



| CIRCLE ONE: | INCIDENT: XXX | ACCIDENT | DATE of incident: |
|---------------------------------|--|---------------------------------------|-----------------------------|
| PLEASE PRINT | <u> </u> | | 07/24/2016 |
| | | | |
| Report should be submitt | ted to the Parks and Recrea | tion Division Manager with | in 24 hours |
| Location Facility/ Program: Car | | | Phone: |
| zocation radinty riogistin der | 10, 110, 20, 01, 00, 10, 10, 10, 10, 10, 10, 10, 1 | | Participant age: |
| Name of Participant/Injured Pa | erty: Cordonte Horton | | |
| | nt/incident occurred: Gymnasiun | and Hallway | |
| Specific Area Wilere the accide | ingincident occurred. dynnasiun | i allu Haliway | |
| Daniel Consultani | | DI #1V- | Di DAD |
| Parent/Guardian: | | Phone (H): | Phone (W): |
| A .f .l | | | |
| Address: | | | Zip: |
| | | | |
| Description of Accident/Incide | nt (What occured? What was the pat | ron doing? Please be as specific as p | ossible.) |
| This is a follow-up from the pr | evious report done on July 24 th . | I contact the Police Department | this morning so we could |
| File a report regarding Cordon | te Horton threatening to come b | ack to Carver and shoot everyor | ie. Officer Sorokti, |
| Badge #68 came and received | all the information we had and v | vatched the video from Sunday | We will be barring |
| | | • | |
| Cordonte from ALL Parks and I | Recreation Facilities. Kylie tried t | o reach out to the mom but was | unable to do so. We will be |
| Sending a letter to the address | s we have on file. Officer Sorokti | said if we can't get in touch with | n Cordonte and/or his |
| Mom they can try and serve th | ne debarment naners. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Note: If more space is needed | please use reverse side of form | | |
| | | | |
| Injured Body Part – Specify Rig | | | |
| 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: Officer Sorokti, #68 | Name; | | Name: |
| | | | |
| Transported: yes no Transp | oorted to: | | |
| | | | |
| STAFF ACTION - Explain how stat | ff responded including blood borne pa | athagen pracedures followed: | |
| See above. The Police Report | | | |
| | | | |
| | | | |
| Staff in Charge: Nancy & Kylie | Staff completing form: Nancy B | Urnov | Time of event: |
| Start III Charge: Nancy & ryne | Stati completing form, walley b | чинсу | time of event. |
| | | | |
| Report Filed By: | | Date: | Time: |
| Date/Time Received by Superv | ienr: | | |





| CIRCLE ONE: | INCIDENT: X | ACCIDENT | DATE of Incident: 07/24/16 |
|--|---------------------------------------|--|------------------------------------|
| B | itted to the Darks and Re | l creation Division Manag | er within 24 hours |
| Report should be subm | itted to the Parks and Ne | CLEAGOI DIVISION MANAB | Phone: |
| Location Facility/ Program: Carv | . 6 | | Participants age: 17 |
| | Mon 10h | · ' | rancipants age: 17 |
| Name of Participant/injured Pa | rty: Cordante Herndon | | |
| | nt/incldent occurred: Gymnasiun | <u> 1 </u> | |
| - 12 - 10 | | | at his |
| Parent/Guardian: Kevin Smith | | Phone (H): Phone (C): 703-351-4147 | Phone (W): |
| Address: 1222 D Smith St. | | * ** | ·Zip: |
| Address: 1222 D Simul St. | | | |
| in the second of the second of the second of | at Milhat accurred? What was the n | atron doing? Please be as specific as | nossible.) |
| along with everyone in the girt | a. Cordante then took a swing tr | out Cordante quickly tried to fight ving to punch Avery as he was exi e. | tills the same their warred |
| | | | 1 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | , |
| | | | • |
| | | | |
| | -land of form | | |
| Note: If more space is needed | please use reverse side of form | | |
| | 11 | | |
| Injured Body Part – Specify Rig | int or Leit | ears/nose/mouth/teeth | |
| leg/foot | head/neck | Internal | |
| knees | _torso/back | | |
| shoulder | _hand/arm | other | |
| | | - | |
| WITNESSES: | | | I phase |
| Name: Avery Watkins | Address: | | Phone: |
| Name: Mlke Monroe | Address: | | Phone: |
| Name: Kevin Smith | Address: | | Phone: 703-351-4147 |
| | Fire Contacted: yes/no | | Rescue contacted: yes/no |
| Police Contacted: yes/no | | | Name |
| Name; | Name: | | |
| Transported: yes/ no Transp | iorted to: | | |
| | | | |
| | | | ahad with the nation to see if the |
| STAFF ACTION - Explain how st | aff responded including blood borne | pathogen procedures followed: I che | cked with the patron to see it she |
| wanted me to call the rescue squ | ad. I asked the patron a few question | ns to make sure wasn't disorlented an | u made sure site did not have any |
| 1 | | | |
| Immediately broke up argume | ent and assisted Mr. Smith with i | emoving Cordante, then asked a | orner hadons were they or |
| from the Incident. | | | |
| | | | |
| | | | Time of questi AiDE nm |
| Staff in Charge: Mike Brown | Staff completing form: MI | ke Brown | Time of event: 4:05 pm |
| | | | |





