



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: 1/14/18
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Report should be submitted to the Parks and Recreation Division Manager within 24 hours

Location Facility/ Program: Carver	Phone:
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Name of Participant/Injured-Party: Shana Strumlauf	Participants age: A
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Specific Area where the accident/incident occurred: Rollerskating

Parent/Guardian:	Phone (H):	Phone (W):
	Phone (C):	

Address:	Zip:
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Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)
 Fell and landed on left wrist.

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 checked="" type="checkbox"/> torso/back	<input type="checkbox"/> internal
<input type="checkbox"/> shoulder	<input checked="" type="checkbox"/> hand/arm (finger)	<input type="checkbox"/> other

WITNESSES:

Name: Jaman	Address:	Phone:
Name: Cheryl	Address:	Phone:
Name: Cheryl	Address:	Phone:

Police Contacted: yes/no <input checked="" type="radio"/>	Fire Contacted: yes/no <input checked="" type="radio"/>	Rescue contacted: yes/no <input checked="" type="radio"/>
Name:	Name:	Name:

Transported: yes/no Transported to:

STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:
 Gave ice pack.

Staff in Charge: N/A	Staff completing form: JAMAYI	Time of event: 5:40
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Report Filed By: JAMAYI	Date: 1/14/18	Time: 5:15
Date/Time Received by Supervisor:		



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CIRCLE ONE: PLEASE PRINT		INCIDENT:	ACCIDENT:	DATE of Incident: 1/14/18
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: CARVER			Phone: 412-526-4922	
Name of Participant/Injured-Party: Adelle Chulis			Participants age: 8	
Specific Area where the accident/incident occurred: rollerskating				
Parent/Guardian: Colleen Chulis		Phone (H): 412-526-4922 Phone (C): 4922		Phone (W):
Address: 2701 S.W. Jackson Ct.			Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) Adelle was rollerskating and bruised her right knee,				
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 checked="" 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: Jamari		Address:		Phone:
Name: Cheryl		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 <input checked="" type="checkbox"/>
Name:		Name:		Name:
Transported: yes/no <input checked="" type="checkbox"/> Transported to:				
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: Gave ice pack, and Adelle continued to skate with her mom.				
Staff In Charge: N/A		Staff completing form: Jamari		Time of event: 2:00p
Report Filed By: Jamari		Date: 1/14/18		Time: 5:50pm 3:46pm
Date/Time Received by Supervisor:				



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: 1/14/18
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER		Phone: 412-520-4722	
Name of Participant/Injured-Party: LUKE CHUIIS		Participants age: 7	
Specific Area where the accident/incident occurred: ROLLERSKATING			
Parent/Guardian: COLLEEN CHUIIS		Phone (H): 412-520-4722	Phone (W):
Address: 2701 SILAS JACKSON CT.		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) LUKE HAD SAT DOWN TO TAKE HIS SKATES OFF, AND HIS FRIEND RAN INTO HIS SHINS WITH HIS ROLLERSKATES.			
Note: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left (Both)			
<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: JAMARI	Address:	Phone:	
Name: CHERYL	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 PACK.			
Staff in Charge: MFA	Staff completing form: JAMARI	Time of event: 2:10p	
Report Filed By: JAMARI	Date: 1/14/18	Time: 2:47pm TRD	
Date/Time Received by Supervisor:		3:46pm	



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CIRCLE ONE:	INCIDENT	ACCIDENT	DATE: 1/14/18
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver		Phone:	
Name of Participant/Injured Party: Catherine Hopkins		Participants age: 5	
Specific Area where the accident/incident occurred: roller skating			
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.)			
Fell backwards while skating, and landed on left 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	other:	
WITNESSES:			
Name: Jamari	Address:		Phone:
Name: Cheryl	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: N/A	Staff completing form: Jamari	Time of event: 3:30p	
Report Filed By:	Date: 1/14/18	Time: 3:50p	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: <i>Child lost tooth</i>	ACCIDENT:	DATE of Incident: <i>1.11.2018</i>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <i>Covered Rec / Front Desk</i>		Phone:	
Name of Participant/Injured-Party: <i>Sofia Kelly Lina Garcia</i>		Participants age: <i>6</i>	
Specific Area where the accident/incident occurred:			
Parent/Guardian: <i>Gabine Lina Gonzalez</i>		Phone (H):	Phone (W):
Address: <i>951 Black Cat Road Reswick, VA</i>		Phone (C):	Zip: <i>22947</i>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<i>Grandmother, and Granddaughter, stay with grandson were over by the couch. They all were out the facility for the event in the Multi-purpose room. Grandmother was looking at the books by the couch. The baby (boy - age - 12 months - ?) was on the couch with sister and kicked her in the mouth → over.</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 type="checkbox"/> hand/arm (finger)	<input checked="" type="checkbox"/> other <i>lost her tooth</i>	
WITNESSES: <i>Grandmother</i>			
Name: <i>Donna</i>	Address: <i>951 Black Cat RD</i>	Phone: <i>434.244.7190</i>	
Name: <i>Priscilla</i>	Address: <i>Reswick, VA 22947</i>	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no <input checked="" type="checkbox"/>	Fire Contacted: yes/no <input checked="" type="checkbox"/>	Rescue contacted: yes/no <input checked="" type="checkbox"/>	
Name:	Name:	Name	
Transported: yes/no <input checked="" type="checkbox"/> Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
<i>Thomas went to closet and got the little girl an Ice pack. Several Key Employees looked for the tooth (Thomas, and Flo) did not locate it. I wiped the sofa down with Lysol wipes just for precaution.</i>			
Staff In Charge:	Staff completing form:	Time of event:	
<i>Cory Skops</i>	<i>Katherine Grooms</i>		
Report Filed By: <i>Katherine Grooms</i>	Date: <i>1.11.2018</i>	Time: <i>7:00-7:30 pm</i>	
Date/Time Received by Supervisor:			