



CIRCLE ONE:	INCIDENT	ACCIDENT	DATE of Incident:	
PLEASE PRINT	Management of the Control of the Con		4/23/16	
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: Carvey Ric Conter			Phone: 434-970-3054	
			Participant age:	
Name of Participant/Injured Pa	orty: Kyhiam Kie	Pubelok		
Specific Area where the accide	nt/incident occurred: UPSI	eirs Both Rain/Sho	24(2) 97 1	
Parent/Guardian: Patricio	e Reid	Phone (H): (434) 409-0856	Phone (W):	
Address: 707 E. South			Zip: 22902	
			- I	
Description of Accident/Incide	nt (What occured? What was the pa	atron doing? Please be as specific as p	å. } l	
Two teens	gers were eavily	nt Hooking up (t	Sissing /Texching) in	
the 2nd floor	gers were early re	0.N.		
			14:02 off the	
			موائد ہ	
			FP	
		·	124/41 W/phon 14/47 phone 5 Eugere Contri	
-Note: If-more-space-is-needed-	please-use-reverse-side-of-form-		WINT- Ohans	
Injured Rady Bart - Specify Pig	tht or left		14114 P. OVE 3	
Injured Body Part – Specify Rig	head/neck	ears/nose/mouth/teeth	· · · · · · · · · · · · · · · · · · ·	
knees	torso/back	internal	I-11501 CON	
shoulder	hand/arm	other sexuality	Corrain	
WITNESSES:		10		
Name: Autionic	Address: 2018 Hescian	6-(3	Phone:	
Name:	Address:		Phone:	
Name:	Address:		· Honer	
Police Contacted: yes/no	Fire Contacted: yes/ 60		Rescue contacted: yes/ਿ(o)	
Name:	Name:		Name:	
Esco	orted 10			
Transported: yes no Trans	ported to: OUT THE	building		
	ee to the bottom the addressed			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: T. Staff actor, Actions Like Rich Rut y ight after				
A line of the hilling				
being caught out grant Antone escored them out or the handing				
Staff in Charge:	Staff completing form: AV	Home Corrie	Time of event: 4 per	
Report Filed By: Avaluate	(いべた	Date: 歩/ (つご) (o	Time: 410	
Date/Time Received by Supervisor:				





PLEASE PRINT	INCIDENT	ACCIDENT	DATE of Incident:		
	The second secon		4/23/16		
Down and all and all has an breath	Daylor and Borrostian Division Manager within 24 hours				
Report should be submitt	Report should be submitted to the Parks and Recreation Division Manager within 24 hours Phone: 434 470 305 4				
Location Facility/ Program: (arver the Center		Participant age:		
	Water W.		Participant age.		
Name of Participant/Injured Pa	rty: Kyhiam Kie				
Specific Area where the accider	nt/incident occurred: $-igcup_{igtial_{\mathbb{C}}}$	idis Buh Rawin/Sho	ALL WILL		
	-				
Parent/Guardian: Ratricio	a Rad	Phone (H):	Phone (W):		
		(434) 409-0856			
Address: 707 E. Souli	7 Street		Zip: 22902		

