



CIRCLE ONE:	INCIDENT: Injured Head	ACCIDENT	DATE of Incident: 03-24-2016		
Report should be submit	ted to the Parks and Recr	eation Division Manager wi	thin 24 hours		
Location Facility/ Program: Pa					
Location racincy/ Frogram. Fa	rking LOL		Phone: (434)466-1997		
Name of Participant/Injured P	arty: Jennifer Ringwald		Participants age: 45		
Specific Area where the accide	ent/incident occurred: Lower Le	vel Parking Garage	45		
	, it is a second of the second	ver i asiang darage			
Parent/Guardian:		Phone (H):	Phone (W):		
·		Phone (C): (434)466-1997	Thone (vv).		
Address: 306 Azalea Drive Cha	rlottesville VA	, , , , , , , , , , , , , , , , , , ,	Zip: 22903		
			210. 22303		
Description of Accident/Incide	nt (What occurred? What was the	patron doing? Please be as specific a	s possible.)		
The patron dropped Kenny off	and went outside to the lower	level parking garage. She sat on t	he edge of the lower level deck		
and stood up instead of jumpi	ng down. When she stood up sh	te hit the right side of her head. Si	he came in asked for a bag of ice.		
I felt the knot on her head per	her request. It was a large knot	but smaller than a golf ball size.	The incident happened outside		
but she reported the incident.	so for safety purposes I wanted	to document the incident	The molders happened outside		
-		to addutter the melacite			
Note: If more once is your deal					
Note: If more space is needed	please use reverse side of form				
Injured Bady Bart Charle, Dia	h				
Injured Body Part – Specify Rig					
	* head/neck	ears/nose/mouth/teeth			
knees	torso/back	internal			
shoulder	_hand/arm	other			
LAUTAICOCCO					
WITNESSES:					
Name:	Address:		Phone:		
Name:	Address:		Phone:		
Name:	Address:		Phone:		
- 時後 - 100	/20				
Police Contacted: yes/ no	Fire Contacted: yes/110		Rescue contacted: yes/ NO		
Name:	Name:		Name		
Troponomentodo					
Transported: yes no Transported to:					
STAFF ACTION - Explain how stal	fresponded including blood borne	pathogen procedures followed: I chec	ked with the natron to see if she		
wanted me to call the rescue square	d. I asked the patron a few question	s to make sure wasn't disoriented and	i made sure she did not have any		
signs of a concussion.	•		and and mornare unity		





Staff in Charge: Heidi	Staff completing form: Shaniece		Time of event: 6:15p
Report Filed By: Shanlece Bra	adford r	ate:03-24-16	Time: 6:15
Date/Time Received by Supe		40.00 Z 1 Z	Time, 0.13





CIRCLE ONE:	INCIDENT:	ACCIDENT	DATE of Incident:
PLEASE PRINT			3120.76
	ted to the Parks and Recrea		hin 24 hours
Location Facility/ Program: (<u> 'ARVER SKAT</u>	ING	Phone: 434) 164-6018
			Participants age:
Name of Participant/Injured P	arty: ANMA JOHNSO		40
Specific Area where the accide	ent/incident occurred: MC/272	<u> PURPOSE ROOM</u>	<u> </u>
Parent/Guardian:		Phone (H):	Phone (W):
A Court of the Court	a better as man & A willing the a \$ 100 migrations	Phone (C) 434964-6018	
Address: 4744 N	IREN COURT	**	Zip: 2.2.9//
Description of Assident/invide	22 Miles	- August data 2 Biografia a company	
Description of Accident/Incide	ent (What occurred? What was the page 1	atron doing? Please be as specific as	A.65
PAIRON WA	<u> </u>	LN MULLE	PUR POSE ROOM.
PATRON FE	ELL AND AT	T HER BACK O	NU THE
HARNWAM) FIROR CHI	ROLLEN OUE	RANHER
Dersit Corn	· 1 6 0 0 1 1 6 0 1 1 6 1 6 1 6 1 6 1 6 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRACTOR
<u> </u>	E AND OCKEL	TIVICELLO	
N			
Note: If more space is needed	please use reverse side of form		
Injured Body Part – Specify Rig	aht or Left		
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm	other	
WITNESSES:			
Name: HERYL BROOKS	Address:		Phone:7607.537
Name:	Address:		Phone:
Name:	Address:		Phone:
Police Contacted: yes/(no)	Fire Contacted: yes/no		Rescue contacted yes/no
Name:	Name:		Name
Transported: yes no Trans	ported to:		
STAFF ACTION – Explain how sta	iff responded including blood borne p	athogen procedures followed:	
CHERYL BAN	<u>TO CHECK ON</u>	<u> PATRON : CHE</u>	ERYL RADIOFD
HEMOT TO	COME TO MOUT	I PURPOSE ROC	OM, CHERYL ASKED
PATRON IF SI	HE WANTED A	PESCUE SQUAD	TO COME, PRIKAN
Staff in Charge CHERY	Staff completing form:	BROOKS-5'AUTS	Time of event:
MAR	ARFI	Suff.	
Report Filed By:		Date:	Time:
Date/Time Received by Superv	visor:	-	

SAID YES, HEIDI CALLED 911 AND WAITED FOR RESCUE SQUAD.

