



CIRCLE ONE:	INCIDENT: XXX	ACCIDENT: XXX	DATE of Incident: 08-27-16	
PLEASE PRINT				
Papart should be submit	tod to the Doules and Desire	and an order of the state of th		
	ted to the Parks and Recrea			
Location Facility/ Program: Ca	rver Recreation Center/Gymnasiu	lm	Phone:	
Name of Participant/Injured P	arty: Colin Davis & Kjwan Steppe		Participant age: 19/15	
	nt/incident occurred: Upstairs Gy	/m		
Parent/Guardian:	,	Phone (H):	Phone (W):	
Address:			Zip:	
Description of Accident/Incide	nt (What occured? What was the pa jwan and Colin got into a physica	tron doing? Please be as specific as p	oossible.)	
			•	
	the camera. It's hard to tell which			
	v him to the floor and choking hir		•	
L	were trying to separate the boys a		· · · · · · · · · · · · · · · · · · ·	
Responsive for about 45 secon	ds. At this time Kjwan was still try	ying to get at Colin and staff was	trying to help Colin up off the	
Floor. Police and rescue were	called to assist in this matter. Whi	ile awaiting for police/rescue to a	rrive Kjwan's mother was	
Called but Colin didn't want st	aff to call anyone for him. Colin w	as eventually taken out by the re	scue squad and transported to	
UVA Hospital. Kjwan's mom w	as asking staff for Colin's address	and staff rightfully told her we co	ould not give her that	
Information. At this point she l	pecame angry and didn't understa	and why. She was upset that Coli	n was a 19 year old "adult"	
Note: If more space is needed	please use reverse side of form: (	Cantinuad on novt name		
, to to it it is a page to treduce	picase ase reverse side of form.	condituded off flext page		
Injured Body Part – Specify Rig	ht or Left			
leg/foot	head/neck	_ears/nose/mouth/teeth		
knees	_torso/back	internal		
shoulder	_hand/arm	_other		
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 staf	f responded including blood borne pa	athogen procedures followed:		
This is a follow-up after speaking with staff.				
Staff in Charge:	Staff completing form:		Time of event:	
Report Filed By: Nancy Burney		Date: 08/29/2016	Time:	





Date/Time Received by Supervisor:

Who got into an altercation with her 15 year old son. With that being said it was her son who knocked out the 19 year old "adult". Neither boy wanted to pursue any kind of criminal charges. Kjwan's mother was given my and Kylie's business cards so she could follow-up with us on Monday.

After speaking with Tracy Cooper (Gym Attendant) she said she had already spoken to both boys earlier regarding their rough/aggressive and competitive play. She said that Kjwan thought Colin had grabbed him during play and that's partly what started the fight. Tracy made sure that another staff member stayed right by Colin's side until the ambulance could arrive. Colin did not want to go to the hospital nor have the police called. After some persuading, Colin did go to the ER by rescue squad.

I tried this morning to contact Colin and his mother to see how he was doing but was not able to get an answer from either one of them.

Colin Davis will be suspended for 60 days and Kjwan Steppe will be suspended for 180 days due to this being his 3<sup>rd</sup> offense.

City of Charlottesville Department of Parks and Recreation Carver Recreation Center 233.4th St. NW, Box B Charlottesville, Virginia 22903 434-970-3053



August 29, 2016

Dear Colin,

This letter is to inform you that you have been suspended from Carver Recreation for a total of 60 days, you may return October 24, 2016. The reason for this suspension is that on Saturday, August 27, 2016 you were involved in a physical altercation with another young man in the gymnasium.

Though we do not wish to suspend anyone from the center, there are behavioral standards and rules that must be followed by all patrons at all Charlottesville Parks & Recreation facilities.

Please keep in mind that if anyone is suspended from one facility they are suspended from ALL Parks & Recreation facilities.

Please call me at 434-970-3622 if you have any questions.

