



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT	<u>ACCIDENT</u>	DATE of Incident: 9/30/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver Rec.</u>		Phone:	
Name of Participant/Injured Party: <u>Sara Branch</u>		Participant age:	
Specific Area where the accident/incident occurred:			
Parent/Guardian: <u>Dawn Branch</u>		Phone (H): <u>802-241-1059</u>	Phone (W):
Address: <u>3124 Martin Kings Rd</u>		Zip: <u>22902</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p><i>The child was walking down the stairs + before she could stop she fell down about 4 steps + was quickly picked up + analyzed by her mother + another patron. She was eventually able to stand but her mother still carried her to the car. OP got ice for the girl while Justin stayed w/ the girl and her mother.</i></p>			
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 checked="" type="checkbox"/> hand/arm	<input type="checkbox"/> other	
WITNESSES: <u>Tia (Rec Aide), Justin M. (MOD), OP (Rec Aide)</u>			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <input type="checkbox"/> no/ <input checked="" type="checkbox"/>	Fire Contacted: yes/ <input type="checkbox"/> no/ <input checked="" type="checkbox"/>	Rescue contacted: yes/ <input type="checkbox"/> no/ <input checked="" type="checkbox"/>	
Name:	Name:	Name:	
Transported: yes/ <input type="checkbox"/> no/ <input checked="" type="checkbox"/> Transported to: _____			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<i>Quickly got the child ice for her leg + arm.</i>			
Staff in Charge: <u>Justin</u>	Staff completing form: <u>Tia</u>	Time of event: <u>7:50ish</u>	
Report Filed By: <u>Tia</u>	Date: <u>9/30/15</u>	Time: <u>7:45</u>	
Date/Time Received by Supervisor: <u>8:00</u>	<u>Justin McKeayle</u>		



**City of Charlottesville
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CIRCLE ONE: PLEASE PRINT	INCIDENT: XXX	ACCIDENT	DATE of Incident: 09-29-2015
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:		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.)			
Around 11:50 a.m. the fire alarm sounded throughout the whole building. Immediately staff and I evacuated the building			
And waited for the Fire Department to arrive. Upon entering the building the fireman told me that one of the pull stations			
Had been pulled. We finally found out that it was on the other side of the building on the first floor. I gave the fireman a			
Key to reset the alarm and he said that everyone could come back in. There was no fire and no idea of why that station was			
Pulled.			
While talking with the firemen after the incident I saw Kelly Carpenter flailing her arms trying to get someone's attention. I			
Went running over to her as she was at the end of the sidewalk by the road. One of her Senior's was having a seizure. I along			
With one of the firemen were trying to assist while we were awaiting arrival of the ambulance. Once the ambulance arrived			
They administered oxygen to the lady and transported her to the hospital.			
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:	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:			
Staff in Charge: Nancy	Staff completing form: Nancy Burney	Time of event: 11:50 a.m.	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT BLOODY LIP	ACCIDENT	DATE of Incident: 9-6-15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER / SKATING		Phone: 970-3053	
Name of Participant/Injured Party: BRANDON WOODFOLK		Participant age: 4	
Specific Area where the accident/incident occurred: Multi-purpose room - roller skating			
Parent/Guardian: Christina Sparks		Phone (H): 434-212-1398	Phone (W):
Address: 1211 Jackson Dr (C. Wilson) 22902		Zip: 22902	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) CHILD FELL WHILE SKATING. CHILD HAD SMALL CUT ON LIP WHICH BLEED. MOM PICKED UP CHILD TO TAKE HIM TO RESTROOM. CHERYL GOT ANTISEPTIC WIPE FROM FRONT DESK AND BBP BAG FROM FRONT DESK TO DISPOSE OF WIPES. CHERYL GOT BAG OF ICE TO APPLY TO CHILD'S LIP. WIPES WERE PUT AND BAG AND JUSTIN PUT IN RED DISPOSAL CONTAINER - Ice bag was disposed of in red BBP bag & container			
Note: If more space is needed please use reverse side of form C. Sparks 9-10-15			
Injured Body Part - Specify Right or Left			
leg/foot	head/neck	<input checked="" type="checkbox"/> ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm	other	
WITNESSES:			
Name:	Address:	Phone:	
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"/> Transferred to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: CHERYL CAME TO FRONT DESK TO GET BBP KIT FOR WIPES AND RED BAG. TOOK WIPES TO MOM/CHILD. DISPOSED OF WIPES IN RED BAG. JUSTIN PUT IN DISPOSAL CONTAINER. Justin disposed of ice bag in BBP container			
Staff in Charge: CHERYL Justin McKenzie	Staff completing form: CHERYL BROOKS-DAVIS Heidi Wootten-Douglas	Time of event: 3:50PM	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			