Description of Accident/Incider	nt (What occured? What was the p	atron doing? Please be as specific as p	oossible.)		
The state of the s		ak Haakusa oo (k	Galine How have I had		
TWO TENTRO	3×8 2 100 15 CHO. U	The state of the s			
the Rud floor	news Beth 6	nt Hooking up (to			
-Note:-If-more-space-is-needed-	please-use-reverse-side of-form				
	ν.				
Injured Body Part – Specify Rig	ht or Left				
leg/foot	_head/neck	ears/nose/mouth/teeth			
kneesk	_torso/back	internal			
shoulder	hand/arm	other Sexedita			
WITNESSES:	Address: 2018 Heggion	Fed	Phone: (434) 702 9723		
WITNESSES: Name: Aurians	Address: 2018 Heeran	Full	Phone: (434) 202 9723		
WITNESSES: Name: Authors Name:	Address:	F.A.	Phone:		
WITNESSES: Name: Aurians	<u> </u>	F _w ,			
WITNESSES: Name: Auriana Name: Name:	Address: Address:	F-A	Phone: Phone:		
WITNESSES: Name: Authors Name:	Address: Address: Fire Contacted: yes/ no	F-A	Phone: Phone: Rescue contacted: yes/no		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no) Name:	Address: Address: Fire Contacted: yes/ no Name:	F-d	Phone: Phone:		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no) Name:	Address: Address: Fire Contacted: yes/ no Name:	Red	Phone: Phone: Rescue contacted: yes/no		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no) Name:	Address: Address: Fire Contacted: yes/ no Name:	Ped boilding	Phone: Phone: Rescue contacted: yes/no		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no Name: Transported: yes/ no Trans	Address: Address: Fire Contacted: yes/ no Name: ported to:	building	Phone: Phone: Rescue contacted: yes/no		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no Name: Transported: yes/ no Trans	Address: Address: Fire Contacted: yes/ no Name: ported to:	e pathogen procedures followed:	Phone: Phone: Rescue contacted: yes/no Name:		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no Name: Transported: yes/ no Trans	Address: Address: Fire Contacted: yes/ no Name: ported to:	pathogen procedures followed:	Phone: Phone: Rescue contacted: yes/no		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no Name: Transported: yes/ no Trans STAFF ACTION – Explain how sta	Address: Address: Fire Contacted: yes/ no Name: ported to: aff responded including blood borne for Minne ELEK	pathogen procedures followed:	Phone: Phone: Rescue contacted: yes/no Name:		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no Name: Transported: yes/ no Trans	Address: Address: Fire Contacted: yes/ no Name: ported to:	pathogen procedures followed:	Phone: Phone: Rescue contacted: yes/no Name:		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no Name: Transported: yes/ no Trans STAFF ACTION – Explain how sta	Address: Address: Fire Contacted: yes/ no Name: Ported to: Ported to: Aff responded including blood borne For Missie E&K	pathogen procedures followed:	Phone: Phone: Rescue contacted: yes/no Name:		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no Name: Transported: yes/ no Trans STAFF ACTION – Explain how sta	Address: Address: Fire Contacted: yes/ no Name: Ported to: Ported to: Fire Contacted: yes/ no Name: Address: Address: Fire Contacted: yes/ no Name: Address:	pathogen procedures followed:	Phone: Phone: Rescue contacted: yes/no Name:		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no) Name: Transported: yes/ no) Trans STAFF ACTION - Explain how sta	Address: Address: Fire Contacted: yes/ no Name: Office Contact	pathogen procedures followed: ed the Kith But your cond country them or	Phone: Phone: Rescue contacted: yes/no Name: Time of event: 4		
WITNESSES: Name: Name: Name: Police Contacted: yes/ no Name: Transported: yes/ no Trans STAFF ACTION – Explain how sta	Address: Address: Fire Contacted: yes/ no Name: Ported to: Or Address Staff completing form: An hy Corre	pathogen procedures followed:	Phone: Phone: Rescue contacted: yes/no Name:		





CIRCLE ONE:	INCIDENT: XXXX	ACCIDENT	DATE of Incident: 4/28/16	
PLEASE PRINT				
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: Car	Phone: 434-970-3053			
Escation (Walling) 10 Brain California (California)			Participants age:	
Name of Participant/Injured Party: Elena Kordeva & Kellsey Leopold			Elena 23, Kellsey 23	
Specific Area where the accide				
Parent/Guardian:		Elena Phone (C): (757)217-8628	Phone (W):	
Kellsey Phone (C): (757)-418-0849				
Elena Address: 405 B Valley Ro			Zip: 22903	
Kellsey Address: 1622 Mulberr	y Ave, Charlottesville, VA		Zip: 22903	
		he patron doing? Please be as specific as		
Kellsey and Elena were using th	ne middle treadmills and talk	king when an older male patron appro	ached them as he was walking	
The length of the fitness cente	r and told them their conver	sation was inappropriate and that the	y should not be talking	
(20:06:48 on Fitness 2 camera)	. Another patron, Leon Gore	don, told the man that the facility was	public and if he wanted	
silence, he should have his own	n personal gym and told the	ladies to talk as much as they wanted	. The women claim they were	
talking about work, nothing lev	wd or crude and that it was a	it a normal volume. Leon came down	to the front to tell Mike Brown	
-		information, confirming that the won		
		Katherine Grooms on their way out to		
•		tell based on timing and information		
		did not stop at the desk to speak witi		
was Steve Thompson, but this	nas not been commined. He	did not stop at the desk to speak wid	ranyone.	
Note: If more space is needed	please use reverse side of fo	rm		
Note, il more space is needed	please ase reverse side of to			
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: Leon Gordon	Address: 213 Oak St, Char	lottesville, VA 22902	Phone: (434) 296-0638	
Police Contacted: no	Fire Contacted: no		Rescue contacted: no	
Name:	Name:		Name	
•				
Transported: yes no Transported to:				
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:				
Mike and Katherine each got Heidi each time to inform her of the situation. Heidi spoke to the women and assured them that				
They are allowed to talk in the fitness center at a reasonable volume, for topics that are suitable for all ages. She collected their				
Information and filled out this form so that management would be aware of the situation. No one seemed upset or angry.				
Staff in Charge: 1000	Staff completing form:	Heidi WooHen-Douglas	Time of event: ざいしゃ	
Lioutles-tougies				
Report Filed By:	Report Filed By: Date: Time:			
Date/Time Received by Supervisor:				