Sincerely,

Nancy Burney

Carver Recreation Center Assistant Manager

Charlottesville Parks and Recreation

City of Charlottesville Department of Parks and Recreation Carver Recreation Center 233 4th St. NW, Box B Charlottesville, Virginia 22903 434-970-3053



August 29, 2016

Dear Ms. Jamison,

This letter is to inform you that Kjwan Steppe has been suspended from Carver Recreation for a total of 180 days, he may return February 22, 2017. The reason for this suspension is that on Saturday, August 27, 2016 he was involved in a physical altercation with another young man in the gymnasium. Kjwan is being suspended for a longer period this time due to the fact that this is his 3<sup>rd</sup> offense with Parks & Recreation.

Though we do not wish to suspend anyone from the center, there are behavioral standards and rules that must be followed by all patrons at all Charlottesville Parks & Recreation facilities.

Please keep in mind that if anyone is suspended from one facility they are suspended from ALL Parks & Recreation facilities.

Please call me at 434-970-3622 if you have any questions.

Sincerely,

Nancy Burney

Carver Resceation Center Assistant Manager

Charlottesville Parks and Recreation





CIRCLE ONE:	INCIDENT;	ACCIDENT:	DATE of Incident:
PLEASE PRINT	Fighting		8/27/2016
			'
		reation Division Manager wit	
Location Facility/ Program:	CONTRO		Phone:
Name of Participant/Injured	Party Colin Dry	Vis	Participants age:
Specific Area where the accid	dent/incident occurred:	·	-L. \ . \ . \
		isul	
Parent/Guardian:		Phone (H):434 Phone (C):422 2980	Phone (W):
KSMSON OF C	me the or	Phone (C): 422 2180	Zip: 22902
Address: VXY() · So	othsville Rd		Zip: 2 2 10 - C
Description of Accident/Incid	ient (What occurred? What was th	ne patron doing? Please be as specific as	possible.)
<b>A A A A A</b>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fighting in	The comes in	ishetball game	
•			
Note: If more space is neede	d please use reverse side of for	m	
Injured Body Part – Specify R	tight or Loft		
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm (finger)	other	
WITNESSES;	ent Nacia	1 3	Phone: 434-249-904
	SIM Address SI4 MOSIEC	1 Dr	
Name:	Address:	,	Phone:
Name:	Address:		Prione.
Police Contacted (yes)	Fire Contacted: yes(no)		Rescue contacted: (ves/no
	Name:		Name   Division
AWN	l. Hiner		Vanler
Transported: (yes)no Trar	nsported to:		A COLITIC.
STACE ACTION - Evoluin how o	staff responded including blood bor	ne nathagen procedures followed:	
STAFF ACTION - Explain flow s	rait tezhouaea iliciaanig piooa pot	ne patriogen procedures followed:	· ·
		Van	A
Staffrin Charge:	Staff completing form:	Maria Mace	Time of event:
racy	· · · · · · · · · · · · · · · · · · ·		1.33
Report Filed By:	-	Date:	Time:
Date/Time Received by Supe	rvisor:		





CIRCLE ONE:	INCIDENT:	ACCIDENT	8/21/2016
PLEASE PRINT	Fighting		
Panart chauld be cubmitt	tod to the Darks and Rec	reation Division Manager witl	nin 24 hours
Location Facility/ Program:	OCIE (	reation Division Manager with	Phone:
		<b>a</b> 1	Participants age:
Name of Participant/Injured Pa	arty: MOWON	Steppe	15
Specific Area where the accide	nt/incident occurred:		
		<u> </u>	Phone (W):
Parent/Guardian: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	perly	Phone (H):434 Phone (C): 3 05-5486	Phone (w):
Address: 413 Rive	rside Ave	1 Holle (c): 303 3 106	Zip: 22903
Address: 1 > P )tyle	1,3)(1/2		
Description of Accident/Incide	nt (What occurred? What was t	he patron doing? Please be as specific as	possible.)
Finlation du	rias Makad	2011 came	
- MANIA CO	THE CONTRACTOR	The state of the s	
<u> </u>		<u> </u>	
			-
Note: If more space is needed	please use reverse side of for	rm	,
		1 .	
Injured Body Part – Specify Rig		ears/nose/novth/teeth	
leg/foot	head/neck torso/back	internal internal	
knees shoulder	hand/arm	other	
. Silouluci	nana/am		
WITNESSES:			
Name:	Address:		Phone:
Name:	Address:		Phone:
Name:	Address:		Phone:
D-11 C	Fire Contacted: yes (no		Rescue contacted (ye)/no
Police Contacted (ve) /	Name:		Name .
ivalite.	ivalise.		
Transported: yes (6) Trans	sported to:		
STAFF ACTION – Explain how sta	aff responded including blood bo	rne pathogen procedures followed:	
		L.	
Staff in Charge	Staff completing form:	Maria Mace	Time of event: 11.25
Staff in Charge:	Staff completing form:	Maria Mace	Time of event: 4:35
Staff in Charge: YACU  Report Filed By:	Staff completing form:	Maria Hace	Time of event: 4:35

