



CHECK ONE:	INCIDENT: XXX	ACCIDENT	DATE: 06-29-2015		
Reporting Facility/Program: Car	Reporting Facility/Program: Carver Recreation Center Phone:				
Name of Participant/Injured Par			Participant age: 13/14 ??		
	nt occurred: Front Desk/Teen Ce	nter			
Participant age:					
Method of notifying parents:	In person	Telephone	Other		
Name of Parent/Guardian:		Phone (H):	Phone (W):		
Address:			Zip:		
		lved, environment and other informa			
		carrying on and could barely wal			
		g them as they were "trying" to si			
Teen Center where they began	acting up immediately. Theresa r	noticed them staggering and ther	we could smell alcohol on		
		on was cursing on his way out the			
		to go and when to leave. His 60	day suspension is based on		
The way he was talking to me a	s of course I have no proof of the	atorementioned.			
	A				
	WITNESSES: Theresa Sylvester, Amanda Robey, Carolyn McCray.				
Name:	Address:		Phone:		
Name:	Address:	os fallowad).	rnone.		
STAFF ACTION (How situation was	s handled, who was called, procedure	es followea):			
Staff in Charge: Nancy Burney	Staff completing form: Nancy B	urnev	Time of event: Approx. 5:00		
Start III Charge, Naticy burney	Stan completing form, walley b	· ·	p.m.		
Action taken/Treatment admin	istered:	· · · · · · · · · · · · · · · · · · ·			
, issuer samely recommend addition					
Dakon will be suspended for 60	days.				
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:		I			
Follow up report:					
Tollow up report.					





CHECK ONE:	INCIDENT	X	ACCIDENT	DATE: W-20-15	
Reporting Facility/Program:		(COVVE)			
Name of Participant/Injured Pa	rty:	Philli	P Hoffmai	Participant age: [C	
Area where the accident/incide	nt occurred:	gymna	sium		
_		0			
Participant age:				٠	
Method of notifying parents:	in person		Telephone 4342	42 12 0 mgr	
Name of Parent/Guardian:			Phone (H):	Phone (W):	
Address: [203	Augu	15 161 15tr	eet	Zip: 22903	
Description of Accident/Incider	nt (summariže t	he event, people invo	ved, environment and oth	er information relevant to the event):	
Phillip came	+0 T	ne for		250000 10:20	
and advised	staff	his in	on 55 was	stolen from	
Me Gym. He	placed	his phor		re volluball	
VIE STEAMS IN	1 +00	bucks		r of the	
gum. The phot	ne wa	sin a gr	er OHER DOX I	W navy blue	
Frim. I chec		ne carn		ad no success.	
Tia made a	n an	nounceme	I'm me	ym for a	
10ST PHONE W		a police	report av		
his parents	Minks	ne mai		acier on it	****
WITNESSES:	1,7 117 (10,0	1,20	J		
Name:	Address:			Phone:	
Name:	Address:			Phone:	
STAFF ACTION (How situation wa	s handled, who	was called, procedure	es followed):		
	neva			Ement	
in aum.		-, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Staff comple	eting form: (NY)	nanda R	Time of event: $(p^1, 2)$.0
Action taken/Treatment admin					
police were	calle	a and n	ATTHECK A	ko canta	
VAI REC CEM-			nem be	on the.	•••
WOK OUT -	ex a	Phone -	mat mee	to description	
		111			
		···			
		COMPLETE I	APPLICABLE		
Name of Fire/Rescue/Police pe	rsonnel who r			Police case #:	
Blood borne Pathogen procedu		NIO	31-011101-1-1		
FOLLOW UP ACTION:		<u> </u>	Date:	Time:	
Staff name:			Date.	111164	
Follow up report:					
Tollow up report.					
Signature of Parent/Guardian (if required).			Date:	

Philip Hoffman

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CHECK ONE:	INCIDENT: XXX	ACCIDENT	DATE: June, 23, 2015		
Reporting Facility/Program: Carver Recreation Center Phone:					
Name of Participant/Injured Pa	rty: Lisa Woodfolk		Participant age:		
	ent occurred: Outside on the sidev	valk			
Participant age:					
Method of notifying parents:	In person	Telephone	Other		
Name of Parent/Guardian:		Phone (H): 434-806-2756	Phone (W):		
Address:			Zip:		
	nt (summarize the event, people invo				
Ms. Woodfolk came in to pick t	up her child from our Summer Car	np Program. While she was waiti	ng to get into the driveway		
area a Hispanic male dress in w	hite/off white trousers, red shirt	and a white hard hat proposition	ed her for sex. She told him to		
get away from her and he cont	inued to ask her and put his hand	out and then asked her if she kn	ew anyone that he could pay		
for sex. She left where he was a	and came inside and reported the	incident to me because she was	very concerned about this due		
to the amount of children/teer	nagers we have a camp. I came int	o the office and got Erica Goode	and reported this to her as		
	gram. We went outside and saw h		fore, I called the police		
department and gave a descrip	tion of the man and told them w	nat I was told.			
	neg				
Name:	Address: U		Phone:		
Name:	Address:		Phone:		
	is handled, who was called, procedure	es followed):			
Contacted police to come and	investigate.				
			L 77		
	Staff completing form: Nancy B	urney	Time of event: 4:00 p.m.		
Action taken/Treatment admir	histered:		3 bt - 2 bl		
	know they were looking for him		e and that they would be		
driving through our lot more fr	equently especially with Camp go	oing on.			
		F APPLICABLE	1		
Name of Fire/Rescue/Police personnel who responded to call: Officer Harvey Police case #:					
Blood borne Pathogen proced	ures followed:				
FOLLOW UP ACTION:		Date:	Time:		
Staff name:					
Follow up report:					
			·		
Signature of Parent/Guardian	(if required):		Date:		





