



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CHECK ONE:	INCIDENT: XXX	ACCIDENT	DATE: 05/29/2015
Reporting Facility/Program: Carver Recreation Center			Phone:
Name of Participant/Injured Party:			Participant age: 11
Area where the accident/incident occurred: Front Desk			
Participant age:			
Method of notifying parents:	In person: with police asst.	Telephone	Other
Name of Parent/Guardian: Courtney Brown		Phone (H): 434-326-6076	Phone (W):
Address: 707 6 th Street, SE, Apt. 3 Charlottesville, VA			Zip: 22903
Description of Accident/Incident (summarize the event, people involved, environment and other information relevant to the event):			
<p>At approximately 7:50 p.m. Kayewon Brown came running up to the front desk crying and screaming for me to help him. He said his head was killing him and that his heart was pounding in his stomach, throat and ears. He grabbed hold of me and begged me not to let him die. He said that the building was making noises and was echoing at him. I was trying to calm him down and tried to reassure him that I was going to take care of him. He begged me to not let go of him. I had my arms wrapped around him hugging him and kept telling him "I have you, I have". Within a few seconds he broke loose from my hug and it was like something had overtaken him. He reached out to grab Mica and I quickly told her to move out of the way, at that point he grabbed the first computer monitor and tried to throw it. I got my arms back around him and he grabbed hold of me again telling me "please don't let me die". As I was trying to figure out what had happened to him he said that John Luck was smoking some kind of drug and that he had blown the smoke into Kayewon's face several times. At some point with all of this going on I had Mica call the rescue squad. Fire, police and EMS arrived momentarily. While waiting for them though I had Kayewon on the couch holding him and trying to keep him calm. Once EMS arrived they began care of him but he wouldn't let me go he kept asking me to promise that I wouldn't leave him and wanted me to go with them to the hospital. During all this time due to our lack of being able to get in touch with Ms. Brown the police sent another officer to Kayewon's house, after some time they found mom and she made it to Carver. She refused medical transport for her son and said he would remain in her sights for the rest of the night. After this I was told by Cheryl that Donshea Taylor had also been involved in whatever had happened and he was outside throwing up. Before Ms. Brown left I updated her address and phone number in RecTrac.</p>			
WITNESSES: Mica Biazon MB			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
STAFF ACTION (How situation was handled, who was called, procedures followed):			
See above.			
Staff in Charge: N Burney	Staff completing form: Nancy Burney	Time of event: 7:50 p.m.	
Action taken/Treatment administered:			
See Above.			
COMPLETE IF APPLICABLE			
Name of Fire/Rescue/Police personnel who responded to call: Fire/Rescue/Police			Police case #:
Blood borne Pathogen procedures followed:			
FOLLOW UP ACTION:	Date:	Time:	
Staff name:			
Follow up report:			
Signature of Parent/Guardian (if required):			Date:



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CHARLOTTESVILLE
parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT <input checked="" type="checkbox"/>	ACCIDENT <input type="checkbox"/>	DATE of Incident: 5/25
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CARVER REC		Phone: 434-516-9180	Participant age: 13
Name of Participant/Injured Party: Tamarus Washington			
Specific Area where the accident/incident occurred: gym			
Parent/Guardian: Teletha Howard		Phone (H): 434-9180	Phone (W):
Address: 22 Anderson St.		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Tamarus came down to the front desk at closing letting me know he thought his iPod was stolen. He left it in the gym (left side) bleachers while he played basketball. When he was done he noticed it was gone. Told Tia (staff in gym) she sent him to the front desk. Nancy and I watched the cameras. At 15:00 42 you can see			
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 <input type="checkbox"/> other			
WITNESSES:			
Name:		Address:	Phone:
Name:		Address:	Phone:
Name:		Address:	Phone:
Police Contacted: yes/ no		Fire Contacted: yes/ no	Rescue contacted: yes/ no
Name: SOROKI (68)		Name:	Name:
Transported: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
Staff In Charge: amonah			
Staff completing form: amonah		Time of event: 3:45	
Report Filed By: Nancy		Date:	Time:
Date/Time Received by Supervisor:			