The guys had been playing game after game. The two dudes that ended up in the fight were guarding each other with a lot of contact. Once Kjawun made the shot he fell the ground and honestly I feel as if he felt the Colin pushed him. Then they started exchanging words back and forth that when I told them to let it go and stood up but it was then too late. Once Kjawun walked over to Colin both exchanging words I don't want to say the Colin was trying to grab him but as soon as his hands touch Kjawun sides Kjawun turned and grab Colin and slammed him to the ground. Call for assistance to come help the situation which they did come an also the other dudes broke it apart. Once it was broke apart was when it was noticed that Colin was passed out for about a minute no more before he started moving a little bit when another guest came and help him up. After that we keep them about and got statements both guys felt the same about the situation and just wanted to let it go but we still called for the police and ambulance.





CIRCLE ONE:	INCIDENT:	ACCIDENT	DATE of Incident:	2010
			8/8/2016	2 :45 pm
	ibmitted to the Parks a	nd Recreation Division Ma		
Location Facility/ Program	: Carrer Decr	eakin lenter	Phone:	
Al £ D £ /1 1	ad Daniela		Participants age:	
Name of Participant/Injure Specific Area where the ac		postaics / building	sam <sup>a</sup>	
Specific Area where the ac	cident/incident occurred.	pstrucs/buildings	,	
Parent/Guardian:		Phone (H):	Phone (W):	
•		Phone (C):	(11)	
Address: 233 416	· ST NW		<b>Zip:</b> 22903	
Description of Accident/In	cident (What accurred) What we	as the patron doing? Please be as spec	sifia na nasaibla l	
Shown not	hed a burn	T.,	he building, Nancy	4
and I wer	it upstails a	nd searched al	ll the noons;	
upstrics es	occially the	Iddies restrain	m smelled show	24.
Nagur Mallel	the fire der	perturent and	was instructed to	
2011	alarm and	exacuate the		allest
	ho tied to	act Nort from	Table das	- 1
CBRE. Even	on evacuated	and waited		
belove. Com	ing back in. T	the fire dept. said	we were sufe,	Lit to
coupe back if	The coul	90+ Elmanas W	vier se	
Note: If more space is nee	ded please use reverse side of	form		
	nt to the			
Injured Body Part – Specify	/ Right or Left head/neck			
leg/foot knees	torso/back	ears/nose/mouth/teeth internal		_
shoulder	hand/arm	other		
3HOUIGET		other		
WITNESSES: Na.	na, kali , t	leidi, shown, Tie	2, Zee	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Police Contacted: yes/no	Fire Contacted, yes/no		Bassua contacted: was/no	
Name:	Name:		Rescue contacted: yes/no Name	
Transported: yes/ no Tra	1		Name	$\dashv$
Transported jest no tra	noported to:			
				-
STAFF ACTION – Explain how	v staff responded including blood	borne pathogen procedures followed:		
		·		
Staff in Charge: Kan	Staff completing form	n: Kylic	Time of event: $\sqrt{2.45}$	1:30 pm
/		<u>V</u>		
Report Filed By:		Date:	Time:	
Date/Time Received by Su	pervisor:			





CIRCLE ONE:	INCIDENT:	(ACCIDENT )	DATE of Incident:
Report should be subm	itted to the Parks and Re	creation Division Manage	er within 24 hours
	Corner fee Cont		Phone: 434 - 970-805
			Participants age:
Name of Participant/Injured Pa	irty: MATRICISE JAC	650n	23
Specific Area where the accide	nt/incident occurred: Chuk	<b>~</b> ~	
Parent/Guardian:		Phone (H):	Phone (W):
0.11		Phone (C):	Zip:
Address:			Zih.
Description of Accident/incides	nt (What occurred? What was the pa	tron doing? Please be as specific as p	oossible.)
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at yev a	14y - 0y		
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			ı
Note: If more space is needed	please use reverse side of form		
	ta a tage		
Injured Body Part – Specify Rig		ears/nose/mouth/teeth	
leg/foot	head/neck	internal	
knees	_torso/back	other	
shoulder	_hand/arm		
MANTENECCEC.			
Name: James Doniell	Address: 316 unllay	nlest	Phone: 434-825-3204
	Address:	TRANS	Phone:
Name:			Phone:
Name:	Address:		riiolie.
2 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Stra Court at di una 16		Rescue contacted: yes/160
Police Contacted: yes/ho	Fire Contacted: yes/no		
Name:	Name:		Name
Transported: yes/no Transpo	orted to:		,
			1
STA.FF ACTION – Explain how sta	ff responded including blood borne p	athogen procedures followed: I checl	ked with the patron to see if she
	d. I asked the patron a few questions	to make sure wasn't disoriented and	made sure she did not have any
signs of a concussion.	blood, given 1	ac pack (bay of	ce)
		``E	
Staff in Charge: Jawas	Staff completing form:	Trong	Time of event: 7 (57)
Report Filed By:	1	Date:	Time:
Cate/Time Received by Superv	dsor:		





CIRCLE ONE:	INCIDENT:	ACCIDENT: X	DATE of Incident: 8/12/16			
Report should be subm	itted to the Parks and F	Recreation Division Manag	er within 24 hours			
Report should be submitted to the Parks and Recreation Division Manager within 24 hours  Location Facility/ Program: Carver Rec Center  Phone: 434-970-3053						
Location Facility Frogram Car	Participants age: 8					
Name of Participant/Injured Pa	rtv: Taylor Shifflett		Tarticipants age.			
Specific Area where the accider						
Parent/Guardian: Tara Gibson		Phone (H):	Phone (W):			
•		Phone (C): 434-806-4324				
Address: 1898 Slate Mill Branch	n Rd, Charlottesville, VA		Zip: 22903			
Description of Accident/Incider	nt (What occurred? What was the	patron doing? Please be as specific as a	possible.)			
		opposite her mother (Tara was on				
		ing into another child who was lear				
fell, she put her right hand out			,			
·						
	***************************************					
Note: If more space is needed p	olease use reverse side of form					
Injured Body Part – Specify Rigi						
	head/neck	ears/nose/mouth/teeth				
	torso/back	internal				
shouldershoulder	_hand/armX	other right wrist				
WITNESSES:						
Name: Daniel Strumlaum	Address: 1900 Slate Mill Bran	ich Rd, Cville, VA 22903	Phone: 434-882-1219			
Name:	Address:		Phone:			
Name:	Address:		Phone:			
Police Contacted: no	Fire Contacted: no		Rescue contacted: no			
Name:	Name:		Name			
Transported: no Transported	to:					
			•			
STAFF ACTION – Explain how staf	f responded including blood borne	pathogen procedures followed:				
Cheryl radioed Heidi for assista	nce and retrieved ice for the pa	arent to give to the child. Heidi got	information from the parent			
for the incident report and bro	ught a paper towel to wrap arc	ound the ice. The parent was asked	if they wanted to call the			
rescue squad, which they declir	ned.					
			,			
Staff in Charge: Heidi Wootten-	Douglas Staff completing fo	orm: Heidi	Time of event: 6:50pm			
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	,			
Report Filed By:		Date:	Time:			
Date/Time Received by Supervi						
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Called 8/13/16 at Try for 13 fine



*)				DATE of incident:
INIC	CIDENT:	ACCIDENT	X	3/12/14
VE:	JU41111		A Manage	er within 24 hours
Lauld be submitte	ed to the Parks and Re	creation Divi	ISION IVIAITABE	Phone: 434-970-3053
Facility/ Program: ARVU	R GUMNAGUM			Participants age:
Facility/ Program: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11 11 51/			,
Participant/Injured Party:	Harry Johnson			
Area where the accident/i	ncident occurred: GIM			
		Phone (H):		Phone (W):
Guardian: NA		Phone (C):		7101
17/14				Zip:
				nossible.)
	What occurred? What was the p	patron doing? Plea	ise be as specific as	Position
tion of Accident/Incidence				1 m his
The Bank I was	DIMINA RARKETE	PALL AND	raps lande	A UN TILS
JOHNSON WAS	TIMUMG BUSHON	STANDUD.		
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If more space is needed p	slease use reverse side of forr	m		
	olease use reverse side of form		al. In a Ab	
ed Body Part – Specify Righ	nt or Left	ears/nose/	mouth/teeth	
ed Body Part – Specify Rigi leg/foot	nt or Left head/neck	ears/nose/ Internal	mouth/teeth	
ed Body Part – Specify Rigi leg/foot ्रीर्मknees	nt or Left head/neck torso/back	ears/nose/	mouth/teeth	
ed Body Part – Specify Rigi leg/foot	nt or Left head/neck	ears/nose/ Internal	mouth/teeth	
ed Body Part – Specify Rigi leg/foot 公作knees shoulder	nt or Left head/neck torso/back	ears/nose/ Internal	mouth/teeth	Phone: 434 - 825 - 320
ed Body Part – Specify Rigi leg/foot 公在knees shoulder NESSES:	nt or Left head/neck torso/back hand/arm Address:	ears/nose/ Internal	mouth/teeth	Phone:
ed Body Part - Specify Right leg/foot sight knees shoulder NESSES: ne: WMPS Down 1	head/neck torso/back hand/arm  Address: Address:	ears/nose/ Internal	mouth/teeth	Phone:
ed Body Part - Specify Right leg/foot Leg/foot Strees shoulder NESSES: ne: WMPS Down M	nt or Left head/neck torso/back hand/arm Address:	ears/nose/ Internal	mouth/teeth	Phone: Phone:
ed Body Part - Specify Right leg/foot Sirknees shoulder NESSES: ne: James Down H ne:	ht or Left head/neck torso/back hand/arm  Address: Address: Address:	ears/nose/ Internal	mouth/teeth	Phone: Phone: Rescue contacted
ed Body Part - Specify Right leg/foot Sirknees shoulder NESSES: ne: James Down H ne:	ht or Left head/neck torso/back hand/arm  Address: Address: Address: Fire Contacted: yes/10	ears/nose/ Internal	mouth/teeth	Phone: Phone:
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leg/foot leg/foot shoulder  NESSES: ne: WMPS Downy ne:	Address: Address: Address: Address: Address: Address: Address: Address: Fire Contacted: yes/10 Name: Corted to:	ears/nose/ internal other		Phone: Phone: Rescue contacted Name
leg/foot leg/foot shoulder  NESSES: ne: WMPS Downy ne:	Address: Add	ears/nose/ internal other	ocedures followed:	Phone: Phone: Rescue contacted Name
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leg/foot leg/foot shoulder  NESSES: ne: WMPS Downy ne:	Address: Add	ears/nose/ internal other	ocedures followed:	Phone: Phone: Rescue contacted Name  Time of event: 6:30
leg/foot leg/foot shoulder  NESSES: ne: WMES Down H ne: ne: ne: ne: ne: nsported (ve)/ no Trans UNA Th	Address: Add	ears/nose/ internal other	ocedures followed:	Phone: Phone: Rescue contacted Name
leg/foot leg/foot shoulder  NESSES: ne: World Down H ne: ne: ne: nsported (Pe) / no Transported (Pe) / no Tran	ht or Left head/neck torso/back hand/arm  Address: Address: Address: Address: Fire Contacted: yes/10 Name: corted to: tsprin/ taff responded including blood b	ears/nose/ internal other  orne pathogen pro lectioned ac	ocedures followed:	Phone: Phone: Rescue contacted Name  Time of event: 6:30





CIRCLE ONE:	INCIDENT: Right ankle injury	ACCIDENT: X	DATE of Incident: 08/25/16
Report should be subr	nitted to the Parks and Re	ecreation Division	Manager within 24 hours
Location Facility/ Program: Ca			Phone: 434-970-3053
,, 0			Participants age: 25
Name of Participant/Injured I	Party Lisa Oktayuren		. ' "
Specific Area where the accid			
		<u> </u>	
Parent/Guardian: N/A		Phone (H): Phone (C):	Phone (W): 825-9160
Address: 122 Yellowstone Dri	ve Apt 305 Charlottesville		Zip: 22903
Description of Accident/Incid	ent (What occurred? What was the p	atron doing? Please be as s	pecific as possible.)
	l and fell and twisted her ankle it		
			***************************************
Note: If more space is needed	d please use reverse side of form		
Injured Body Part – Specify Ri			
rightleg/foot	head/neck	ears/nose/mouth	/teeth
		ernal	
shoulder	hand/arm	_other	· · · · · · · · · · · · · · · · · · ·
		•	
WITNESSES:			
Name:	Address:		Phone:
Name:	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: yes/ <u>no</u>	Fire Contacted: yes/no		Rescue contacted: <u>yes</u> /no
Name:	Name:		Name
Transported: yes/ no Transp	ported to:		
UVA Hospital			
STAFF ACTION — Evolain how et	aff responded including blood borne p	pathogen procedures follow	ed:
	y additional help her friend helpe		
Given ice/patron decimed an	y additional field fiel friend fielde	a ner to ner car, no bloo	a orny swearing
Stoff in Charge: Miles Dussia	Staff gamplating form: Dan	ny McClaurhlia	Time of event: 7:50
Staff in Charge: Mike Brown	Staff completing form: Dan	ny wicelaughiin	Time of event; 7:50
		egenge en	
Report Filed By: Danny McGlo	othlin	Date:8/25/16	Time:
Date/Time Received by Super	rvisor:		





CIRCLE ONE: PLEASE PRINT	MICHELL ANTRE	ACCIDENT:	DATE of Incident:
	)		
Report should be submi	tted to the Parks and Recrea		ger within 24 hours
Location Facility/ Program:	CARVER REL CONTER VI	MeyBAL	Phone:
Name of Dentistre at the transfer	1 isa Orfin	uwen	Participants age: 15
Name of Participant/Injured Specific Area where the accid		Court 2	upstains Gum
		V Court C	Clostans Giral
Parent/Guardian: Gcore	e Cambel .	Phone (H): Phone (C):	Phone (W): 426-91100
Address:	JUSTONE Drive, A	ot 300, CVI	110 Zip: 12903
Description of Accident Incid	ent (What occurred? What was the pa	tron doing? Please be as s	pecific as possible.)
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apparent a	nan a swel	ind dollhill in	d weight can be
Carried by	Welst ante	Jak Ha	Tum so
7			
	RTCE		
		Swelling	solt-ball size leteral
		<u> </u>	goltiball size lateral
Note: If more space is neede	d please use reverse side of form		15/2
	-		
Injured Body Part – Specify R			
Visigh leg (foot	head/neck	_ears/nose/mouth/teet	h
knees shoulder	torso/back hand/arm (finger)	_internal other	
Shoulder	naite/aim (imger)	_Other	
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 Tran	sported to:		
STAFF ACTION - Explain how of	aff responded including blood borne p	athegen procedures follow	ed: no blood
, , , , , , , , , , , , , , , , , , ,	e As red 1	Procedures follow	was needed NO
Has Pare	nt and trients	here t	0 955/
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Staff in Charge: Nike brow	M Chaff complating farm. M	Ke likinuh	Time of quant-
Stati it Cuarde: Ith Me DROM	η Staff completing form:   Μ	INC REALING	Time of event:
Report Filed By:	10 McCarchin	Date: 8/25/1	Time: 7:50 PM
Date/Time Received by Super		1 201C. V/C)[1	b rance / 500 / F