Burney, Nancy

To:

Anthony, Riaan; Cheryl Brooks-Davis (cbrooks2@k12albemarle.org); Margaret Carey

(margaret.carey@charlottesvilleschools.org); Heidi Wooten-Douglas (mrswoot0239

@gmail.com); McKenzie, Justin

Subject:

Anna Johnson

Team,

I just wanted to let you all know that I called Anna Johnson a few minutes ago and she said she was very very sore from her fall and the doctor told her that her injury was all muscle related. She had no broken bones and she said it was nothing serious.

Thanks to all who helped her, good job!

Nancy Burney, Assistant Manager

Carver Recreation Center 233 4th Street, NW Charlottesville, VA 22903

434-970-3622 (O) 434-962-5289 (C) burneyn@charlottesville.org





CIRCLE ONE:	INCIDENT:	ACCIDENT	DATE of Incident:
PLEASE PRINT			
Report should be subr	nitted to the Parks and	d Recreation Division Mana	ger within 24 hours
Location Facility/ Program:			Phone 434) 164-6078
			Participants age:
Name of Participant/Injure	d Party: AMMA しい	HNSON NUTT -PURPOSE	40
Specific Area where the acc	cident/incident occurred: /	AULTI-PURPOSE,	R00N
Parent/Guardian:		Phone (H):	Phone (W):
raiding oddi silsiii		Phone (C) (434)96	4-6018
Address: 낙기나나	WREN COL	KT	Zip:2.2.9/1
Description of Accident/Inc	ident (What occurred? What	was the patron doing? Please be as	specific as possible)
PATRONIA	IAS SKATT	MC TAL MILLT	I - PUR POSE ROOM.
PATROLL	TELL DALL	HTT HER RAI	CK ON THE
HAAAAAAAA	COLINDA	CILL DALLER	
MAKUWUC	NO PLOUNCE		OVER ON HER
KIGHI SI	DE AND SC	REAMED.	
Note: If more space is need	led please use reverse side	of form	4.
Injured Body Part – Specify			
leg/foot	head/neck	ears/nose/mouth/tee	eth .
knees	torso/back	internal	
shoulder	hand/arm	other	
WITNESSES:			
Name HERYL BROOK	S-Address:		Phone: 4607537
Name:	Address:		Phone:
Name:	Address:	·	Phone:
		~~ ~	
Police Contacted: yes/(no)	Fire Contacted: yes/i	10)	Rescue contacted (yes) no
Name:	Name:		Name
Transported: yes no Tr	ansported to:		
		-	
			_
STAFF ACTION – Explain how		od borne pathogen procedures follo	wed:
CHEKYL BA	N TO CHECK	ON PATRON.	CHERYL KYDLOED
HATELY C	COME TO	OULIA PURPOSE	ROOM, CHERYL. ASK
	SHE WANT	ED RESCUE SQ	
Staff in Charge CHECYL	Staff completing t	orm:C, BROOKS-D)	4リアS Time of event: デージ 5
	REARET	en er en	v
Report Filed By:		Date:	Time:
Date/Time Received by Su		Paic.	11(110)

SAID YES, HEIDI CALLED 911 AND WAITED FOR RESCUE SQUAD.

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City of Charlottesville Parks and Recreation Department ACCIDENT/INCIDENT REPORT



					
CIRCLE ONE:	INCIDENT	ACC	CIDENT		DATE of Incident:
PLEASE PRINT					34/16
Report should be submitted to the Parks and Recreation Division Manager within 24 hours					
Location Facility/ Program: /	Multi Purpose	20002	a/Skatin	9	Phone:
	1 1 -	. I .		/	Participant age:
Name of Participant/Injured Pa		trumle	aut_		<u> </u>
Specific Area where the accide					
	Urpose Roor	77 nL.	one (H):		Phone (W):
Parent/Guardian: Tannie 1 Strum	dout	Pile	one (n):	-	riiolie (vv).
Address:	nav i				Zip:
Audicos					•
Description of Accident/Incide	nt (What occured? What wa	as the patron d	loing? Please be as spe	cific as po	ssible.)
Jacob by + h2	s head or	7 0	phase 10	hil.	e skating.
JULOU VIIT IIL	July U.	1/2/2	COLUMN COU	/3 / / <u>C</u>	12/4/
He was tr	4119 70 51	T CYO'L	un + me	West	A (1/1/E
too fast					
Note: If-more-space-is-needed-	please-use-reverse-side-o	of-form-			
totomed push, point - Country min	the ard off				
Injured Body Part – Specify Rig	head/neck	P3-	rs/nose/mouth/teeth	<u> </u>	
leg/foot	torso/back		ernal		
shoulder	hand/arm	oth			
3[[U4]UC1	- Contrag de 141			,	
WITNESSES:					
Name: Diviel Strumlant	+ Address: 19 00 9	ate N	Till bounch	Rd.	Phone: 474-882 12 19
Name:	Address:				Phone:
Name:	Address:				Phone:
		and the same of th			Succession and the stands of the stands
Police Contacted: yes no	Fire Contacted: yes/fig	ور ا			Rescue contacted: yes no
Name:	Name:				Name:
T	norted to:				
Transported: yes 10 Trans	ported to:				
STAFF ACTION - Evaluin how sta	aff responded including blood	d borne patho	gen procedures followe	d:	
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: Cherry got the child a bag of the					
crary go	1100	(/	S	
Staff in Charge:	Staff completing form:	4			Time of event: 7/400
Justin Mckenzie		1	cknos.		
Report Filed By:	lone 5	designation of the same of the	ate: 3 / 4 //	6	Time: 7.50p
Date/Time Received by Super					