| | INCIDENT: | ACCIDENT Banged Knee | DATE of Incident: 7/28/2016 |
|--|---|---|--|
| | | | |
| Report should be submitted to the Parks and Recreation Division Manager within 24 hours | | | |
| Location Facility/ Program: Gyr | n | | Phone: |
| | | | Participants age: |
| Name of Participant/Injured Pa | | | 36 |
| Specific Area where the accide | nt/incident occurred: | | |
| | | N (11) 757 207 6002 | DI /110 424 055 2425 |
| Parent/Guardian: N/A | | Phone (H): 757-297-6993 | Phone (W): 434-956-2435 |
| A .I.I | | Phone (C): | 7in. |
| Address: | | | Zip: |
| Description of April double Incides | - 1 | nturu daing). Dlagga ka ag smarifia a | n nacribia \ |
| | nt (What occurred? What was the pa while playing volleyball and then | | s possible.) |
| Left knee popped out of place v | write playing voileyban and then | The reli to the Hoof | |
| | | | |
| | | | • |
| | | / | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Note: If more space is needed | please use reverse side of form | | |
| | | | |
| Internal Body Bort Consily Big | | | |
| Injured Body Part – Specify Rig | ht or Left | ears/nose/mouth/teeth | |
| leg/foot | ht or Left head/neck | _ears/nose/mouth/teeth | |
| leg/foot leftknees | ht or Left head/neck torso/back | internal | |
| leg/foot | ht or Left head/neck | | |
| leg/footleftkneesshoulder | ht or Left head/neck torso/back | internal | |
| leg/foot left_knees shoulder WITNESSES: team members | ht or Left head/neck torso/back _hand/arm | internal | Phone: |
| leg/foot left knees shoulder WITNESSES: team members Name: | ht or Left head/neck torso/back | internal | Phone: |
| leg/foot left knees shoulder WITNESSES: team members Name: Name: | ht or Left head/neck torso/back hand/arm Address: Address: | internal | |
| leg/foot left knees shoulder WITNESSES: team members Name: | ht or Left head/neck torso/back hand/arm Address: | internal | Phone: |
| leg/foot left knees shoulder WITNESSES: team members Name: Name: Name: | ht or Left head/neck torso/back hand/arm Address: Address: Address: | internal | Phone: |
| leg/foot left knees shoulder WITNESSES: team members Name: Name: | ht or Left head/neck torso/back hand/arm Address: Address: | internal | Phone: Phone: |
| leg/foot left_knees shoulder WITNESSES: team members Name: Name: Police Contacted: yes/no Name: | ht or Left head/neck torso/back hand/arm Address: Address: Address: Fire Contacted: yes/no Name: | internal | Phone: Phone: Rescue contacted: yes/no |
| leg/foot left_knees shoulder WITNESSES: team members Name: Name: Name: Police Contacted: yes/no | ht or Left head/neck torso/back hand/arm Address: Address: Address: Fire Contacted: yes/no Name: | internal | Phone: Phone: Rescue contacted: yes/no |
| leg/foot left_knees shoulder WITNESSES: team members Name: Name: Police Contacted: yes/no Name: | ht or Left head/neck torso/back hand/arm Address: Address: Address: Fire Contacted: yes/no Name: | internal | Phone: Phone: Rescue contacted: yes/no |
| leg/foot left_knees shoulder WITNESSES: team members Name: Name: Name: Police Contacted: yes/no Name: Transported: yes/ no Transported | ht or Left head/neck torso/back hand/arm Address: Address: Address: Fire Contacted: yes/no Name: orted to: | internal other | Phone: Phone: Rescue contacted: yes/no Name |
| leg/foot left_knees shoulder WITNESSES: team members Name: Name: Name: Police Contacted: yes/no Name: Transported: yes/ no Transporte | ht or Left head/neck torso/back hand/arm Address: Address: Address: Fire Contacted: yes/no Name: | internal other athogen procedures followed: I che | Phone: Phone: Rescue contacted: yes/no Name |
| leg/foot left_knees shoulder WITNESSES: team members Name: Name: Name: Police Contacted: yes/no Name: Transported: yes/ no Transporte | ht or Left head/neck | internal other oathogen procedures followed: I che to make sure wasn't disoriented an | Phone: Phone: Rescue contacted: yes/no Name Packed with the patron to see if she and made sure she did not have any |
| leg/foot left_knees shoulder WITNESSES: team members Name: Name: Name: Police Contacted: yes/no Name: Transported: yes/ no Transporte | ht or Left head/neck torso/back hand/arm Address: Address: Address: Fire Contacted: yes/no Name: orted to: | internal other oathogen procedures followed: I che to make sure wasn't disoriented an | Phone: Phone: Rescue contacted: yes/no Name Packed with the patron to see if she and made sure she did not have any |
| leg/foot left_knees shoulder WITNESSES: team members Name: Name: Name: Police Contacted: yes/no Name: Transported: yes/ no Transporte | ht or Left head/neck | internal other oathogen procedures followed: I che to make sure wasn't disoriented an | Phone: Phone: Rescue contacted: yes/no Name Packed with the patron to see if she and made sure she did not have any |
| leg/foot left knees shoulder WITNESSES: team members Name: Name: Name: Police Contacted: yes/no Name: Transported: yes/ no Transported | ht or Left head/neck torso/back hand/arm Address: Address: Address: Address: Fire Contacted: yes/no Name: orted to: ff responded including blood borne particular and the patron a few questions advised that if the pain continued | internal other other oathogen procedures followed: I che to make sure wasn't disoriented an | Phone: Phone: Rescue contacted: yes/no Name ecked with the patron to see if she and made sure she did not have any |
| leg/foot left_knees shoulder WITNESSES: team members Name: Name: Name: Police Contacted: yes/no Name: Transported: yes/ no Transporte | ht or Left head/neck | internal other other oathogen procedures followed: I che to make sure wasn't disoriented an | Phone: Phone: Rescue contacted: yes/no Name Packed with the patron to see if she and made sure she did not have any |
| leg/foot left knees shoulder WITNESSES: team members Name: Name: Name: Police Contacted: yes/no Name: Transported: yes/ no Transported | ht or Left head/neck torso/back hand/arm Address: Address: Address: Address: Fire Contacted: yes/no Name: orted to: ff responded including blood borne particular and the patron a few questions advised that if the pain continued | internal other other oathogen procedures followed: I che to make sure wasn't disoriented an | Phone: Phone: Rescue contacted: yes/no Name ecked with the patron to see if she and made sure she did not have any |
| leg/foot left knees shoulder WITNESSES: team members Name: Name: Name: Police Contacted: yes/no Name: Transported: yes/ no Transported | ht or Left head/neck torso/back hand/arm Address: Address: Address: Address: Fire Contacted: yes/no Name: orted to: ff responded including blood borne particular and the patron a few questions advised that if the pain continued | internal other other oathogen procedures followed: I che to make sure wasn't disoriented an | Phone: Phone: Rescue contacted: yes/no Name ecked with the patron to see if she and made sure she did not have any |





| CIRCLE ONE: | INCIDENT: | Danie Thee | DATE of Incident: |
|---------------------------------|--|--|---|
| PLEASE PRINT | | Trubec Alar | 1 / 1 500 10/13 |
| Report should be submit | ted to the Parks and Recre | ation Division Manager with | nin 24 hours |
| Location Facility/ Program: | Carver Upstains | Gyz 7:20/4 | Phone: |
| | | | Participants age: |
| Name of Participant/Injured Pa | arty: Jonathan / nt/incident occurred: /5fx | 13CCTY | 36 |
| Specific Area where the accide | nt/incident occurred: / ぐたた | Fines | |
| S | | Phone (H): | Phone (W): |
| Parent/Guardian: | | Phone (C): 757-301-639 | 2 434 -956-2435 |
| Address: | | Thone (o), The second s | 3 434 - 956 - 2435 Zip: |
| Address. | | | |
| Description of Accident/Incide | nt (What occurred? What was the p | atron doing? Please be as specific as | possible.) |
| | | 11 to the ground | |
| | to the second second | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Note: If more space is needed | please use reverse side of form | | |
| | | | |
| Injured Body Part – Specify Rig | ht or Left | | |
| leg/foot | head/neck | ears/nose/mouth/teeth | |
| knees | _torso/back | internal | |
| shoulder | _hand/arm (finger) | other | |
| WITNESSES: | n enhas | | |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |
| پېدىن | And the state of t | | |
| Police Contacted: yes/no | Fire Contacted: yes/no | | Rescue contacted: yes/no |
| Name: | Name: | | Name |
| | of Han | | |
| Transported: yes/no Trans | ported to: | | |
| | | | |
| STAFE ACTION Explain how sta | iff responded including blood borne | pathogen procedures followed: | |
| . (123 | 100 | 1311 Oct | popult 1 |
| Adulsed | to contintion | el wosten to | 7 |
| | | | |
| , | | | |
| | | | |
| Staff in Charge: | Staff completing form: | F (| Time of event: |
| Dan McLauth | Day Mal | - ALL TIPE | |
| Report Filed By: | | Date: 2416 | Time: |
| Date/Time Received by Super | dsor. | | |





| CIRCLE ONE: | INCIDENT: V | ACCIDENT: | DATE of Incident: |
|--|------------------------------------|---|---|
| PLEASE PRINT | <u> </u> | | 7/24/16 |
| | , , | | • |
| Report should be submit | ted to the Parks and Recr | eation Division Manager wit | hin 24 hours |
| Location Facility/ Program: Caning OPEN G.YM | | | Phone: |
| | | | Participants age: |
| Name of Participant/Injured Pa | arty CheDAVIE HECKDON | / | 17 |
| Specific Area where the accide | nt/incident occurred: Guara | 16/100a | |
| Specific Area where the accide | THE INCIDENT OCCUTTED. CTITION | J <i>ivi</i> (| |
| Parant/Cuardians A. | | Phone (H): | Phone (W): |
| Parent/Guardian: Kenn Sm | u th | Phone (C): 703 351 4147 | Thoric (W). |
| Address 1227 A Chath | ery | 1 Hone (e). 703 331 1111 | Zip: |
| Address: 1222 D SMHIL. | <u> </u> | | £4V. |
| Description of Accident/Incide | nt (What occurred? What was the | e patron doing? Please be as specific a | s possible.) |
| AS T Approprihed | the Gun Theans | Coppame arguing With my and Strifed cussing into then took a su the gym He then With he wanted to Short | avery, but |
| Cocha To Carly | there to Relat Ange | m and Studed Cussing | · Head clame |
| Will British | THE TO THE THE THE | The state of the state of | 1. 1. |
| WITH everyone | in the ggin, coron | nge then your a su | ring starying to |
| punch arthy as | he was exiting of | he gim the then with | wasked down |
| The Stains CUR | sine and somme h | e wanted to Short | evenyone |
| | | | |
| | | | |
| Note: If more space is peeded | please use reverse side of form | n | |
| Note. If filore space is needed | prease ase reverse state or rom | | |
| Injured Body Part – Specify Rig | ht or Left | | |
| leg/foot | head/neck | ears/nose/mouth/teeth | |
| knees | torso/back | internal | |
| shoulder | hand/arm (finger) | other | |
| | | | |
| WITNESSES: | | | |
| Name: AVLY NAKINS | Address: | | Phone: |
| Name: Mile Monage | Address: | | Phone: |
| Name: Kevin Smith | Address: | | Phone: 703 351-4147 |
| Hame: (Reofit Shirt) | 7,144,1651 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Police Contacted: yes/no) | Fire Contacted: yes | | Rescue contacted: yes (0) |
| Name: | Name: | | Name |
| | | | |
| Transported: yes no Trans | ported to: | | |
| , , , | | | |
| | | | |
| STAFF ACTION Explain how sta | aff responded including blood born | ne pathogen procedures followed: | |
| immediately Brok | e us swavenent a | nd assisted MR-SMHK N | KH Removing |
| immediately broke in sugrement and assisted MR-SMHK With Removing Companie, fresh Esked all other patrons were they of Front incident | | | |
| The state of the s | | | |
| | | | |
| | | ~A 4 A | 11 200 |
| Staff in Charge: Nelse Brown | Staff completing form: | Mike Brown | Time of event: 4:0) |
| | | | |
| Report Filed By: | | Date: | Time: |
| Date/Time Received by Super | visor: | | |





| CIRCLE ONE: | INCIDENT: X | ACCIDENT | DATE of Incident: 07/24/16 |
|--|---|---------------------------------------|---------------------------------------|
| Report should be sub | mitted to the Parks and R | ecreation Division Mana | ger within 24 hours |
| Location Facility/ Program: C | arver Open Gym | | Phone: |
| | • | | Participants age: 17 |
| Name of Participant/Injured | | | |
| Specific Area where the accid | lent/incident occurred: Gymnasiu | <u>m</u> . | |
| | | | |
| Parent/Guardian: Kevin Smiti | n . | Phone (H): | Phone (W): |
| A 1.1 | | Phone (C): 703-351-4147 | 71 |
| Address: 1222 D Smith St. | | | Zip: |
| Description of Assistant/Incid | ent (What occurred? What was the p | patron daina? Planca ha as specific a | s nassible \ |
| along with everyone in the g | ard Cordante arguing with Avery, m. Cordante then took a swing tr aying he wanted to shoot everyor | ying to punch Avery as he was ex | |
| | | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | | W 255 |
| Note: If more space is neede | d please use reverse side of form | | · |
| Injured Body Part – Specify R | ight or Left | | |
| leg/foot | head/neck | ears/nose/mouth/teeth | |
| knees | torso/back | internal | |
| shoulder | hand/arm | other | |
| | | | |
| WITNESSES: | | | 134-971-577 |
| Name: Avery Watkins | Address: | | Phone: -(7 (- (1)) |
| Name: Mike Monroe | Address: | | Phone: |
| Name: Kevin Smith | Address: | | Phone: 703-351-4147 |
| 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> Trans | ported to: | | |
| wanted me to call the rescue squ signs of a concussion. Immediately broke up argum | taff responded including blood borne uad. I asked the patron a few question ent and assisted Mr. Smith with r | s to make sure wasn't disoriented an | d made sure she did not have any |
| from the incident. | | | · · · · · · · · · · · · · · · · · · · |
| Staff in Charge: Mike Brown | Staff completing form: Mil | re Brown | Time of event: 4:05 pm |





| Report Filed By: | Date: | Time: |
|-----------------------------------|-------|-------|
| Date/Time Received by Supervisor: | | |