Reporting Facility/Program: Carver Recreation Center Name of Participant/Injured Party: Tyberius Conn Area where the accident/Inicident occurred: Cymnasium Participant age: 17 Method of notifying parents: In person: XXX Telephone: Other Name of Parent/Guardian: Jeff Conn Phone (H): 434-806-7871 Phone (W): Address: 115 Danbury Court Charlottesville, Virginia Phone (H): 434-806-7871 Phone (W): Address: 115 Danbury Court Charlottesville, Virginia Description of Accident/Incident (summarize the event, people involved, environment and other information relevant to the event): Tyberius Conn was playing a basketball game and became injured when a participant accidently bumped into Tyberius eye with his shoulder. The participant was given ice for his left eye. WITNESSES: Shanlece Bradford Name: Address: 1533 Curry Hill Charlottesville, Virginia Phone (434)3278022 Phone: STAFF ACTION (How situation was handled, who was called, procedures followes): Tyberius sat down in the lobby area with a bag of ice for 15 minutes so staff could monitor his eye. STAFF ACTION (How situation was handled, who was called, procedures followes): Tyberius sat down in the lobby area with a bag of ice for 15 minutes so staff could monitor his eye. STAFF ACTION (How situation was handled, who was called, procedures followes): Tyberius sat down in the lobby area with a bag of ice for 15 minutes so staff could monitor his eye. STAFF ACTION (How situation was handled, who was called, procedures followes): Tyberius on the lobby area with a bag of ice for 15 minutes so staff could monitor his eye. STAFF ACTION (How situation was handled) COMPLETE IF APPLICABLE Name of Fire/Rescue/Police personnel who responded to call:N/A Police case #: Blood borne Pathogen procedures followed:N/A FOLLOW UP ACTION: Staff name: FOLLOW UP ACTION: Time of event: 5:45 p.m. Phone (STAFF) Phone (W): Address: 1533 Curry Hill Charlottesville, Virginia Phone (H): 434-806-7871 Phone (H): 434-806-7871 Phone (H): 434-806-7871 Phone (H): 434-806-7871 Phone (H):	CHECK ONE:	INCIDENT	ACCIDENT: XXX	DATE: 06/15/2015		
Area where the accident/Incident occurred: Gymnasium Participant age: 17 Method of notifying parents: In person: XXX	Reporting Facility/Program; Car					
Area where the accident/Incident occurred: Gymnasium Participant age: 17 Method of notifying parents: In person: XXX	Name of Participant/injured Pa	rty: Tyberius Conn		Participant age: 17		
Method of notifying parents: In person: XXX Telephone: Other Name of Parent/Guardian: Jeff Conn Phone (H): A34-806-7871 7phone (H): A34derss: 115 Danbury Court Charlottesville, Virginia 7gp:22903 Description of Accident/Incident (summarize the event, people involved, environment and other information relevant to the event): Tyberius Conn was playing a basketball game and became injured when a participant accidently bumped into Tyberius eye with his shoulder. The participant was given ice for his left eye. WITNESSES: Shaniece Bradford Name: Address: 1533 Curry Hill Charlottesville, Virginia Phone (434)3278022 Name: Address: Address: 1533 Curry Hill Charlottesville, Virginia Phone (544)3278022 Name: Address: Address: Staff conjectives followed: Tyberius sat down in the lobby area with a bag of ice for 15 minutes so staff could monitor his eye. Staff in Charge: Amanda Staff completing form: Shaniece Bradford Time of event: 5:45 p.m. Robey COMPLETE if APPLICABLE Name of Fire/Rescue/Police personnel who responded to call:N/A Police case #: Blood borne Pathogen procedures followed:N/A FOLLOW UP ACTION: Police case #: Time: Staff name: Follow up report:						
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Staff name: Follow up report:		,	Date:	Time:		
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Cignature of Daront/Guardian /if required):						
orginature or natemyouardian (ii required).	Signature of Parent/Guardian (if required):		Date:		

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