CIRCLE ONE:	INCIDENTXXX	ACCIDENT	DATE of Incident: April 22,
PLEASE PRINT			2016
			_
Report should be submit	ted to the Parks and Recrea	ition Division Manager wi	thin 24 hours
Location Facility/ Program: Carver Rec Center			Phone: 434-970-3053
			Participant age: 11
Name of Participant/Injured Pa			
Specific Area where the accide	nt/incident occurred: Carver Mul	ti-Purpose Room	
Parent/Guardian: Sophia Cardenas Phone (H):434-825-4695			Phone (W):
Address: 207 Ridge Street			Zip:
	nt (What occurred? What was the pa		
			s was Mariah's second fall of the
			ed to the Center with her mother
	e Front Desk for assistance to ge	t the child up. MOD Justin came	down to help.
+Second time skating			
+ Lost her balance			
+ Able to bend wrist with some	e soreness		
Note: if more space is needed	please use reverse side of form		
	1. 4 1 6 1.		
Injured Body Part – Specify Rig		ears/nose/mouth/teeth	
leg/foot	_head/neck torso/back	ears/nose/mouri/reerri	
knees torso/back internal shoulder left hand/arm other			
snoulder left ha		otilet	
WITNESSES:			
Name: Cheryl Brooks-Davis	Address:		Phone:
Name:	Address:		Phone:
Name:	Address:		Phone:
TAUTIC:	nadicos.		T HORE
Police Contacted: yes/ no	Fire Contacted: yes/ no		Rescue contacted: yes/ no
Name:	Name:		Name:
Haille.	rtutile.		174HIG
Transported: yes no Trans	ported to:		
Transported. yes no mans	ported to		
STAFF ACTION - Explain how sta	ff responded including blood borne p	athogen procedures followed	
	bag of ice. Justin provided a pap		
Staff in Charge: Cheryl	Staff completing form: Cheryl		Time of event: 7:10 p.m.
Brooks-Davis	July Completing torial Chery	DI COM DUVID	. sinc or events 7120 pins
5.5005 5005			
Report Filed Put		Data	Time:
Report Filed By: Date: Time:			





CIRCLE ONE:	INCIDENT	ACCIDENT ·	DATE of Incident:
PLEASE PRINT			1 4/14/10
			' <u> </u>
Report should be submitt	ted to the Parks and Recrea	ition Division Manager with	nin 24 hours
Location Facility/ Program:	at ver Recreation C	enter / Both dus	Phone: (434) 970 - 3053
zocación raemen riogrami.			Participant age:
Name of Participant/Injured Pa	arty: Cossie Cosmo	n6	1
	nt/incident occurred: Clossic		NU)
		7.6	*
Parent/Guardian: Heathes	- MOM CORMONS	Phone (H):	Phone (W):
Address: 1116 Forest	Hills Ave, Choslottsvi	ile, VA	Zip: 77903
Description of Accident/Incide		tron doing? Please be as specific as p	
Cassie was in th	e tack comes of l	ounge/clussroom be	Threen the two
sotos, jumping L	up on the am	t the somana t	alling back down.
	· · · · · · · · · · · · · · · · · · ·	1 on the camera s	scraping her leg
as she comes bac			
watching, but the	day goes to her	and picks her up,	oes to the found dole
Lap. Then the sco	apris Discovered and Let, which Heirli		
to get a bist aid	1 10 (12h) Luce mal	bleeding, Afterward	s the arous old
attended to the C	MILL COLD WOOD NOT	College of a college	I for a see of the
	rastics Cinitially	Cossie, who appears	2 Dia Graph and
Heary- eyes),	-please-use-reverse-side-of-form-		
	picase ase-peverse state of form		
Injured Body Part – Specify Rig	zht 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:	į itulio,		
Transported: yes no Trans	sported to:		
STAFF ACTION – Explain how st	aff responded including blood borne		
Herai graphed a first aid kit, which was taken from her by one of the			
porents to the post	1 2 1 1 2		applita a gauze
	was no blood to	take core.	
Staff in Charge:		id: Woother-Douglas	Time of event: 3:64 pm
Weather Doubles			£
Report Filed By:		Date:	Time:
Date/Time Received by Suner	wisor:		





