

parks (Specification)

CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident:		
, rewritting			10/20/16		
Report should be submitted to the Parks and Recreation Division Manager within 24 hours					
Location Facility/ Program:	Skating		Phone:		
Name of Participant/Injured-Pa		Rogers	Participants age:		
Specific Area where the accide	nt/incident occurred: WY+e	r ree, multi	-purpose		
			1 1000		
Parent/Guardian:	Rosers	Phone (H): 540570 Phone (C): 0072	Phone (W):		
Address: 1830 YC		cottenine	Zip:		
Description of Accident/Incider	nt (What occurred? What was the pa	こくち 90 tron doing? Please be as specific as	possible.)		
Playing +	eg tell on	I other pe	1883		
J. J.	,				
rolled on	er fingers	end he ro	in Mto		
3-					
Wall, CH	UD HIT HIS	S HEAD (LEFT)	I AGAIUST		
BRICK W	IALL.				
Note: If more space is needed	please use reverse side of form				
Litinged Dedic Dock - Specific Diel		· 			
Injured Body Part – Specify Rig	nt or Lett head/neck (LEFT)	ears/nose/mouth/teeth			
knees	torso/back	_ears/nose/mouth/teeth internal			
shoulder	hand/arm (finger)(/EFT)	other			
WITNESSES:					
Name: YOUR		enetary Sand	Phone: C		
Name: Chuspin	Address: Ra SCINK		Phone;		
Name:	Address: 22914	99	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: APPLIED ICE WRAPPED III PAPER TOWEL FOR CHILD					
APPLIED ICE WRAPPED IN PAPER TOWEL FOR CHILD					
		,			
			1 4		
Staff in Charge CHERYL BRUNKS - DAVIS	Staff completing form: Ch	ERYL BROOKS-WA	UTTAS of event: 7/20		
Report Filed By: CHERYL FA	PAKC-DAUIS	Date: 12/23/16	Time: 7, 25		
Date/Time Received by Supervi					





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:				
PLEASE PRINT		l V	12/02/2016				
· .	•		/ /				
Report should be submit	ted to the Parks and Recrea	ition Division Manager with	nin 24 hours				
Location Facility/ Program:	CARVER~S	KATING	Phone:				
	T ()		Participants age:				
Name of Participant/injured-Pa	arty: JOSE (JUGOSPU)	azar	7				
Specific Area where the accide	nt/incident occurred:						
Parent/Guardian:	Marier	Phone (H): 4349621193	Phone (W):				
RAIN	NUUV	Phone (C):					
Address: 4	or arcu ci	VILLE	Zip: 72902				
	A had a second as a second						
Description of Accident/Incide	nt (What occurred? What was the pa	atron doing? Please be as specific as	possible,)				
T							
I THREE KI	DS SKATING	IN CIRCLE	AND FELL.				
JOSE MTG	SHT HAVE B	FELL HTT R	Y A SKATE.				
AUDTIO	TILE IS ALL	MOMTAN	OUTLA TIME				
12 ASTURAGA	TO CHENTON	THOM TOOK (MILLO INTO				
13/17/17/KOOM	10 CLEXIN CH-	44DIS FACE	LOTICED				
BLOOD ON CA	HILD'S WOSE	\$4U()}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MAND WENT				
TO BET BBF	KIT AND RE	A WALL WOULD	7				
Note: If more space is needed	please use reverse side of form	DAG.					
Injured Body Part – Specify Rig			00011100=				
leg/foot	head/neck V	_ears/nose/mouth/teeth 📿 /	LOODY NOSE				
knees	_torso/back	internal					
shoulder	_hand/arm (finger)	other					
WITNESSES:		·					
Name: A MYA / EWE	S Address: SCARBOROU	RH PIACE COH	Thone:)				
Name:	Address:	on the gra	Phone:				
Name:	Address:		Phone:				
Police Contacted: yes(no)	Fire Contacted: ye (no)	•	Rescue contacted: yes no				
Name:	Name:		Name				
5							
Transported: yes/no /Transported to:							
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: PLACED (NOODY PAPER TOWELS TILL RED RAG							
DINCO ZAL	TOUTE PARTY	MITOWELS I	U AED BAG.				
PLACED DITO	LIV BED BINI						
		•					
THE STATE OF THE STATE OF							
1 Staff in Charge: KM///////~~~	A list of Completing form:	<i>Ⴗメニℝ</i> マノ <i>゙</i> どどパパだい~ペォ	Title of event. HILL				
Staff in Charge: KALOOKS	A ISTATIS completing form: C	4ERYL BKOOKS-DA	The of event: 7.15P				
Report Filed By:	A Staff Sompleting form:	HERYL BKOOKS'-DA	(加強 of event: 7//S/P				





