



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: XXX	ACCIDENT: XXX	DATE of Incident: 08-27-16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation Center/Gymnasium		Phone:	
Name of Participant/Injured Party: Colin Davis & Kjwan Steppe		Participant age: 19/15	
Specific Area where the accident/incident occurred: Upstairs Gym			
Parent/Guardian:		Phone (H):	Phone (W):
Address:		Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
At approximately 16:51 p.m. Kjwan and Colin got into a physical altercation. They both seemed to be playing basketball quite aggressively when looking on the camera. It's hard to tell which one started the incident but during this Kjwan picked Colin up off of the ground and threw him to the floor and choking him which caused Colin to become unconscious. Other patrons and staff (Tracy, Bill & Maria) were trying to separate the boys at which time you could see that Colin was limp and unresponsive for about 45 seconds. At this time Kjwan was still trying 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. While awaiting for police/rescue to arrive Kjwan's mother was called but Colin didn't want staff to call anyone for him. Colin was eventually taken out by the rescue squad and transported to UVA Hospital. Kjwan's mom was asking staff for Colin's address and staff rightfully told her we could not give her that information. At this point she became angry and didn't understand why. She was upset that Colin was a 19 year old "adult"			
Note: If more space is needed please use reverse side of form: Continued on next page			
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:	Name:	Name:	
Transported: yes no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen 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:



City of Charlottesville
Parks and Recreation Department
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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 3rd 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 3rd 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 Recreation Center Assistant Manager
Charlottesville Parks and Recreation



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT

16:51:04
on camera
CHARLOTTESVILLE
parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT: <u>Fighting</u>	ACCIDENT:	DATE of Incident: <u>8/27/2016</u>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver</u>		Phone:	
Name of Participant/Injured Party: <u>Colin Davis</u>		Participants age: <u>19</u>	
Specific Area where the accident/incident occurred:			
Parent/Guardian: <u>[Signature]</u>		Phone (H): <u>434</u>	Phone (W):
Address: <u>4840 Scottsville Rd</u>		Phone (C): <u>422-2980</u>	Zip: <u>22902</u>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) <u>Fighting in gym during basketball game</u>			
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 checked="" 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 (finger) <input type="checkbox"/> other			
WITNESSES:			
Name: <u>Eliot Stevens</u>		Address: <u>514 Mosley Dr</u>	Phone: <u>434-249-9049</u>
Name:		Address:	Phone:
Name:		Address:	Phone:
Police Contacted: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Fire Contacted: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Rescue contacted: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Name: <u>[Signature]</u>		Name:	Name: <u>David Kehler</u>
Transported: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Transported to: <u>UVA</u>	
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Staff in Charge: <u>Tracy</u>			
Staff completing form: <u>Maria Hare</u>		Time of event: <u>4:35</u>	
Report Filed By: <u>[Signature]</u>		Date:	Time:
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT

CHARLOTTESVILLE
parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT: <u>Fighting</u>	ACCIDENT	DATE of Incident: <u>8/21/2016</u>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver</u>		Phone:	
Name of Participant/Injured Party: <u>Kyawon Steppe</u>		Participants age: <u>15</u>	
Specific Area where the accident/incident occurred:			
Parent/Guardian: <u>Kimberly</u>		Phone (H): <u>434</u>	Phone (W):
Address: <u>413 Riverside Ave</u>		Phone (C): <u>305-5486</u>	Zip: <u>22903</u>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Fighting during basketball game</u>			
Note: If more space is needed please use reverse side of form			
Injured Body Part -- Specify Right or Left			
<u>leg/foot</u>	<u>head/neck</u>	<u>ears/nose/mouth/teeth</u>	
<u>knees</u>	<u>torso/back</u>	<u>internal</u>	
<u>shoulder</u>	<u>hand/arm</u>	<u>other</u>	
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <u>yes</u>	Fire Contacted: <u>yes</u>	Rescue contacted: <u>yes</u>	
Name:	Name:	Name:	
Transported: <u>yes</u> Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
Staff in Charge: <u>Tracy</u> Staff completing form: <u>Maria Hace</u> Time of event: <u>4:35</u>			
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			

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.



City of Charlottesville
Parks and Recreation Department
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CHARLOTTESVILLE
parks & recreation

CIRCLE ONE:	INCIDENT:	ACCIDENT	DATE of Incident: 8/8/2016 12:45 pm
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Parver Recreation Center		Phone: 770-3050	
Name of Participant/Injured Party:		Participants age:	
Specific Area where the accident/incident occurred: upstairs/building			
Parent/Guardian:		Phone (H):	Phone (W):
		Phone (C):	
Address: 233 4th St NW		Zip: 22903	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Shawn noticed a burning smell in the building. Nancy and I went upstairs and searched all the rooms, upstairs especially the ladies restrooms smelled strong. Nancy called the fire department and was instructed to pull the alarm and evacuate the building. Kylie called Rian and also tried to get out from CBRE. Rian contacted CBRE. Everyone evacuated and waited about 35 minutes before coming back in. The fire dept. said we were safe, but to come back if the smell got stronger or worse.			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
leg/foot		head/neck	
knees		torso/back	
shoulder		hand/arm	
		ears/nose/mouth/teeth	
		internal	
		other	
WITNESSES: Nancy, Kylie, Heidi, Shawn, Tina, Zoe			
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:			
Staff in Charge: Kylie	Staff completing form: Kylie	Time of event: 12:45 - 1:30 pm	
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
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CIRCLE ONE:	INCIDENT:	ACCIDENT	DATE of Incident: 9/9/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver Lee Carter</u>		Phone: <u>434-970-8253</u>	
Name of Participant/Injured Party: <u>Mirreese Jackson</u>		Participants age: <u>23</u>	
Specific Area where the accident/incident occurred: <u>Gym</u>			
Parent/Guardian:		Phone (H):	Phone (W):
		Phone (C):	
Address:			Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Was playing basketball, got a knee to the head after a lay-up</u>			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
<u>leg/foot</u>	<u>head/neck</u>	<u>Y</u> <u>ears/nose/mouth/teeth</u>	
<u>knees</u>	<u>torso/back</u>	<u>internal</u>	
<u>shoulder</u>	<u>hand/arm</u>	<u>other</u>	
WITNESSES:			
Name: <u>James Daniel</u>	Address: <u>316 valley road</u>	Phone: <u>434-825-3204</u>	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <u>no</u>	Fire Contacted: yes/ <u>no</u>	Rescue contacted: yes/ <u>no</u>	
Name:	Name:	Name	
Transported: yes/ <u>no</u> Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: I checked with the patron to see if she wanted me to call the rescue squad. 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. <u>No blood, given ice pack (bag of ice)</u>			
Staff in Charge: <u>James</u>	Staff completing form: <u>James</u>	Time of event: <u>7:50</u>	
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 8/12/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec Center		Phone: 434-970-3053	
Name of Participant/Injured Party: Taylor Shifflett		Participants age: 8	
Specific Area where the accident/incident occurred:			
Parent/Guardian: Tara Gibson		Phone (H):	Phone (W):
		Phone (C): 434-806-4324	
Address: 1898 Slate Mill Branch Rd, Charlottesville, VA			Zip: 22903
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
At 18:50 on the Carver Multi 1 camera, Taylor is seen skating opposite her mother (Tara was on the other side of the room) and was looking at her when she put her right arm out, knocking into another child who was learning to skate. When Taylor fell, she put her right hand out to catch herself and hurt her wrist and knees.			
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 checked="" type="checkbox"/> knees <input type="checkbox"/> torso/back <input type="checkbox"/> internal			
<input type="checkbox"/> shoulder <input type="checkbox"/> hand/arm <input checked="" type="checkbox"/> other <input type="checkbox"/> right wrist			
WITNESSES:			
Name: Daniel Strumlaum	Address: 1900 Slate Mill Branch 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 staff responded including blood borne pathogen procedures followed:			
Cheryl radioed Heidi for assistance and retrieved ice for the parent to give to the child. Heidi got information from the parent for the incident report and brought a paper towel to wrap around the ice. The parent was asked if they wanted to call the rescue squad, which they declined.			
Staff in Charge: Heidi Wootten-Douglas		Staff completing form: Heidi	Time of event: 6:50pm
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			

