

Engle Conti



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT

CHARLOTTESVILLE
parks & recreation

CIRCLE ONE: PLEASE PRINT	<u>INCIDENT</u>	ACCIDENT	DATE of Incident: 4/23/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver Rec Center</u>		Phone: <u>434-970-8096</u>	
Name of Participant/Injured Party: <u>Kyham Kier</u>		Participant age: <u>14</u>	
Specific Area where the accident/incident occurred: <u>Upstairs Bath Room/Shower #1</u>			
Parent/Guardian: <u>Patricie Reid</u>		Phone (H): <u>(434) 409-0856</u>	Phone (W):
Address: <u>707 E. Smith Street</u>		Zip: <u>22902</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) <u>Two teenagers were caught Hooking up (Kissing/Touching) in the 2nd Floor mens Bath room.</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> <u>sexuality</u>	
WITNESSES:			
Name: <u>Antione</u>	Address: <u>2018 Heegan Rd</u>	Phone: <u>(434) 202-0923</u>	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no <u>no</u>	Fire Contacted: yes/no <u>no</u>	Rescue contacted: yes/no <u>no</u>	
Name:	Name:	Name:	
Transported: <u>yes</u> <u>Escorted</u> Transported to: <u>out the building</u>			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: <u>I, staff actor, Antione Kicked the Kid out right after being caught off guard. Antione escorted them out of the building</u>			
Staff In Charge:	Staff completing form: <u>Antione Currie</u>	Time of event: <u>4pm</u>	
Report Filed By: <u>Antione Currie</u>	Date: <u>5/03/16</u>	Time: <u>4:10</u>	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT: XXXX	ACCIDENT	DATE of Incident: 4/28/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation Center		Phone: 434-970-3053	
Name of Participant/Injured Party: Elena Kordeva & Kellsey Leopold		Participants age: Elena 23, Kellsey 23	
Specific Area where the accident/incident occurred:			
Parent/Guardian:		Elena Phone (C): (757)217-8628 Kellsey Phone (C): (757)-418-0849	Phone (W):
Elena Address: 405 B Valley Rd, Charlottesville, VA		Zip: 22903	
Kellsey Address: 1622 Mulberry Ave, Charlottesville, VA		Zip: 22903	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Kellsey and Elena were using the middle treadmills and talking when an older male patron approached them as he was walking			
The length of the fitness center and told them their conversation was inappropriate and that they should not be talking			
(20:06:48 on Fitness 2 camera). Another patron, Leon Gordon, told the man that the facility was public and if he wanted			
silence, he should have his own personal gym and told the ladies to talk as much as they wanted. The women claim they were			
talking about work, nothing lewd or crude and that it was at a normal volume. Leon came down to the front to tell Mike Brown			
about the situation before he left and conveyed the above information, confirming that the women were doing nothing wrong,			
in his opinion. Both women stopped at the desk to talk to Katherine Grooms on their way out to confirm their belief that they			
were allowed to talk in the fitness Center. As far as we can tell based on timing and information in RecTrac, the male patron			
was Steve Thompson, but this has not been confirmed. He did not stop at the desk to speak with anyone.			
Note: 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: Leon Gordon	Address: 213 Oak St, Charlottesville, 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: Heidi	Staff completing form: Heidi Wootten-Douglas	Time of event: 8:06p	
Report Filed By: Heidi Wootten-Douglas		Date:	Time:
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENTXXX	ACCIDENT	DATE of Incident: April 22, 2016
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: Mariah Cardenas			Participant age: 11
Specific Area where the accident/incident occurred: Carver Multi-Purpose Room			
Parent/Guardian: Sophia Cardenas		Phone (H):434-825-4695	Phone (W):
Address: 207 Ridge Street			Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Mariah was skating and fell to the floor. She sat up and started crying; holding her left arm. This was Mariah's second fall of the evening, she fell earlier and I, Cheryl, gave her a bag of ice for her left arm. She left and returned to the Center with her mother to skate again. Cheryl called the Front Desk for assistance to get the child up. MOD Justin came down to help. +Second time skating + Lost her balance + Able to bend wrist with some soreness			
Note: 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 _____ left hand/arm _____ other _____			
WITNESSES:			
Name: Cheryl Brooks-Davis		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:			
Gloves on and gave the child a bag of ice. Justin provided a paper towel to cover the bag.			
Staff in Charge: Cheryl Brooks-Davis	Staff completing form: Cheryl Brooks-Davis		Time of event: 7:10 p.m.
Report Filed By:			
Date/Time Received by Supervisor:		Date:	Time:



