFF ACTION – Explain how sta	iff responded including blood borne	pathogen procedures followed:		
Called 911 and participant's mom				
Staff in Charge: Tia Jones	Staff completing form: Mik	e Monroe	Time of event: 4:13	
Report Filed By:	Report Filed By: Date: Time:			
Date/Time Received by Supervisor:				



parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of incident:
:	1.		1 7/17°
Papart chould be submitted	and to the Darks and Decree	Maio Division Adamas and	Lin Dal
Location Facility/ Program:	ed to the Parks and Recrea	tion division ivianager with	AIN 24 nours
SR	ATT DE MICE	PUKPUSE KU	Participants age:
Name of Participant/Injured-Pa		ocker	farticipants age:
Specific Area where the accide	nt/incident occurred:	TANK DO	
Parent/Guardian:		Phone (H):434-376	Phone (W):
1 3 1	102 TO 1111	Phone (C): 7271	7-2000
Address: 309 valled	rel Cherville	UV-	171p:27903
Description of Accident/Incider	nt (What occurred? What was the pa	tron doing? Please be as specific as	possible.)
	48 SKATING	A A /10 100	DOWN, CHILD'S
HEAD (BAC	VY) HTTTHE	EFLOOR.	VO VVV · C/LILLXS
	K) //L/	J F LUUIX .	
Mata If mara angas is an adad			
Note: If more space is needed p	olease use reverse side of form		
Injured Body Part - Specify Rigi	n <u>t or Le</u> ft	•	
	head/neck & ACK	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm (finger)	other	
WITNESSES:	•	•	
Name: RFGTF YATE	Address: MTLITOL	1 ROAD 22.46	Phone: 960 1536
Name:	Address:	NOAD ZZ HB	Phone: 7607536
Name:	Address:		Phone:
	garante and a second	•	
Police Contacted: yes no	Fire Contacted: yes/no		Rescue contacted: yes/no
Name:	Name:		Name
Transported: yes no Transported	orted to:	•	
,			
		. *	
STAFF ACTION – Explain how staff	responded including blood borne pa	thogen procedures followed:	
JCE PACK	APPLATED	10 BACK C	IF HEAD
	ı	+	
Staff in Charge: (SRWKS-1)	A Staff completing form: CH	ERYL BR OOKS-DA	Time of event: 7, 500
			570
Report Filed By:	3KOCKS DAVIS	Date: 4 9 14	Time: 3:00
Date/Time Received by Supervis	inr:	I^*I^{*}	

parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident:
Report should be submit	ted to the Parks and Recre	eation Division Man	ager within 24 hours
Location Facility/ Program:	CARVER		Phone:
Name of Participant/Injured-P Specific Area where the accide		ieison	Participants age:
			· .
Parent/Guardian:		Phone (H): Phone (C):	Phone (W):
Address:			. Zip:
Description of Accident/Incide	ent (What occurred? What was the		
petween 4:1 Dut his cre	7,pm and la	MOCH MC	from his locker \$200 was taken. His locker was
Note: If more space is needed	please use reverse side of form		
Injured Body Part – Specify Rig	tht or Left NA		
leg/foot	head/neck	ears/nose/mouth/tee	eth .
knees	_torso/back	internal	<u> </u>
shoulder	_hand/arm (finger)	other	
WITNESSES:	•		
Name:	Address:		Phone:
Name:	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: yes no Name:	Fire Contacted: yes no	·	Rescue contacted: yes no
Transported: yesno Transp	ported to:		
STAFF ACTION – Explain how sta	ff responded including blood borne	pathogen procedures follow	
IF there was av	Wante to	wed between	the police bavid
	threed to call, D	THE DYTUPE #	in System was in will Time of event: 4pm-1pm
Report Filed By: UMV(Date/Time Received by Supervi		Date: 79(17	Time: 4:27