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of incident:		
PLEASE PRINT			12/13/16		
·		The state of the s			
Report should be submitt	ed to the Parks and Recrea	ition Division Manager with	nin 24 hours		
Location Facility/ Program:			Phone:		
			Participants age:		
Name of Participant/Injured-Pa	nty: Fliot Steven	150A	1		
Specific Area where the accider	nt/incident occurred: Ouvo	nashiv	<u> </u>		
Parent/Guardian:		Phone (H):	Phone (W):		
Donal	d Stevenson	Phone (C):434 -466-258			
Address:	,		Zip:		
			· · · · · · · · · · · · · · · · · · ·		
Description of Accident/Incider	it (What occurred? What was the pa	atron doing? Please be as specific as p	possible.)		
3 i	was planing				
	1 1				
ankernacked			ed who		
arrived a f	ew mystes	later When	asked if he		
	to call rescue,	his father sta	ted he would		
4 6		1113 100 1110			
take care of	· · · · · · · · · · · · · · · · · · ·				
Note: If more space is needed p	lease use reverse side of form				
Injured Body Part – Specify Righ					
	head/neck	_ears/nose/mouth/teeth			
	torso/back	internal			
shoulder	hand/arm (finger) X	other and le			
1447450550					
WITNESSES:					
Name:	Address:		Phone:		
Name:	Address:		Phone:		
Name:	Address:		Phone:		
			- Company		
Police Contacted: yes/no	Fire Contacted: yes/fo		Rescue contacted: yes/no		
Name:	Name:		Name		
Transported: yes (no) Transported to:					
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:					
	a bag of ice	c 4 had him	sit on the		
Couch.	~_3				
Claff in Change	CL-FF 1 11 F	And the second s			
Staff in Charge:	Staff completing form:	(,	Time of event: 3 550		
			,		
Report Filed By:		Date:	Time:		
Date/Time Received by Supervis	sor:				





CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:			
PLEASE PRINT			12/18/16			
·						
Report should be submitt	ed to the Parks and Recrea	tion Division Manager with	ain 24 hours			
Location Facility/ Program: Co	2/1/2 m/s	tion Division Wanager With	Phone:			
Location racinty/ Frogram. Ca	ALLECTOR		Participants age:			
Name of Participant/Injured Pa	The To 1 Strain	Lace	Participants age.			
Specific Area where the acciden	rty: Jacob Strum nt/incident occurred: Doonst	(Att of				
Specific Area Where the accides	ity incident occurred.	5				
Dorant/Cuandian		Diama (ill)	DL 046			
Parenty Guardian	to late 1 x est	Phone (C): 434 9534291	Phone (W):			
Address & d i illa	1173 / 124 /14	Phone (C): 757 /539 4/	71-17-18-2			
Address: 1700 State PVI	Honday Rd, Cha	- ISTIRSVIIL VA	Zip: 22903			
			43.3			
		tron doing? Please be as specific as p				
tell while	Skating landed	on Right ello	04-2-5 y			
We stated =	that his skates	went together &	he Coll			
		Kur.				
	•	•				
		17				
			and the second s			
Note: If were speed to preded to	-lana mayara alda af fama	Lance and the same of the same	y y y y water day have been .			
Note: If more space is needed p	nease use reverse side of form					
Injured Back, Back Casaif, Bigl						
Injured Body Part – Specify Right leg/foot	head/neck					
	torso/back	_ears/nose/mouth/teeth				
	7	_internal				
shoulderV	hand/arm (finger)	other				
WITNESSES:						
	Address		Dh			
Name:	Address:		Phone:			
Name:	Address:		Phone:			
Name:	Address:		Phone:			
Dellas Contratado de		•				
Police Contacted: yes/no	Fire Contacted: yes/fio		Rescue contacted: yes/no			
Name:	Name:		Name			
Turn and the Control Turn and the						
Transported: yes/65 Transported to:						
STAFF ACTION Explain how staff responded including blood borne pathogen procedures followed:						
Chery garre some ice						
V						
Staff in Charge: Chery	Staff completing form:	cery!	Time of event: 2			
d d			£			
Report Filed By:		Date:	Time:			
Date/Time Received by Supervisor:						