Called 8/13/16 & Taylor is fine

City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT

CHARLOTTESVILLE
parks & recreation

ONE:	INCIDENT:	ACCIDENT <input checked="" type="checkbox"/>	DATE of Incident: 9/23/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			Phone: 434-990-3053
Facility/ Program: CARVER GYMNASIUM			Participants age:
Name of Participant/Injured Party: Harry Johnson			
Location Area where the accident/incident occurred: Gym			
Guardian: N/A	Phone (H):	Phone (W):	
	Phone (C):	Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
JOHNSON WAS PLAYING BASKETBALL AND fell landed on his back awkwardly. WAS UNABLE TO STAND UP.			
If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left			
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm	other	
WITNESSES:			
Name: James Downer	Address:	Phone: 434-825-3208	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no	Fire Contacted: yes/no	Rescue contacted: YES	
Name:	Name:	Name:	
Transported: yes/no. Transported to: JVA - Hospital			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
GAVE ICE / patron declined any additional help			
Staff in Charge: Mike Brown	Staff completing form: Mike Brown	Time of event: 6:30	
Report Filed By:		Time:	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT: Right ankle injury	ACCIDENT: X	DATE of Incident: 08/25/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver		Phone: 434-970-3053	
Name of Participant/Injured Party Lisa Oktayuren		Participants age: 25	
Specific Area where the accident/incident occurred: Gym			
Parent/Guardian: N/A		Phone (H):	Phone (W): 825-9160
		Phone (C):	
Address: 122 Yellowstone Drive Apt 305 Charlottesville			Zip: 22903
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Mr. She was playing volleyball and fell and twisted her ankle it started to swell so she was given ice			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
_____ right _____ leg/foot _____ head/neck _____ ears/nose/mouth/teeth			
_____ Left 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:			
UVA Hospital			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Given ice/patron declined any additional help her friend helped her to her car, no blood only swelling			
Staff in Charge: Mike Brown	Staff completing form: Danny McGlaughlin	Time of event: 7:50	
Report Filed By: Danny McGlothlin		Date: 8/25/16	Time:
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT

CHARLOTTESVILLE
parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT: <u>Right Ankle</u>	ACCIDENT: <u>X</u>	DATE of Incident: <u>8/25/16</u>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>CARVER REC center/volleyball</u>		Phone:	
Name of Participant/Injured Party: <u>Lisa Oksanen</u>		Participants age: <u>25</u>	
Specific Area where the accident/incident occurred: <u>Court 2 upstairs Gym</u>			
Parent/Guardian: <u>George Campbell</u>		Phone (H):	Phone (W): <u>434-825-9100</u>
Address: <u>122 Yellowstone Drive, Apt 305, CVille</u>		Phone (C):	Zip: <u>22903</u>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>U-ball injury right ankle</u> <u>apparent sprain & swelling golfball size right ankle</u> <u>carried by right ankle at this time</u> <u>RICE</u> <u>Swelling golfball size lateral ankle</u> <u>Right side</u>			
Note: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left			
<u>Right</u> leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm (finger)	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 staff responded including blood borne pathogen procedures followed: <u>no blood</u> <u>Got Ice / Asked if ambulance was needed NO</u> <u>Has parent / one friend here to assist</u>			
Staff in Charge: <u>Mike Brown</u>		Staff completing form: <u>Mike Brown</u>	Time of event:
Report Filed By: <u>Danny McLaughlin</u>		Date: <u>8/25/16</u>	Time: <u>7:50 PM</u>
Date/Time Received by Supervisor:			