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CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT <input checked="" type="checkbox"/>	DATE of Incident: 4/17/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Recreation Center / Birthday		Phone: (434) 970-3055 Participant age: 21	
Name of Participant/Injured Party: Cassie Cormons			
Specific Area where the accident/incident occurred: Classroom/Lounge (back corner)			
Parent/Guardian: Heather & Tom Cormons		Phone (H):	Phone (W):
Address: 1116 Forest Hills Ave, Charlottesville, VA		Zip: 22903	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) Cassie was in the back corner of lounge/classroom between the two sofas, jumping up on the arm of the sofa and falling back down. At about 15:54:45, she can be seen on the camera scraping her leg as she comes back down. None of the adults in the room were watching, but the dad goes to her and picks her up, putting her in his lap. Then the scrape is discovered and another parent goes to the front desk to get a first aid kit, which Heidi got. That parent took the kit and attended to the child (who was not bleeding). Afterwards, the group all went up to gymnastics (including Cassie, who appeared fine except for teary eyes).			
Notes: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left			
<input checked="" 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:			
Heidi grabbed a first aid kit, which was taken from her by one of the parents at the party, who put antibiotic ointment on and applied a gauze bandage. There was no blood to take care.			
Staff in Charge: Heidi	Staff completing form: Heidi Weather-Douglas	Time of event: 3:54pm	
Weather-Douglas			
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT	DATE of Incident: 4/16/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec Center/Open Gym		Phone: 434-970-3053	
Name of Participant/Injured Party: Davarice Mayfield		Participants age: 15	
Specific Area where the accident/incident occurred: Basketball 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/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Mayfield was playing basketball in the gym. He went in for a block and got headbutted in the nose by the other player.			
He went to the bathroom to clean up his nose and resumed play.			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
_____ leg/foot head/neck <u> Nose </u> ears/nose/mouth/teeth			
_____ knees torso/back _____ internal			
_____ shoulder hand/arm _____ other			
WITNESSES:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ no	Fire Contacted: yes/no	Rescue contacted: yes/no	
Name:	Name:	Name	
Transported: yes no Transported to:			
STAFF ACTION – Explain how 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.			
Staff in Charge: Heidi Wootten-D.		Staff completing form: Lara McLellan	Time of event: 2:20 pm
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT	ACCIDENT	DATE of Incident: 4/1/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Skating</u>		Phone: <u>(434) 970-3013</u>	
Name of Participant/Injured Party: <u>Charlotte Hubert</u>		Participant age: <u>9</u> <u>12/16/2006</u>	
Specific Area where the accident/incident occurred: <u>Multipurpose Room</u>			
Parent/Guardian: <u>Chris Hubert</u>		Phone (H): <u>(434) 987-7940</u>	Phone (W): <u>(434) 987-7940</u>
Address: <u>217 Monte Vista Ave, Cirville</u>		Zip: <u>22903</u>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Charlotte Hubert was skating, lost her balance and fell on wrist.</u>			
<u>Christopher Hubert did not notify staff of any injury sustained until he was exiting the building. Account of fall was reported by her friend, Naomi Becker-Montanbault.</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>X hand/arm</u> <u>other</u>			
WITNESSES: <u>Naomi Becker-Montanbault</u>			
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>Chris hurried out and did not ask for any assistance.</u>			
Staff In Charge: <u>Justin M.</u>	Staff completing form: <u>Justin McKenzie</u>	Time of event: <u>N/A</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			