CIRCLE ONE:	INCIDENT:	ACCIDENT	DATE of Incident: 4/16/16
PLEASE PRINT			
n i i i i i i i i i i i i i i i i i i i		tion Division Managar wit	hin 24 hours
	ed to the Parks and Recrea	tion Division Manager wit	
Location Facility/ Program: Car	ver Rec Center/Open Gym		Phone: 434-970-3053
			Participants age:
Name of Participant/Injured Pa	orty: Davarica Mayfield		15
			1 10
Specific Area where the accide	nt/incident occurred: Basketball ខ្	gym	
Parent/Guardian: Nolana Mayfield Phone (H): 434-218-9572 Phone (C):			Phone (W):
Address: 422 Riverside Ave, Charlottesville, VA Zip: 22902			
Description of Accident/Incide	nt (What occurred? What was the pa	tron doing? Please be as specific a	s possible.)
Mayfield was playing basketha	ll in the gym. He went in for a blo	ck and got headbutted in the no	ose by the other player.
			,
He went to the bathroom to cl	ean up his nose and resumed play	y.	
Note: If more space is needed	please use reverse side of form		j
Injured Body Part – Specify Rig	ht ortoft		
		//	
leg/foot	head/neckNose		
knees	_torso/back	_internal	
shoulder	hand/arm	other	
MANTENECCEC.			,
WITNESSES:			Dhana
Name:	Address:		Phone:
Name:	Address:		Phone:
Name:	Address:		Phone:
Bullion Court of the Court of t	Five Contested was /un		Rescue contacted: yes/no
Police Contacted: yes/ no	Fire Contacted: yes/no		
Name:	Name:		Name
Transported: yes no Transported to:			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	;		ļ
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
Heidi radioed Bill for assistance, used antiseptic wipes from the spill kit, and cleaned up the men's restroom upstairs, the			
hallway, and the gym. The wipes, gloves and paper towels from the spill kit went into a clear trashbag from the kit. It was then			
all thrown into a red trashbag and put into the red bin upstairs in the janitor's closet. The floor was mopped with Clorox.			
all thrown into a rea traditions and partition are real bill appears in the January 2 closes. The floor traditiopped with oleron.			
Staff in Charge: Heidi Wootter	n-D. Staff completing form: Lar	a McLellan	Time of event: 2:20 pm
Commission of the Commission o			
	The state of the s	T	
Report Filed By:		Date:	Time:
Date/Time Received by Super	visor:		
, ,			





CIRCLE ONE:	INCIDENT	ACCIDENT	DATE of Incident:	
PLEASE PRINT			4/1/16	
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
	Skic ting		Phone: (434) 170~3053	
Location Facility, 110Brain.			Participant age:	
Name of Participant/Injured Pa	rty: Charlottes H	wheet	12/16/2006	
Specific Area where the accide		ipurpose Boom		
0,000,000,000				
Parent/Guardian: Okn3	Hubert	Phone (H): (43) 430 30	\$ (434) 48 1-1440	
Address: 217 Mos	nte Vista Ave.	Civille	Zip: 22억८3	
Description of Accident/Incider	nt (What occured? What was the pa	atron doing? Please be as specific as p	ossible.)	
Charlotte Hu	whert was ska	thing host her	balance and	
fell on wrist				
		2 (6 4	<i>s</i> '	
Christopher	Hubert did not	notify staft o	t any injury	
sustained until	he was exit	ma the building	. Account of	
		1 11 - 72 6		
fall was repor	ted by her fri	ent, Naomi Beikol	- Montanbault.	
	V			
	-l use rouges side of form			
Note: it-more-space-is-needed-	please-use-reverse-side-of-form-			
Injured Body Part – Specify Rig	ht or Loft			
leg/foot	head/neck	ears/nose/mouth/teeth		
knees	torso/back	internal		
shoulder 🔀	hand/arm	other		
snoulder	ilaliu/ai ili	Other		
WITNESSES: Naomi B	ecker - Montan boul	\$ -		
Name:	Address:	4.	Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Name.	Address.			
Police Contacted: yes/(no)	Fire Contacted: yes no		Rescue contacted: yes/no	
			Name:	
Name:	Name:			
Transported: yes no Transported to:				
Trumported yes no isamported of				
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:				
<u> </u>	Chris hurried out and did not ask for any assistance,			
UNITS MAN 1180 OLG MANG OLG MAN 9637 SV. MAN 9637				
Y				
Staff in Charge:	Staff completing form:	ustin McKenzer	Time of event: N/A	
Staff in Charge: Justice 1987.	Start completing form. 1	ADIMI MUSICINE	1 1//1	
		Doto	Time:	
Report Filed By:		Date:	THIE	
Date/Time Received by Super	asor.			