| CIRCLE ONE: | INCIDENT: Fight | ACCIDENT | DATE of incident: 7/16/16 | |
|--|---|--|---|--|
| Report should be submitted to the Parks and Recreation Division Manager within 24 hours | | | | |
| Location Facility/ Program: Car | | | Phone: 434-970-3053 | |
| Eccasion Facinity Frogramm Car | VOI TREGICAÇIOTE GENERAL | | Participants age: | |
| Name of Participant/Injured Pa | arty: Tevon Reid/TI Mills | | Both 12 years old | |
| | nt/incident occurred: Gymnasiur | m | , | |
| Specific Area Wilere the accide | nty incident occurred. Gymnasiai | | | |
| Parent/Guardian: Patricie Reid | (Tevon's mother) | Phone (H): | Phone (W): | |
| Fatenty Guardiani. Fatricie Neid | (Tevon's modici) | Phone (C): 434-409-0856 | 1.110112 (11) | |
| Address: 707 C SE 6 th St, Charlo | ottorville VA | Thoric (c): 454 465 6550 | Zip: 22902 | |
| Address. 707 C 3E 0 3t, Chanc | Julesvine, VA | | E.P. ZESOZ | |
| Description of Assidont/Insido | nt (What occurred? What was the p | atron doing? Please he as specific a | os possible \ | |
| Description of Accident/Incide | mi (what occurred? What was the p | action doings Flease be as specific a | when TJ tried to get the ball from | |
| Tevon and 13 were seen on ca | mera Gym 2 at 16:25:50 playing m accidentally getting near Tevo | a one-on-one basketban game v | oo camera if his arm makes | |
| levon, which resulted in his ar | m accidentally getting near 1evo | in stace (it cannot be seen on the | de Ti shot by himself before | |
| contact with Tevon's head). II | hey continued to play until Tevor | 1 sation the bench with other kil | us. IJ shot by himself before | |
| being seen coming over and ta | lked to the kids on the bench. At | : 16:26:27, Tevon got up and sia | pped 13 iff the face. 13 swung | |
| back and then Tevon grabbed | him around the knees and wrest | led nim to the floor. They folled | a pack and forth with revon | |
| mostly on top of TJ. The other | kids separated them, TJ tried to | noid on to Tevon, who upon be | ing separated tried to kick 13 | |
| (unsuccessfully). TJ walked ov | er to get his stuff from under the | en bench and Tevon bounced his | s ball while walking out. | |
| Katherine (Carver staff) tried to | alking to Tevon before he left the | e gym, but ne kept waiking. Sne | was able to talk to 1J, who | |
| stayed with Katherine while sh | ne, Heidi, and Bill went out to tall | k to the kids. When we were ou | itside, Levon insisted ne dian t | |
| give a f*ck over and over. Katl | herine told them that he did not | need to be disrespectful and th | at we just wanted to understand | |
| what happened. She advised | Tevon that he would be suspend | ed. We also advised all the kids | that there are cameras in the | |
| gym and that we would be rev | riewing them and that it would b | e best for them to tell us what r | nappened so we could represent | |
| their side. TJ did not seem to | know what he did wrong and Te | on just said he would not let [1 | J] play him like that. | |
| | | | | |
| | | | | |
| Note: If more space is needed please use reverse side of form | | | | |
| | | | İ | |
| Injured Body Part – Specify Rig | ght or Left | | | |
| leg/foot | head/neck | ears/nose/mouth/teeth | | |
| knees | _torso/back | internal | | |
| shoulder | hand/arm <u>x</u> | other <u>Left eye/cheekbor</u> | ne . | |
| | | | | |
| WITNESSES: | | | | |
| Name: Katherine Grooms | Address: | | Phone: | |
| Name: | Address: | | Phone: | |
| Name: | Address: | | Phone: | |
| | | | | |
| Police Contacted: no | Fire Contacted: no | | Rescue contacted: no | |
| Name: | Name: | | Name | |
| Transported: no Transported | | | | |
| Hansported. No Hansported | 1.0. | | | |
| | | | | |
| | | | | |
| | off responded including blood borne | | | |
| Katherine called on the radio | for assistance and both Heidi and | i Bill headed to the gym. Kathei | rine tried to talk to Tevon, who | |
| was rude and unresponsive. A | was rude and unresponsive. All three staff members went outside to talk to the kids once it was established who was involved. | | | |
| Katherine took the lead since | Katherine took the lead since she was the most informed about the situation and proceeded to talk to Tevon and TJ. She | | | |
| politely asked them to be respectful and tell us what had happened. Once back inside, Katherine asked TJ if he was okay or | | | | |
| politely asked them to be resp | she was the most informed abou | it the situation and proceeded t iened. Once back inside, Kather | o talk to Tevon and TJ. She ine asked TJ if he was okay or | |





| Staff in Charge: Heidi Wootten- Douglas | Staff completing form: Heidi Wootten-Douglas | Time of event: 4:26pm |
|--|--|-----------------------|
| | | |
| Report Filed By: | Date: | Time: |
| Date/Time Received by Superviso | r; | |

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



July 19, 2016

Dear Ms. Reid,

This letter is to inform you that Tevon Reid has been suspended from the Carver Recreation Center until October 16, 2016. The reason for his suspension is that on Tuesday, July 16, 2016 TJ was 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





| CIRCLE ONE: | INCIDENT: Fight | ACCIDENT | DATE of Incident: 7/16/16 | | |
|---|--|--|---------------------------|--|--|
| Report should be subm | itted to the Parks and Re | creation Division Manag | er within 24 hours | | |
| Location Facility/ Program: Can | | | Phone: 434-970-3053 | | |
| zoodeloit dollett trogram out | | | Participants age: | | |
| Name of Participant/Injured Pa | rty: Tevon Reid/TJ Mills | | Both are 12 | | |
| ļ., | nt/incident occurred: Basketball (| Gymnasium | | | |
| | | | | | |
| Parent/Guardian: Jamie Wilber | rger (TJ's mom) | Phone (H): Phone (C): 434-882-0855 | Phone (W): | | |
| Address: 690 Woodburn Ct 9-A | , Charlottesville, VA | 1- | Zip: 22902 | | |
| | | | | | |
| stopped for a moment and was (Please reference camera Gym recover the ball from one anoth Heidi were there in an instant), bench had pulled them apart by happened and his response was to walk away. Heidi asked me whave to say (not in TJ's defense admitted that Tevon had slappe continue to walk away, without suspension for you." He did tur f*ck" over and over. I know he and himself down the stairs of the other guys stated they wable to at that moment, after d maybe swollen. I did ask TJ if hhe was good. I also asked him in the stairs of the was good. I also asked him in the stairs of the was good. I also asked him in the stairs of the was good. I also asked him in the stairs of the was good. | Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) *As written by Katherine* Tevon and TJ were playing a brief one on one with each other as the others (students) were sitting on the bench. Tevon had stopped playing and sat down with the others and TJ continued to shoot a few by himself. TJ had stopped for a moment and was talking to the guys on the bench. Tevon gets up and steps over by TJ and slaps him in the face (Please reference camera Gym 2 at 16:26:26). I had noticed that the boys were on the floor, but I assumed they were trying to recover the ball from one another. Once I realized that they were actually fighting, I called for assistance on the radio (Bill and Heidi were there in an instant), and walked down to the other end of the gym to find out what had happened. The boys on the bench had pulled them apart by the time I had walked down the other end of the gym. I tried to stop Tevon to ask him what happened and his response was "I am not going to let him play me like that". Tevon continued to walk away as I asked him not to walk away. Heidi asked me what happened and I explained and pointed out the two that had gotten into the fight. I will have to say (not in TJ's defense), but he stayed beside me and walked outside with me until I could ask him what happened. TJ admitted that Tevon had slapped him for no reason. As we proceeded outside after Tevon, I called for Tevon and said, "If you continue to walk away, without coming back to explain to me why you found the need to fight, I will recommend an automatic suspension for you." He did turn around to come back to me, but the entire conversation from his mouth was "I don't give a f*ck" over and over. I know he repeated that at least two or three times. He cared not to explain and bounced his basketball and himself down the stairs of the parking garage. As he walked away, I advised him that we had the camera to review. Some of the other guys stated they wanted to see the camera also. I advis | | | | |
| Note: If more space is needed p | please use reverse side of form | | | | |
| Injured Body Part — Specify Rigi | nt or Left | | | | |
| leg/foot | head/neck | _ears/nose/mouth/teeth | | | |
| knees | torso/back | _internal | | | |
| shoulder | _hand/armX | other <u>Left eye/cheekbone</u> | | | |
| WITNESSES: | | | | | |
| Name: Heidi Wootten- | Address: | | Phone: | | |
| Douglas and Bill Clark were | Audiess. | | FHORE | | |
| outside with Katherine | | | | | |
| Name: | Address: | | Phone: | | |
| Name: | Address: | | Phone: | | |
| ivaile. | riuul Cooi | | THOUG | | |
| Police Contacted: no | Fire Contacted: no | | Rescue contacted: no | | |
| Name: | Name: | | Name | | |





| Transported: no Transported to | : | | |
|--|--|--------------------------|-----------------------|
| STAFF ACTION – Explain how staff re | esponded including blood borne patho | gen procedures followed: | |
| Detailed in report above. No BBP | necessary. | | |
| | | | |
| Staff in Charge: Heidi Wootten- Douglas (MOD)/Katherine Grooms (gymnasium) | Staff completing form: Katherin Heidi (typed) | e Grooms (original) | Time of event: 4:26pm |
| | , n | | Time |
| Report Filed By: Date/Time Received by Superviso | | ate: | Time: |

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



July 19, 2016

Dear Ms. Wilberger,

This letter is to inform you that TJ Mills has been suspended from the Carver Recreation Center until October 16, 2016. The reason for his suspension is that on Tuesday, July 16, 2016 TJ was 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





| CIRCLE ONE: | INCIDENT: Fight | ACCIDENT | DATE of Incident: 7/16/16 |
|---|--|--|----------------------------------|
| Report should be subm | itted to the Parks and Re | creation Division Manage | er within 24 hours |
| Location Facility/ Program: Carv | | | Phone: 434-970-3053 |
| ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | | | Participants age: |
| Name of Participant/Injured Pa | rty: Tevon Reid/TJ Mills | | Both 12 years old |
| | nt/incident occurred: Gymnasium | 1 | |
| | | | |
| Parent/Guardian: Patricie Reid | (Tevon's mother) | Phone (H): | Phone (W): |
| | | Phone (C): 434-409-0856 | |
| Address: 707 C SE 6 th St, Charlo | ttesville, VA | | Zip: 22902 |
| | | | |
| Description of Accident/Incider | nt (What occurred? What was the pa | tron doing? Please be as specific as p | oossible.) |
| Tevon and TJ were seen on car | mera Gym 2 at 16:25:30 playing a | one-on-one basketball game wh | en TJ tried to get the ball from |
| Tevon, which resulted in his arr | m accidentally getting near Tevor | n's face (it cannot be seen on the | camera if his arm makes |
| contact with Tevon's head). Th | ney continued to play until Tevon | sat on the bench with other kids. | . TJ shot by himself before |
| being seen coming over and tal | lked to the kids on the bench. At | 16:26:27, Tevon got up and slapp | ed TJ in the face. TJ swung |
| | | ed him to the floor. They rolled b | |
| mostly on top of TJ. The other | kids separated them, TJ tried to I | hold on to Tevon, who upon bein | g separated tried to kick TJ |
| (unsuccessfully). TJ walked over | er to get his stuff from under thei | n bench and Tevon bounced his b | all while walking out. |
| | | gym, but he kept walking. She w | |
| stayed with Katherine while sh | e, Heidi, and Bill went out to talk | to the kids. When we were outs | ide, Tevon insisted he didn't |
| give a f*ck over and over. Kath | nerine told them that he did not r | need to be disrespectful and that | we just wanted to understand |
| what happened. She advised T | evon that he would be suspende | d. We also advised all the kids th | at there are cameras in the |
| gym and that we would be revi | iewing them and that it would be | best for them to tell us what hap | pened so we could represent |
| their side. TJ did not seem to k | know what he did wrong and Teve | on just said he would not let [TJ] | play him like that. |
| | | | |
| | | | |
| Note: If more space is needed | please use reverse side of form | | |
| Tracer is more space is recorded | p, and a doc to y at you broke or to the | | |
| Injured Body Part – Specify Rig | ht or Left | | |
| leg/foot | head/neck | ears/nose/mouth/teeth | |
| knees | torso/back | internal | |
| shoulder | hand/arm x | other Left eye/cheekbone | |
| | | | |
| WITNESSES: | | | |
| Name: Katherine Grooms | Address: | | Phone: |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |
| INGIIE. | Addiess. | | 1,1001001 |
| Police Contacted: no | Fire Contacted: no | | Rescue contacted: no |
| | Name: | | Name |
| Name: | | | Fredire |
| Transported: no Transported | I tO. | | |
| | | | |
| | | | |
| | ff responded including blood borne p | | |
| Katherine called on the radio f | or assistance and both Heidl and | Bill headed to the gym. Katherin | e tried to talk to Tevon, who |
| was rude and unresponsive. A | ll three staff members went outs | ide to talk to the kids once it was | established who was involved. |
| Katherine took the lead since s | she was the most informed about | the situation and proceeded to | talk to Tevon and TJ. She |
| politely asked them to be resp | ectful and tell us what had happe | ened. Once back inside, Katherin | e asked TJ if he was okay or |
| needed ice, which he refused. Heldi asked if he called a parent, which he said he did. There was no need for BBP. | | | |





| CIRCLE ONE: | INCIDENT: Fight | ACCIDENT | DATE of Incident: 7/16/16 |
|---|-------------------------------------|---|-----------------------------------|
| Report should be submitted to the Parks and Recreation Division Manager within 24 hours | | | |
| Location Facility/ Program: Carver Recreation Center | | | Phone: 434-970-3053 |
| Education Facility Frograms San | | | Participants age: |
| Name of Participant/Injured Party: Tevon Reid/TJ Mills | | | Both are 12 |
| | nt/incident occurred: Basketball (| Symnasium | |
| Specific Area where the accide | ny ricident occurred. Busicetour | 3 4 11 11 11 11 11 11 11 11 11 11 11 11 1 | |
| Decemble Milho | rgor (TI's mam) | Phone (H): | Phone (W): |
| | | Frione (VV). | |
| | Charlattan tilla MA | Phone (C): 434-882-0855 | Zip: 22902 |
| Address: 690 Woodburn Ct 9-A | , Charlottesville, VA | | Zip. 22302 |
| Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) | | | |
| *As written by Katherine* Tev | on and TJ were playing a brief on | e on one with each other as the | others (students) were sitting |
| on the banch. Towar had stone | ped playing and sat down with th | e others and TI continued to sho | ot a few by himself. TI had |
| on the belief. Tevoli flad stop | s talking to the guys on the bench | Tayon gate un and etane over l | ov TI and slans him in the face |
| stopped for a moment and was | 2 at 16:26:26). I had noticed tha | the have were an the floor but | Laccement they were trying to |
| | | | |
| recover the ball from one anot | her. Once I realized that they we | and of the gum to find out what h | and happened. The hove on the |
| Heldi were there in an instant) | , and walked down to the other e | end of the gym to mid out what m | ston Tayon to ask him what |
| bench had pulled them apart b | y the time I had walked down the | me like that" Town continued t | so walk away as Lacked him not |
| nappened and his response wa | as "I am not going to let him play | me like that , levoit continued t | cotton into the fight Luill |
| to walk away. Heldi asked me | what happened and I explained a | into pointeo out the two that had | ald ack him what happened TI |
| have to say (not in 13's derense | e), but he stayed beside me and v | sandad autoide ofter Tayon 1 and | led for Toyon and said "If you |
| admitted that Tevon had slapp | ed him for no reason. As we pro | ceeded outside after Fevori, I cal | led for revon and said, it you |
| continue to walk away, withou | it coming back to explain to me w | ny you round the need to right, i | will recommend an automatic |
| suspension for you." He did to | irn around to come back to me, b | out the entire conversation from | nis mouth was I don't give a |
| f*ck" over and over. I know he | e repeated that at least two or th | ree times. He cared not to expla | in and bounced his basketball |
| and himself down the stairs of | the parking garage. As he walke | d away, I advised him that we ha | d the camera to review. Some |
| of the other guys stated they v | vanted to see the camera also. I | advised them the camera was fo | r employee usage only. I was |
| able to at that moment, after of | dealing with Tevon, to ask TJ if he | was ok because one of the guys | said his eye looked red and |
| maybe swollen. I did ask TJ if I | ne was okay and he said he was g | ood. I asked if he would like a ba | ag of ice for the eye and he said |
| he was good. I also asked him | if he could tell me what happene | ed and he stated that Tevon had | siapped him for no reason and |
| | eidi and I reviewed the camera a | nd felt Tevon may have gotten u | pset somewhere during their |
| one on one together. | | | |
| | | | |
| | | | |
| Note: If more space is needed | please use reverse side of form | | |
| *************************************** | | | |
| Injured Body Part – Specify Rig | tht or Left | | |
| leg/foot | head/neck | ears/nose/mouth/teeth | |
| knees | torso/back | internal | |
| shoulder | hand/arm X | other Left eye/cheekbone | |
| Shoulder | | | |
| WITNESSES: | | | |
| Name: Heidi Wootten- | Address: | | Phone: |
| Douglas and Bill Clark were | | | |
| outside with Katherine | | | |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - 1347 3347 | | - |
| Police Contacted; no | Fire Contacted: no | | Rescue contacted: no |
| Name: | Name: | | Name |





| CIRCLE ONE: | INCIDENT: | ACCIDENT: | DATE of Incident: |
|---|-------------------------------------|---------------------------------------|----------------------------|
| PLEASE PRINT | Funte 4:30 | | 7-16-16 |
| | 7 | | |
| Report should be submitted to the Parks and Recreation Division Manager within 24 hours | | | |
| Report should be submitt | eu to the Parks and Recrea | CION DIVISION Wanager With | Phone: 3/2/1 67. 705 2 |
| Location Facility/ Program: | GYM | | Phone: 434. 970-305 3 |
| | 7 01 | CTT Addition | Both 12 Vins |
| Name of Participant/Injured Pa | irty: /evan /Terd | J. Wills | DOEK 12 YEARS |
| Specific Area where the accide | nt/incident occurred: 🕒 | | |
| | | 1 | |
| Parent/Guardian: | T. J M.INC | Phone (H): | Phone (W): |
| Jamie Wills | 26 9 4 12 1 1820,00 L | Phone (C):434. 554. 0853 | |
| Address: 690 inco | Almon Lough | 9-19 | Zip: 22901 |
| Challe 120 a | 22901 | | |
| Description of Accident/Incide | nt (What occurred? What was the pa | atron doing? Please be as specific as | possible.) |
| | | | |
| | | | |
| Please | See Allnes | 27-19 d | |
| | | | |
| | | | |
| | | | : |
| | | | |
| | | | |
| | | | |
| | ulana was rawara sida of form | | |
| Note: If more space is needed | please use reverse side of form | | |
| | 11 1-6 | | |
| Injured Body Part – Specify Rig | | ears/nose/mouth/teeth | |
| leg/foot | head/neck | | |
| 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 |
| Name. | , value, | | |
| Transported: yes/no Trans | enorted to: | | |
| Transported: yes/no trans | ported to: | | |
| | ı | | |
| | er | noth a non procedures followed: | |
| STAFF ACTION — Explain how st | aff responded including blood borne | patnogen procedures followed: | |
| | | | |
| a | 1-1 | | |
| | <u> </u> | | |
| 1 | • • | | |
| | | | |
| Staff,in Charge: | Staff completing form: | a /1 | Time of event: 4.30pm |
| | | heline C GROOM | 75' / |
| | 1 | Date: | Time: |
| Report Filed By: | n/isor: | 1 - 222 | |

Dale. 7.16.16

Jime: Approx 4:30 pm

Occurrence: Fight in Gyn Clark and of Gyn I as
You worlk through the moin doors of
gym, incident occurred towards you.

