



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: X	ACCIDENT	DATE of Incid7/27/2015Sent:
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver rec center/ Volleyball Camp		Phone: (434) 970-3053	
Name of Participant/Injured Party: Claire Munro		Participants age: 13yrs 9 months	
Specific Area where the accident/incident occurred: Gymnasium			
Parent/Guardian: Kevin Munro		Phone (H): (434) 977-8694 Phone (C): (434) 806-2553	Phone (W): (434) 960-7436
Address: 318 Avon St, Charlottesville, VA			Zip: 22902
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
I was in the process of doing my daily rounds; coming from the fitness room when I saw Danny returning to the GYM. I ask him if everything was alright and he waved me to come into the GYM. Upon entering the GYM, I noticed all the player sitting on the ground and a player was laying on the ground being assisted by a parent. I asked if 911 were called and I asked Danny to go meet them in the parking lot. I waited for the EMTS to arrive and escorted them upstairs. The EMT assisted the young lady and determined that she be taken to the emergency room, her mother was to meet them at the emergency room. The EMT asked if anyone was going to ride with the child to the emergency room, I came downstairs and spoke too Dan as to what is the protocol. I was then asked to go with the child to the emergency and wait until her mother arrives. The EMT turned the child over to the staff at the emergency room and left. A little while later the mother arrived and I returned to carver.			
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 checked="" 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 <input type="checkbox"/> other			
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: no	Fire Contacted: yes	Rescue contacted: yes	
Name:	Name: Charlottesville fire and rescue	Name: Charlottesville fire and rescue	
Transported: yes no Transported to: UVA Emergency room			



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CIRCLE ONE: PLEASE PRINT	INCIDENT: X	ACCIDENT	DATE of Incid7/27/2015ent:
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Jefferson School City Center			Phone: (434) 970-3053
Specific Area where the accident/incident occurred: Lower Parking Garage			
Name of Participant/Injured Party:			Participants age:
Parent/Guardian:	Phone (H): Phone (C):	Phone (W):	
Address:			Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
At 1:20pm the fire alarm sounded. Staff promptly removed patrons from the building and escorted them to the grassy area in front of the YMCA. Justin McKenzie and Paul Abrams unlocked the glass partition doors and checked all rooms for anyone left behind. The Fire Department arrived at 1:24pm. The pull station located at the entrance to the lower parking garage had been pulled. After resetting the pull station and building alarm patrons were allowed to return to the building. The Fire Department was given CBRE info, Dan Carpenter's business card, and Justin's information. Justin and Paul locked and secured all exits. *** Kyhiem Kier said he witnessed four girls aged 10-12 years old pull the fire alarm. He was able to identify the girls from footage of the front desk (Mysia Smith, Tynaisha Felton, Nykala Bowles, and Sinhuayza).***			
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: Kyhiem Kier	Address: 707C 6 th St		Phone: 434-882-1497
Name:	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: no	Fire Contacted: yes	Rescue contacted: no	
Name:	Name: Charlottesville Fire Department		Name:
Transported: yes no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Evacuated patrons, assisted Fire Department find pull station, reset alarm, locked and secured exits upon patrons return.			
Staff in Charge: Justin McKenzie		Staff completing form: Justin McKenzie	Time of event: 1:20pm
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



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STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:		
Staff went with child to the emergency room		
Staff in Charge: Dan Carpenter	Staff completing form: Shaun Daniel	Time of event: 9:20 AM
Report Filed By: Shaun Daniel	Date: 7/28/2015	Time: 11:00 Am
Date/Time Received by Supervisor:		



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Behavior Report

CHARLOTTESVILLE
parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT Disrespectful	ACCIDENT	DATE of Incident: 7/18/15
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program:		Phone:	
Name of Participant/Injured Party: Jalen Fitch / Demere Johnson		Participant age: 15 + 16	
Specific Area where the accident/incident occurred: Teen Center			
Parent/Guardian:		Phone (H):	Phone (W):
Address: Demere - 327-9430		Jalen - 409-2554 or 9	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
I had asked them earlier (on Sat. 7/18/15) if you take chairs out you need to put them back - Demere walked out Jalen put one chair away + I asked him to Please help me + he said No.			
Note: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left to think about being			
<input type="checkbox"/> leg/foot		<input type="checkbox"/> head/neck	
<input type="checkbox"/> knees		<input type="checkbox"/> torso/back	
<input type="checkbox"/> shoulder		<input type="checkbox"/> hand/arm	
		<input type="checkbox"/> ears/nose/mouth/teeth	
		<input type="checkbox"/> internal	
		<input type="checkbox"/> other	
Disrespectful			
WITNESSES:			
Name:		Address:	
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:			
Staff In Charge:		Staff completing form:	
Report Filed By:		Date:	
Date/Time Received by Supervisor: Carolyn McKinney		Time: 5:45	

A. Burney



City of Charlottesville
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CIRCLE ONE: PLEASE PRINT	<u>INCIDENT</u>	ACCIDENT	DATE of Incident: 07-09-15
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: Jefferson School City Center			
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 6:21p the fire alarm went off. Staff followed procedure and evacuated all patrons from the facility and made sure everyone was in the grass area. Staff checked all room and restrooms and gave the building an all clear. Fire and rescue arrived on scene at 6:28p and Dan Carpenter showed them the pull station. The firemen cleared the building at 6:32p and people were allowed to re-enter the building. Amanda Robey checked the cameras and saw a young girl pull the fire alarm by the vending machines upstairs. Dan found the girl's mother and spoke to her about taking the correct precautions when in an environment like this. Dan explained the importance of young children being with the parents in the building for safety issues as well.			
Note: If more space is needed please use reverse side of form			
Injured Body Part -- Specify Right or Left			
<u>leg/foot</u>		<u>head/neck</u>	
<u>knees</u>		<u>ears/nose/mouth/teeth</u>	
<u>shoulder</u>		<u>torso/back</u>	
		<u>Internal</u>	
<u>hand/arm</u>		<u>other</u>	
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:			
Followed evacuation procedure, checked all rooms for any stragglers, maintained order while patrons waited outside			
Dan checked pull stations, Amanda checked cameras to see who pulled the alarm, Dan spoke to the parent of the child			
Staff In Charge: Amanda Robey		Staff completing form: Justin McKenzie	Time of event: 06:21p
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



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CHECK ONE:	INCIDENT XXXX	ACCIDENT	DATE: 7/9/15
Reporting Facility/Program: Carver Rec Center			Phone:
Name of Participant/Injured Party: Hadeja Payne and Taquarius Catoe			Participant age: 13
Area where the accident/incident occurred: downstairs hallway			
Participant age:13			
Method of notifying parents:		In person	Telephone
Name of Parent/Guardian: Sandra or Marquita Catoe		Phone hadeja: 434-977-5985	Phone taquarius: 434-4651859
Hadeja: Tasha Payne			
Address: Hadeja: 2309 cresmont ave Charlottesville va 22903 Taquarius: 110 sribbling ave charlottesville va			Zip:22902
Description of Accident/Incident (summarize the event, people involved, environment and other information relevant to the event):			
At 4:45 Hadeja came into the facility and threw her purse down the hall way, just barely missing a patron. I told her to stop and to pick up the purse, and apologized to the patron. I went to hadeja and told her that that is not okay, she almost hit someone and asked her what was wrong. She advised me that gentlemen took her shoe, I told her that she still cannot come into the facility with that type of attitude or behavior. She said she did not care and that she was sorry for almost hitting the patron, I told her that it was the patron she needed to apologize to. The young gentlemen who took her shoe came back into the facility and approached us in the hallway near the teen center. He gave her the shoe back and Hadeja use foul language towards him and call him a "stupid bitch" and told him to give her the shoe back. Then both hadeja and taqarius went towards each other as if they were going to fight and that is when I told them they have got to go and they were both suspended. I told Hadeja two weeks but feel it needs to be longer. The gentlemen told me that he does not care and that he does not live her. Both kids left the facility and I advised them we would send the letters home			
WITNESSES:			
Name :Molly and Justin		Address:	Phone:
Name:		Address:	Phone:
STAFF ACTION (How situation was handled, who was called, procedures followed):Escorted the two out of the building			
Staff in Charge: Amanda		Staff completing form: Amanda	Time of event: 4:45
Action taken/Treatment administered:			
Completed incident form will send letters home			
COMPLETE IF APPLICABLE			
Name of Fire/Rescue/Police personnel who responded to call:			Police case #:
Blood borne Pathogen procedures followed:			
FOLLOW UP ACTION:		Date:	Time:
Staff name:			
Follow up report:			
Signature of Parent/Guardian (if required):			Date: