

Kyhiem Gier



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT		INCIDENT	ACCIDENT	DATE of Incident: 10-11-2015
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: Carver Recreation Center			Phone:	
Name of Participant/Injured Party:			Participant age:	
Specific Area where the accident/incident occurred:				
Parent/Guardian:		Phone (H):		Phone (W):
Address:				Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)				
At 1:20p the fire alarm sounded. Staff promptly removed patrons from the building and escorted them to the grassy area in front of the YMCA. Justin and Paul unlocked glass partition doors and checked rooms for any stragglers. FD arrived @ 1:24. Pull station located at the entrance to the lower parking garage was pulled. Kyhiem Gier witnessed 4-5 girls pull the fire alarm. After resetting the pull station and building alarm patrons were allowed to return to the building. The fire dept was provided building ownership info and Dim Computers business card. All exit doors were locked.				
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: Kyhiem Gier 7070 6st 882-1497				
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:				
Evacuated Patrons, assisted FD find pull station, reset alarm, locked and secured all exits upon patrons return				
Staff in Charge: JM		Staff completing form: Justin McKenzie		Time of event: 1:20pm
Report Filed By:		Date:		Time:
Date/Time Received by Supervisor:				

secured after alarm silenced

4 girls possib 4 suspects on front desk camera 10/11/15 @ 13:12  
- Mysia Smith, Tyanisha Felton, Nykita Bowles, Smbanyza



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CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT	DATE of Incident: 10-2-2015
Report should be submitted to the Parks and Recreation Division Manager within 24 hours SARA SPENCER			
Location Facility/ Program: CARVER REC SKATING		Phone: 434-224-4433	
Name of Participant/Injured Party: MYASIA WOODFOLK		Participant age: 7	
Specific Area where the accident/incident occurred: MULTI PURPOSE ROOM			
PARENT/CHILD COME W/ SARA SPENCER 434-224-4433			
Parent/Guardian: WILHEMIA WOODFOLK		Phone (H):	Phone (W):
Address: 736 E PROSPECT AVE (SARA'S ADDRESS)		Zip: 22903	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) 10-2-15 SKATING 7:40PM MYASIA WAS SKATING WITH DOUG EDDY, PATRON. DOUG FELL BACK ON MYASIA. THEY WERE HOLDING HANDS. HE COMPLETELY COVERED MYASIA'S BODY. Myasia left walking on her own.			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
RIGHT (leg/foot _____ head/neck _____ ears/nose/mouth/teeth knees _____ torso/back _____ internal shoulder _____ hand/arm _____ other _____)			
WITNESSES:			
Name: CHERYL BROOKS-DAVIS		Address: 1015 FOREST HILLS AV	
Name:		Address:	
Name:		Address:	
Police Contacted: yes/(no)		Fire Contacted: yes/(no)	
Name:		Name:	
Transported: yes/(no) Transported to: _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
I CALLED FRONT DESK FOR ASSISTANCE AND ACCIDENT REPORT JUSTIN GAVE CHILD BAG OF ICE. CHASE BROUGHT ACCIDENT REPORT FORM. ICE APPLIED TO RIGHT LEG			
Staff in Charge: CAREY		Staff completing form: CHERYL BROOKS-DAVIS	
Time of event: 7:40PM		Time of event: 7:40PM	
Report Filed By: CHERYL BROOKS-DAVIS		Date: 10-2-2015	
Date/Time Received by Supervisor: 7:50 10-2-2015		Justin McKenna	



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CIRCLE ONE: PLEASE PRINT	INCIDENT: Epileptic Episode	ACCIDENT	DATE of Incident: 10/26/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation Center		Phone: 434-970-3053	
Name of Participant/Injured Party: Kelly Falk		Participants age: 26	
Specific Area where the accident/incident occurred: Group Exercise Room			
Parent/Guardian:	Phone (H): Phone (C): (540) 259-0011	Phone (W):	
Address: 700 Hinton Avenue Charlottesville, Virginia			Zip: 22901
Kelly Falk recognized she was having an epileptic episode while she was in Cycling led by instructor Jennifer Billingsly. She got off of her bike at 3:10p and sat on the floor to gather herself. At 3:12p Kelly went to the restroom and Jennifer notified staff. Justin McKenzie checked on Kelly. Kelly was a bit hazy and weak but otherwise was able to speak and was able to pack her own bag. Jennifer and Justin both escorted her out of the building at 3:40p. Jennifer gave her a ride home to make sure she was okay.			
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: minor physical injuries sustained from seizure	
WITNESSES:			
Name: Jennifer Billingsly	Address:	Phone: (434) 409-6535	
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:			
Jennifer contacted Carver staff, Justin stayed with Kelly, Jennifer helped Kelly gather her things, Jennifer and Justin escorted her out of the building, Jennifer gave Kelly a ride home.			
Staff in Charge: Justin McKenzie		Staff completing form: Justin McKenzie	Time of event: 3:10p
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



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Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER REC - JEFFERSON CENTER		Phone: 970 3053	
Name of Participant/Injured Party: UNKNOWN		Participants age:	
Specific Area where the accident/incident occurred: outside Facility on 5th street			
Parent/Guardian:	N/A	Phone (H): Phone (C):	N/A
Address:	N/A	Zip:	N/A
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
A patron in Fitness center asked me to give her phone number of Charlottesville Police. She said a man was out on the street drunk & driving recklessly. Patron called C.P.D. and reported her observations. I described this man drink a quart of beer, then get in his pick-up and drive off down 5th street at a high rate of speed. The patron supplied C.P.D. with a description of man & truck. When I looked for the patron in question she had already left the center. DO NOT know her name —			
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knees	torso/back	internal	
shoulder	hand/arm	other	
WITNESSES:			
Name: Paul Ahrens	Address: 1024 Dixie St. C'ville	Phone: 996-6558	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no	Fire Contacted: yes/no	Rescue contacted: yes/no	
Name: Unknown	Name:	Name:	
Transported: yes no Transported to: N/A			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Gave C.P.D. phone number to patron —			
Staff in Charge:	Staff completing form:	Time of event: 8:00 AM	
Report Filed By: Paul Ahrens	Date: 10/13/2015	Time: 8:30 AM	
Date/Time Received by Supervisor:			



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