05-26-15 Lm for Ms. Howard to let her know we have her sons iPod back.
Gavin Sims - 227-8457 (mom's ph.#) 1:40 pm
Age 15
15:00(42) takes iPod
Stole 1 iPod
13:57 came to carver



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CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT Left Ankle sprain	DATE of Incident: 05/25/2015
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carter</u>		Phone:	
Name of Participant/Injured Party: <u>Evan Yates</u>		Participant age: <u>15</u>	
Specific Area where the accident/incident occurred:			
Parent/Guardian: <u>Francis</u>		Phone (H): <u>434-825-3518</u>	Phone (W):
Address: <u>717 Orangedale St. Charlottesville</u>		Zip: <u>22902</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Playing basketball - fell during a game, he tripped and fell. No one fell over him he got up a ran out of the gym limping. Sat down on chairs outside gym. Drove assessed his ankle, a moment got it. He decided he feels okay to play basketball.</u>			
Note: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or <u>Left</u>			
<u>leg/foot</u>		<u>head/neck</u>	
<u>knees</u>		<u>ears/nose/mouth/teeth</u>	
<u>shoulder</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:			
<u>Inspected injury - pain but ok ankle movement</u>			
<u>Ice + called parent</u>			
Staff in Charge:	Staff completing form: <u>Andrea Perrot</u>	Time of event: <u>3:05p.</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			

CHECK ONE:	INCIDENT XXX	ACCIDENT	DATE: 5/20/2015
Reporting Facility/Program: Carver Recreation Center			Phone:970-3053
Name of Participant/Injured Party: Lydia Deese & Simona Howard			Participant age: Unknown
Area where the accident/incident occurred: Front Desk			
Participant:			
Method of notifying parents:		Telephone	Other
Name of Parent/Guardian		Phone	Phone (W):
Address:			Zip:
Description of Accident/Incident (summarize the event, people involved, environment and other information relevant to the event): Both women came in to renew their passes. I started with Lydia first and the prices of her pass weren't ringing up correctly since she qualified for the scholarship. After telling Lydia to come in to renew her pass later, Simona jumped in and wanted to be helped. She also wanted to purchase 2 pool passes for her children and renew her own. When she found out that the scholarship doesn't qualify for the pool passes, she started getting belligerent. Tia and I then explained to her that the scholarship still qualified for the pool at Smith. Tia tried to renew her pass and get her children a pass and the prices weren't ringing up correctly. Simona then started to cuss at us and yell very loudly that was she not happy about the prices not coming up at the discounted rate. I had already made Dan aware that these women were acting belligerent and after Simona started to cuss at me, he jumped in and calmly told Simona that he would contact Michelle and get the problem fixed. The women left shortly after.			
WITNESSES:			
Name: Tia Jones	Address:		Phone:
Name: Kathryn Bender	Address:		Phone:
STAFF ACTION (How situation was handled, who was called, procedures followed): After multiple attempts to clarify what was wrong, Dan stepped in and handled the situation.			
Staff in Charge: Mica Biazon		Staff completing form: Mica Biazon	Time of event: 6:16p
Action taken/Treatment administered:			
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:

[illegible]



CHECK ONE:	INCIDENT: xxx	ACCIDENT	DATE: May 23, 2015
Reporting Facility/Program: Carver Recreation Center			Phone:
Name of Participant/Injured Party: Ismael Moumbossy			Participant age: 15
Area where the accident/incident occurred: Carver Gymnasium			
Participant age:			
Method of notifying parents:	In person	Telephone	Other
Name of Parent/Guardian:		Phone (H):	Phone (W):
Address:			Zip:
Description of Accident/Incident (summarize the event, people involved, environment and other information relevant to the event):			
At 6:00 p.m. at closing time Ismael came to the Front Desk to report his phone had been stolen. He said he had placed his			
Phone inside of his hat and laid them both under the 3 rd bench on the left side of the gymnasium. After looking at the cameras			
For quite some time I could not tell that anyone had messed with his belongings. I asked him if he wanted to contact the			
Police or his parents and he said no.			
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
STAFF ACTION (How situation was handled, who was called, procedures followed):			
Staff in Charge: N. Burney	Staff completing form: Nancy Burney	Time of event: 6:00 p.m.	
Action taken/Treatment administered:			
No action was taken at this point since Ismael didn't want to call his parents or the police.			
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: