



| CIRCLE ONE:                             | INCIDENT:   | ACCIDENT:                          | DATE of Incident:                    |
|---|---|------------------------------------|--------------------------------------|
| PLEASE PRINT                            |   |                                    | 7:20pm                               |
| Danasa alaasi 199                       | and the second  |                                    |                                      |
|   | ted to the Parks and Recre                                  | eation Division Manager v          | within 24 hours  Phone: 434-970-3053 |
| Location Facility/ Program:             | Location Facility/ Program: ('ARVER 6 \/n)                  |                                    |                                      |
|   | arty: Leon STRAUS   |                                    | Participants age:                    |
| Name of Participant/Injured P           |   |                                    |                                      |
| Specific Area where the accide          | ent/incident occurred:                                      | Asivm                              |                                      |
|   | *   |                                    | 2156                                 |
| Parent/Guardian:                        |   | Phone (H):434-218-8                | Mehone (W):                          |
|   |   | Phone (C):                         |                                      |
| Address:                                |   |                                    | Zìp;                                 |
| Decoded a of Academy for the            |   |                                    |                                      |
| Description of Accident/Incide          | nt (What occurred? What was the                             | patron doing? Please be as specifi | c as possible.)                      |
| MIK STRAWS WA                           | 5 going FAR a la  | ry up when he is                   | uns indoncer                         |
| and fell direct                         | by on his him The   | to Eall control of                 | Proc aux                             |
| Re Fair 1-11                            | s going FAR a la<br>by on his hip. The<br>hip I down his ke | - juil - Charlet 1                 | p paris                              |
| IN INS LEFT                             | MY JOUN NIS PE  | 29                                 |                                      |
|   |   | •                                  |                                      |
|   |   |                                    |                                      |
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|   |   |                                    |                                      |
|   |   |                                    |                                      |
| Note: If more space is needed           | please use reverse side of form                             |                                    |                                      |
|   |   |                                    |                                      |
| Injured Body Part – Specify Rig         | i   |                                    |                                      |
| leg/foot                                | head/neck   | ears/nose/mouth/teeth              |                                      |
| knees                                   | _torso/back #1P   | internal                           |                                      |
| shoulder                                | _hand/arm (finger)  | other                              |                                      |
|   |   |                                    |                                      |
| WITNESSES:                              |   |                                    | 1194 625 20                          |
| Name: James Dowe /                      | Address:  |                                    | Phone: 107 0/0 520                   |
| Name:                                   | Address:  |                                    | Phone:                               |
| Name:                                   | Address:  |                                    | Phone:                               |
|   | _   |                                    |                                      |
| Police Contacted: yes                   | Fire Contacted: yes (no)                                    |                                    | Rescue contacted: yes/No             |
| Name:                                   | Name:   |                                    | Name                                 |
|   | _1  |                                    | 1 (10)                               |
| Transported: yes no Transp              | oorted to:  |                                    |                                      |
| , |   |                                    |                                      |
|   |   |                                    |                                      |
| STAFF ACTION – Explain how sta          | ff responded including blood borne                          | nathogen procedures followed:      |                                      |
| StaFFED ASKED                           | If he need EMS,   |                                    | needed to coll                       |
| someone to he                           | 10. THE WAS GIVEN   | in the min 11 Me                   | neuen v com                          |
| SUREVILLE TO ME                         | it in an alvey  |                                    |                                      |
|   |   |                                    |                                      |
|   |   |                                    |                                      |
| S. S. S. NA. A. A.                      |   | AND D                              |                                      |
| Staff in Charge: NIKEB                  | Staff completing form: /                                    | thto B                             | Time of event: 7:120pn               |
|   |   |                                    | <i>f</i>                             |
| Report Filed By:                        |   | Date:                              | Time:                                |
| Date/Time Received by Superv            | isor:   |                                    |                                      |





| CIRCLE ONE:  | INCIDENT:   | ACCIDENT X                          | DATE of Incident:<br>07:20PM             |  |
|--|---|-------------------------------------|--|--|
| Report should be subm  | itted to the Parks and Re                             | ocreation Division Manag            | ter within 24 hours                      |  |
|  |   | · ·                                 | Phone: 4349703053                        |  |
| Location Facility/ Program: CARVER GYM   |   |                                     | Participants age:                        |  |
| <br>  Name of Participant/Injured Party: LEON STRAUS   |   |                                     | 21                                       |  |
| Specific Area where the accider  | nt/incident occurred: GYMNASIU                        | M                                   |  |  |
|  |   |                                     |  |  |
| Parent/Guardlan:   |   | Phone (H): 4342188156<br>Phone (C): | Phone (W):                               |  |
| Address:   |   | 96                                  | Zlp:                                     |  |
|  |   |                                     |  |  |
|  | nt (What occurred? What was the pa                    |                                     |  |  |
| PAIN IN HIS LEFT HIP AN DOWN   | N LAY UP WHEN HE WAS <b>WAS</b> C<br>N HIS LEG. UNIXX | OT AND FELL DIRECTLY ON HIS F       | IIP. THE FALL CAUSED SOME                |  |
| TAIN IN THIS LET THE ANDOWN  | THIS LEG.   |                                     |  |  |
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|  |   |                                     |  |  |
|  |   |                                     |  |  |
| Note: If more space is needed p  | please use reverse side of form                       |                                     |  |  |
| Injured Body Part – Specify Righ   | nt or Left  |                                     |  |  |
|  | head/neck   | ears/nose/mouth/teeth               |  |  |
| Vages X torso/back HIP internal  |   |                                     |  |  |
| shoulder   | hand/arm  | other                               |  |  |
| NAUTNIEGGEG.   | •   |                                     |  |  |
| WITNESSES: Name: JAMES DOWELL  | Address:  |                                     | Phone: 4348253208                        |  |
| Name:  | Address:  |                                     | Phone:                                   |  |
| Name:  | Address:  |                                     | Phone:                                   |  |
|  |   |                                     |  |  |
| Police Contacted: yes/no X   | Fire Contacted: yes/no X                              |                                     | Rescue contacted: yes/no X               |  |
| Name:  | Name:   |                                     | Name '                                   |  |
| Transported: yes/ no X Transported to:   |   |                                     |  |  |
|  |   |                                     |  |  |
| STAFF ACT:ON – Explain how staff responded including blood borne pathogen procedures followed:   |   |                                     |  |  |
| STAFF ASKED IF HE NEEDED EMS, ICE AND IF HE NEEDED TO CALL SOMEONE TO HELP. ICE WAS GIVEN.   |   |                                     |  |  |
|  |   |                                     |  |  |
| Staff in Charge: MIKE B Staff completing form: MIKE B Time of event: 7:20PM  |   |                                     |  |  |
| Staff 'n Charge: MIKE B  | Staff completing form: MIK                            | C D                                 | Time of event: 7:2CPM                    |  |
| Bancon Tlad Buy  |   |                                     |  |  |
| Rong m Filed By: Date: Time:   |   |                                     |  |  |
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| CIRCLE ONE:  | INCIDENT:                             | ACCIDENT X                       | DATE of Incident: 9/30/16        |  |  |
|--|---------------------------------------|----------------------------------|----------------------------------|--|--|
| Report should be subm  | itted to the Parks and                | Recreation Division              | Manager within 24 hours          |  |  |
| Location Facility/ Program: Ca   | Phone:                                |                                  |                                  |  |  |
| <u> </u>   | Participants age:                     |                                  |                                  |  |  |
| Name of Participant/Injured Pa   |                                       |                                  |                                  |  |  |
| Specific Area where the accide   | ent/incident occurred: Multip         | urpose room (roller-skating)     |                                  |  |  |
|  |                                       | Phone (H):                       |                                  |  |  |
| Parent/Guardian: N/A   | Phone (W):                            |                                  |                                  |  |  |
| Address:   |                                       | Phone (C):                       | 7:                               |  |  |
| Address:   |                                       |                                  | Zip:                             |  |  |
| Description of Accident/Incide   | nt (Mhat occurred) What was t         | ha natran daing2. Blaaca ha as s | nacific as possible \            |  |  |
|  |                                       |                                  | nis knee, but parent refused any |  |  |
| additional help.   | roup or people and supped su          | ating, the appeared to hat the   | ns knee, but parent relused any  |  |  |
| 1  |                                       |                                  |                                  |  |  |
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|  |                                       |                                  |                                  |  |  |
| Note: If more space is needed  | please use reverse side of for        | rm .                             |                                  |  |  |
|  |                                       |                                  |                                  |  |  |
| Injured Body Part – Specify Rig  |                                       |                                  |                                  |  |  |
| leg/foot   | head/neck                             | ears/nose/mouth/teet             | :h                               |  |  |
| X knees torso/back internal  |                                       |                                  |                                  |  |  |
| shoulder   | _hand/arm                             | other                            |                                  |  |  |
| WITNESSES:   |                                       |                                  |                                  |  |  |
| Name: Tracy Cooper   | Address:                              |                                  | Phone: 434-960-6839              |  |  |
| Name: Margaret Carey   | Address:                              |                                  | Phone: 434-422-0378              |  |  |
| Name:  | Address:                              |                                  | Phone:                           |  |  |
|  | 7,1441 (55).                          |                                  | T HORE.                          |  |  |
| Police Contacted: yes/no   | Fire Contacted: yes/no                |                                  | Rescue contacted: yes/no         |  |  |
| Name:  | Name:                                 |                                  | Name                             |  |  |
| Transported: yes/ no Transported to:   |                                       |                                  |                                  |  |  |
|  | · · · · · · · · · · · · · · · · · · · |                                  |                                  |  |  |
|  |                                       |                                  |                                  |  |  |
| STAFF ACTION – Explain how sta   | ff responded including blood bor      | ne pathogen procedures follow    | ed:                              |  |  |
| STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:  We asked child were they ok and gave a bag of ice. Parent decline any additional help. |                                       |                                  |                                  |  |  |
|  | 77                                    |                                  |                                  |  |  |
|  |                                       |                                  |                                  |  |  |
| Staff in Charge: Mike Brown Staff completing form: Mike Brown Time of event: 6:00pm  |                                       |                                  |                                  |  |  |
| <u> </u>   |                                       |                                  | 1                                |  |  |
| Report Filed By:   |                                       | Date:                            | Time:                            |  |  |
| Date/Time Received by Superv   | vicor·                                |                                  | Time.                            |  |  |
| Dute, Title necessed by superv   | 1301.                                 |                                  |                                  |  |  |





| CIRCLE ONE:  | INCIDENT:                      | ACCIDENT:                               | DATE of Incident:            |  |  |
|--|--------------------------------|---|------------------------------|--|--|
| PLEASE PRINT   |                                | L X                                     | 9/30/10                      |  |  |
| Report should be submitted to the Parks and Recreation Division Manager within 24 hours      |                                |   |                              |  |  |
| Location Facility/ Program:  | Phone:                         |   |                              |  |  |
|  | Participants age:              |   |                              |  |  |
| Name of Participant/Injured-Pa   | nt/incident occurred: INVI pup | Nonie Mara / W. M. I. Dia sic. em . N   |                              |  |  |
| Specific Area wriere the accider   | Tymcident occurred. The party  | has tall (LAMORA SKRING)                |                              |  |  |
| Parent/Guardian:   | ···········                    | Phone (H):                              | Phone (W):                   |  |  |
| NIA Phone (C):   |                                |   | , ,                          |  |  |
| Address:   |                                |   | Zip:                         |  |  |
|  | I from a second and a second   |   |                              |  |  |
| N: 13  | 3                              | tron doing? Please be as specific as p  |                              |  |  |
| 2 7  | alting with arrows of          |   | Stating He Appeared          |  |  |
| to him his knees   | love powent defised in         | vy dallingal help-                      |                              |  |  |
|  | *                              | and the second                          |                              |  |  |
| ·  |                                |   |                              |  |  |
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| Note: If more space is needed p  | lease use reverse side of form |   |                              |  |  |
|  |                                |   |                              |  |  |
| Injured Body Part – Specify Righ   |                                |   |                              |  |  |
|  | head/neck<br>torso/back        | _ears/nose/mouth/teeth<br>internal      |                              |  |  |
|  | hand/arm (finger)              | other                                   |                              |  |  |
| ·  | inandyddin (miger)             | ·                                       |                              |  |  |
| WITNESSES:   |                                |   | _                            |  |  |
| Name: Tracy (ouper   | Address:                       |   | Phone: 434-960-6839          |  |  |
| Name: Market College   | Address:                       | *************************************** | Phone: 434 4 22 - 03 78      |  |  |
| 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: |                                |   |                              |  |  |
| We asked Unite they ok and give a sity of the paking occurred any appropriate help           |                                |   |                              |  |  |
| Constant Canadal Can   | Train die                      | A F ABOUT AT BOOKS STREET S             | Comment that animation as it |  |  |
|  |                                |   |                              |  |  |
|  |                                |   |                              |  |  |
|  |                                |   |                              |  |  |
| Staff in Charge: Make Brown Staff completing form: Wake BROWN Time of event: 5 00 pm         |                                |   |                              |  |  |
| Report Filed By:   |                                | Date:                                   | Time:                        |  |  |
| Date/Time Received by Supervisor:  |                                |   |                              |  |  |





| CIRCLE ONE:  | INCIDENT:  | ACCIDENT x | DATE of Incident: 9/30/16 |  |  |
|--|--|------------|---------------------------|--|--|
| Report should be submitted to the Parks and Recreation Division Manager within 24 hours  |  |            |                           |  |  |
| Location Facility/ Program:Carver Rec Center |  |            |                           |  |  |
| ,, 5   | Participants age:  |            |                           |  |  |
| Name of Participant/Injured P  | arty: Bella Poole  |            | 6                         |  |  |
| Specific Area where the accide   | Specific Area where the accident/incident occurred: Multi-purpose rm |            |                           |  |  |
|  |  |            |                           |  |  |
| Parent/Guardian: Kristina Dooms Phone (H): 434-806-8069 Phone (C):   |  |            | Phone (W):                |  |  |
| Address:   |  |            | Zip:                      |  |  |
|  |  |            |                           |  |  |
|  | nt (What occurred? What was the p                                    |            | s possible.)              |  |  |
| Bella was skating and fell hurti   | ng her middle finger of her right                                    | hand       |                           |  |  |
|  |  |            |                           |  |  |
|  |  |            |                           |  |  |
|  |  |            |                           |  |  |
|  |  |            |                           |  |  |
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| Note: If more space is needed  | please use reverse side of form                                      |            |                           |  |  |
| redeet if filore space is fielded.   | preude dae reverse and or form                                       |            |                           |  |  |
| Injured Body Part – Specify Rig  | tht or Left  |            |                           |  |  |
| leg/foot head/neckears/nose/mouth/teeth  |  |            |                           |  |  |
| knees torso/back internal  |  |            |                           |  |  |
| shoulderx  | hand/arm   | other      |                           |  |  |
|  |  |            |                           |  |  |
| WITNESSES:   | T  |            |                           |  |  |
| Name:Tracy Cooper  | Address:   |            | Phone:434-960-6839        |  |  |
| Name:  | Address:   |            | Phone:                    |  |  |
| Name:  | Address:   |            | Phone:                    |  |  |
| Police Contacted: yes/no x   | Fire Contacted: yes/nox  |            | Rescue contacted: yes/nox |  |  |
| Name:  | Name:  |            | Name                      |  |  |
| Transported: yes/ nox Transported to:  |  |            |                           |  |  |
|  |  |            |                           |  |  |
| CTAPE ACTION - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   |  |            |                           |  |  |
| STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:   |  |            |                           |  |  |
| Staff asked parents if bella needed any ice, parents refused and said she was ok   |  |            |                           |  |  |
|  |  |            |                           |  |  |
| Staff in Charge: Mike Brown Staff completing form: Mike Brown Time of event: 6:45  |  |            |                           |  |  |
| Start as Ground Start completing forth, Milke Blowil   |  |            |                           |  |  |
| Roport Filed Dur   |  | Doto       | T:                        |  |  |
| Report Filed By: Date: Time:  Date/Time Received by Supervisor:  |  |            |                           |  |  |
| according to the control by superv   | 19011  |            |                           |  |  |





| CIRCLE ONE:  | INCIDENT:                        | ACCIDENT: .                            | DATE of Incident:  |  |  |
|--|----------------------------------|--|--|--|--|
| PLEASE PRINT   |                                  | X                                      | 30   |  |  |
| ·  |                                  |  |  |  |  |
| Report should be submitt   | ed to the Parks and Recrea       | tion Division Manager with             | nin 24 hours   |  |  |
|  | IRIER PER Center                 |  | Phone:   |  |  |
| 0.   | A DELLA A S                      | <u> </u>                               | Participants age:  |  |  |
| Name of Participant/Injured-Pa   |                                  |  |  |  |  |
| Specific Area where the accides  | nt/incident occurred: - ///ՄՄԿ թ | PROCE                                  |  |  |  |
| 7,3  |                                  | Phone (H): 434-506-8049                |  |  |  |
| Parent/Guardian: KWISTIN   | Phone (W):                       |  |  |  |  |
| Address:   |                                  |  | Zip:   |  |  |
|  |                                  |  |  |  |  |
|  |                                  | tron doing? Please be as specific as p | possible.)   |  |  |
| Bella was skating  | and fell hearing he              | re agust mydde Finge                   | 2 of her right Hand  |  |  |
| · ·  | ,                                |  | in the second se |  |  |
|  |                                  |  |  |  |  |
|  |                                  |  |  |  |  |
|  |                                  |  |  |  |  |
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| Note: If more space is needed p  | olease use reverse side of form  |  |  |  |  |
|  |                                  |  |  |  |  |
| Injured Body Part – Specify Righ   |                                  |  |  |  |  |
|  | head/neck                        | _ears/nose/mouth/teeth                 |  |  |  |
| kneestorso/backinternal  |                                  |  |  |  |  |
| shoulder   | hand/arm (finger)                | _other                                 |  |  |  |
| WITNESSES:   |                                  |  |  |  |  |
| Name: TACY (OURSE  | Address:                         |  | Phone: 434-960-6839  |  |  |
| Name:  | Address:                         |  | Phone: 451 100 08 37   |  |  |
| Name:  | Address:                         |  | Phone:   |  |  |
| ridire.  | , ida i cos.                     |  | FIIORE.  |  |  |
| Police Contacted: yes/ño)  | 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 ASKED PURENTS IF BELLA INEXDED ICE, PAVENTS REGISED SHE WAS OK   |                                  |  |  |  |  |
| THE STATE DESCRIPTION OF THE DESCRIPTION OF THE PROPERTY OF TH |                                  |  |  |  |  |
|  |                                  |  |  |  |  |
|  |                                  |  |  |  |  |
|  |                                  |  |  |  |  |
| Staff In Charge: Time of event:  |                                  |  |  |  |  |
|  |                                  |  |  |  |  |
| Report Filed By:   |                                  | Date:                                  | Time:  |  |  |
| Date/Time Received by Supervi:   | sor: .                           |  |  |  |  |