The Right and of the gym.

Delan 25 3

Jeven + T. J were playing a brut one on one with each other as the bethers (stadents) were sitting on the bench. Jeven had stopped stoying and Set lower with the athers and T. J Continued to shoot a four topm by himself. T. J had stopped for a moment and was tolking to the guys on the bench. Teven gets up and stops over by T. J and stops ham a defense to the Comerce of the stops over by T. J and stops ham in the free College Reference to the comerce of 16.26. 76 atme)

Jeven stapped him for no denson. As we Proceeded outside after Troon, I called for Tevan and said "It you continue Lo world away, and without coming back to explain to me why you found the med Lo Light, I will recommend an automatic spor. suspinsion for you! He did Lunn Around to come book to me, but the entire conversation from his and mouth isns "I den't good give a fuck" over and over. I know he Repeated that at least Low or three times. He comed not to explain and bounced his bb and himself down the stores of the porking garage. As he work walked Away I start advised him we had the comeda Lo Review. Some of the other guys stated they wonted to see the commencalso. I advised them The comerce was for employee usage only.

2 Over





| CIRCLE ONE: | INCIDENT XXX | ACCIDENT | DATE of Incident: |
|--|--|---------------------------------------|---|
| PLEASE PRINT | | | 07/12/2016 |
| | | | *************************************** |
| Report should be submitted to the Parks and Recreation Division Manager within 24 hours | | | |
| Location Facility/ Program: Carver Recreation Phone: 970-3053 | | | |
| Location racinty/ rrogram. Carver necreation | | | Participant age: 10 |
| Name of Participant/Injured P | arty: Isaiah Zampini | | |
| | ent/incident occurred: Front Desk | | |
| | | | |
| Parent/Guardian: Lisa Zampini Phone (H): 434-806-3568 Phone (W): | | | |
| Address: 824-D Hardy Drive, Charlottesville, VA Zip: 22903 | | | |
| | | | ** I \ |
| | ent (What occurred? What was the part (What occurred) what was the part of the | | |
| | h begins to get an attitude and to | | |
| ļ · | years and 5 months old. He begin | | |
| | calm down and put the phone do | · · · · · · · · · · · · · · · · · · · | |
| | er. As he was walking out the doc | | |
| To the door and he yelled "de | on't come out here running your | fucking mouth". I went to the d | oor because we had other |
| Adult and young patrons ent | ering the building and I wanted to | o try and de-escalate the issue. | At this point I let the staff know |
| That Isaiah would be suspend | ded from all facilities for being di | srespectful and belligerent. | |
| | | | |
| | | | |
| Note: If more space is needed | l please use reverse side of form | | |
| | | | - |
| Injured Body Part – Specify Ri | | | |
| leg/foot | head/neck | ears/nose/mouth/teeth | |
| knees | torso/back | internal | |
| shoulder | hand/arm | _other | |
| | | • | |
| WITNESSES: Mike Brown | | | T Bl |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |
| Ballan Control de venta | Fire Contracted: was / no | | Rescue contacted: yes/ no |
| Police Contacted: yes/ no | Fire Contacted: yes/ no | | Name: |
| Name: | Name: | | ivalue. |
| Transported: yes no Trans | sported to: | | • |
| Transported. yes no Trans | sported to. | | |
| STAFF ACTION - Explain how st | aff responded including blood borne r | pathogen procedures followed: | |
| STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: Isaiah will be suspended for a period of 1 month. A letter will be sent to his mother. | | | |
| Total Will be Suspended for a period of a month of total will be some to the mother | | | |
| | | | |
| Staff in Charge: Nancy Burney | Staff completing form: Nancy | Burney, Assistant Manager | Time of event: 4:30 p.m. |
| | | | 1 |
| | | | |
| Report Filed By: | | Date: | Time: |





| CIRCLE ONE: | INCIDENT: | ACCIDENT: | DATE of Incident: |
|--|--|---|---|
| PLEASE PRINT | \$ \tag{\tag{\tag{\tag{\tag{\tag{\tag{ | | 111111111111111111111111111111111111111 |
| Renart should he submitt | ed to the Parks and Recre | ation Division Manager with | nin 24 hours |
| Location Facility/ Program: | | acion pinision manager with | Phone: 434-970-3053 |
| Location racinty riograms Corps Ch. N.C. J. J. Pros. | | | Participants age: |
| Name of Participant/Injured Pa | | | |
| Specific Area where the accide | nt/incident occurred: TYDNI | DEK | |
| Dava at /Cuandian | | Phone (H): | Phone (W): |
| Parent/Guardian: | | Phone (C): | Phone (W): |
| Address: | | Thomas top | Zip: |
| | | | |
| Description of Accident/Incider | nt (What occurred? What was the p | atron doing? Please be as specific as | possible.) |
| Was avestioned as | bout his age confunction | gg entaing the ken longed Staff. Islan | Sevier, Islan |
| became very Rude | and disprespedled t | Gward Staff. ISLAN | then run ort |
| the leater Mu. | Prince Off | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Note: If more space is needed | olease use reverse side of form | | |
| Hotel II More space is needed | ofcuse ase reverse side of fortis | | |
| Injured Body Part – Specify Rigl | nt or Left | | |
| leg/foot | head/neck | ears/nose/mouth/teeth | |
| knees | torso/back | internal | |
| shouldershoulder | _hand/arm (finger) | other | |
| WITNESSES: | | | |
| Name: MANLY BUCKEY | Address: | | Phone: 434-970 262 |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |
| | | | |
| Police Contacted: yes/ño Name: | Fire Contacted: yes/no Name: | | Rescue contacted: yes/no Name |
| ivalile. | ivalite. | | 1 Wallie |
| Transported: yes/no Transp | orted to: | | |
| | | | |
| | | | |
| STAFF ACTION — Explain how staf | fresponded including blood borne | P 41 | Center for that |
| Law With possible | old later actions. | V V V V V V V V V V V V V V V V V V V | COAGEN FOR 1 4 |
| MA MILL DESTA | at reside antibles | | |
| | | | |
| | | | |
| Staff in Charge: $MAPP$ | Staff completing form: 🛝 | de P | Time of event: 4-20pm |
| | | | |
| Report Filed By: | · · · · · · · · · · · · · · · · · · · | Date: | Time: |
| Date/Time Received by Superv | isor: | | |





| CIRCLE ONE: PLEASE PRINT | INCIDENT: | ACCIDENT: | DATE of Incident: 7/02/16 |
|---|---|--------------------------------|-----------------------------------|
| | | | , , |
| Report should be submit | tted to the Parks and Recrea | tion Division Manager wit | hin 24 hours |
| Location Facility/ Program: Carver Recreation Center | | Phone: (434) 970-3053 | |
| | | | Participants age: |
| | arty: Camiyah Brown/Marlo Bryan | | 14/14/16 |
| Specific Area where the accide | ent/incident occurred: Gymnasiun | 1 | |
| Parent/Guardian: Phone: Dre (434)566-8440 Phone (W): | | | |
| , as citty Guar didis | | Camiyah (434) 806-9042 | Thore (vv). |
| | | Marlo (434)465-5221 | |
| Address: Camiyah- 542 Clevel | and Ave, Charlottesville, VA 22903 | | Zip: |
| Marlo- 301A Paton St, Charlot | | | |
| Dre- 827 Ridge St, Charlottesv | ille, VA 22902 | | |
| Description of Assident/Incide | not (M) at a comment 2 10% at most the comment | d.tu 2 Man I | |
| | ent (What occurred? What was the pa he Camiyah and the two boys four | | |
| | hands to themselves. The second | | |
| | ouch. Maria told them she did no | | |
| | kissing on her neck and Maria aga | | |
| | ntleman (Dre) were touching and i | | |
| | o leave because she was at the cer | | |
| | ave and started questioning why ar | | |
| incident involving the inappro | priate touching. Maria had warne | a her that they could be asked | to leave. (iviaria's description) |
| | | | |
| Note: If more space is needed | please use reverse side of form | | |
| Injured Body Part – Specify Ri | ght or left | | |
| leg/foot | head/neck | _ears/nose/mouth/teeth | |
| knees | torso/back | internal | |
| shoulder | hand/arm | other | |
| | | | |
| WITNESSES: | | | |
| Name: Maria Mace | Address: | | Phone: (434)282-6012 |
| Name: | Address: | | Phone: |
| Name: | Address: | | Phone: |
| Police Contacted: No | Fire Contacted: No | | Rescue contacted: No |
| Name: | Name: | | Name |
| | | | |
| Transported: yes/no Trans No | ported to: | | |
| | off responded including blood horners | athogen procedures followed: | |
| STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: Maria warned the kids about touching each other and radioed Heidi to inform her of the situation. The situation escalated | | | |
| when the kids continued to touch each other and were asked to leave by Maria. She radioed Heidi again for assistance since | | | |
| Maria asked them to leave and Camiyah refused. Heidi told them they needed to leave for the day and since they come | | | |
| regularly, they know they need to keep their hands to themselves and Camiyah said no one was touching anyone, but they left | | | |
| anyway. | | | |





| Staff in Charge: Heidi Wootten- Douglas | Staff completing form: Maria Mace (original)/Heidi (typed) | Time of event: 4:00 pm |
|--|--|------------------------|
| | | |
| Report Filed By: | Date: | Time: |
| Date/Time Received by Supervisor | | |

1





| CIRCLE ONE: | INCIDENT: | ACCIDENT: | DATE of Incident: |
|---|------------------------------------|--|--------------------------|
| PLEASE PRINT | | | |
| 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 | | | |
| Specific Area where the accide | nt/incident occurred: | | |
| Parent/Guardian: | | Phone (H): | Phone (W): |
| Tarenty Gaaraian. | | Phone (C): | Thomas (vv). |
| Address: | | | Zip: |
| | | | |
| Description of Accident/Incide | nt (What occurred? What was the p | patron doing? Please be as specific as | possible.) |
| | | | |
| | | | |
| | | · | |
| | | | |
| | | | |
| | - | | |
| | | | |
| | | | |
| Note: If more space is needed | please use reverse side of form | | |
| | | | |
| Injured Body Part – Specify Rig | nt or Left head/neck | ears/nose/mouth/teeth | |
| knees | torso/back | ears/nose/mouth/teeth internal | |
| shoulder | _torso/back _hand/arm (finger) | other | |
| | _nana/arm (mger/ | | |
| 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 Transp | oorted to: | | |
| · · | of Ca to. | | |
| | | | |
| STAFF ACTION - Explain how state | ff responded including blood borne | pathogen procedures followed: ${\cal M}$ A | rto, |
| | ong ladu and th | | e 40 cmace 5 |
| the first dime | they were play | fighting I asked. | frem to heep |
| | | selved time the | some two |
| - 1 17 121 | sug cochapiers. | Buders pools 4 | She was yelling |
| ouch, T. told the | | out them blow | had for their |
| Staff in Charge: | Staff completing form: | | Time of event: Apm 3 |
| Banart Filad Day | | Dato | Times |
| Report Filed By: Date/Time Received by Superv | isor: | Date: | Time: |

Camiyah Marto Bryant Dre (434) 782 - GOIZ



If there is any question of the seriousness of an accident, follow the procedure below:

- 1. Call 911 and request Rescue Squad and/or police.
- 2. Call participants emergency contact and notify them of what is happening.
 - 3. Report incident to Head Supervisor, Van Johnson or Johnny Ellen.

ACCIDENT / INCIDENT REPORT

(Report should be submitted to Rec Office Within 24 Hours, with one copy remaining on site)

| (report should be submitted to thee within 24 Hours, with one copy femanting on site) |
|---|
| Child's Name: Mc Grath Katherine A |
| Address: Last First Middle Phone Number: 981-0213 |
| Date of Accident/Incident: 7/12/16 Time: 4:15 A.M./P.M. |
| Center/Park Site Location (arver |
| Staff on Duty Austin Barly |
| TYPE OF INJURY OR INCIDENT: Impact on right blg toe |
| Describe how injury was sustained or describe incident: The kids were kicking at a ball in the corner. One child barroad into a fire extinguisher, which foll on Katherine's toe. |
| Was First Aid Applied: Yes No_ If Yes Explain How Rendered (Be Precise & Complete) I ce to reduce swelling as there was no cut |
| Was Rescue Squad Called: Yes No Time Called Time Arrived |
| Was Medical attention (Doctor, Hospital, Etc.) Authorized or Recommended: YesNo If Yes, What Hospital was citizen taken to: Martha Jefferson U.Va |
| Was Police Called: Yes No Was a Parent/Guardian Called: Yes No |
| Is Suspension Recommended: Yes No Length Of Time |
| What could Citizen or Participant done to help PREVENT this accident/incident: |
| Witnesses to the Accident/Incident: 1)Name/Phone #/Address: 2)Name/Phone #/Address: |
| Report Filed By: Austh Early Received By: Melevafiter Date Rec'd: 7/12/10 |