



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: <u>FALL</u>	ACCIDENT:	DATE of Incident: <u>12/17/17</u>
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Report should be submitted to the Parks and Recreation Division Manager within 24 hours

Location Facility/ Program: <u>CARVER SKATING</u>	Phone:
Name of Participant/Injured-Party: <u>LILLIAN FORTENOT</u>	Participants age: <u>6</u>
Specific Area where the accident/incident occurred:	

Parent/Guardian: <u>MY ASIA FRANKLIN</u>	Phone (H): Phone (C): <u>4349964807</u>	Phone (W):
Address: <u>377 JEFFERSON DR</u>	Zip:	

Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)
CHILD FELL WHILE SKATING

Note: If more space is needed please use reverse side of form

Injured Body Part – Specify Right or Left

<input type="checkbox"/> leg/foot	<input type="checkbox"/> head/neck	<input type="checkbox"/> ears/nose/mouth/teeth
<input type="checkbox"/> knees	<input type="checkbox"/> torso/back	<input type="checkbox"/> Internal
<input type="checkbox"/> shoulder	<input checked="" type="checkbox"/> hand/arm (finger)	<input type="checkbox"/> other

WITNESSES:

Name: <u>SHANNON MCAN</u>	Address: <u>2205 WHITPERWELL RD</u>	Phone: <u>703863 1801</u>
Name:	Address:	Phone:
Name:	Address:	Phone:

Police Contacted: yes/no <input checked="" type="radio"/>	Fire Contacted: yes/no <input checked="" type="radio"/>	Rescue contacted: yes/no
Name:	Name:	Name:

Transported: yes/no Transported to:

STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:

ICE BAG GIVEN

Staff in Charge: <u>CHERYL BD</u>	Staff completing form: <u>CHERYL BD</u>	Time of event: <u>1:20</u>
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Report Filed By:	Date:	Time:
Date/Time Received by Supervisor:		



City of Charlottesville
Parks and Recreation Department
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Bday party

CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: 12/15/19
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Report should be submitted to the Parks and Recreation Division Manager within 24 hours

Location Facility/ Program:	Phone:
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Name of Participant/Injured-Party: Declan McDonald	Participants age: 7
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Specific Area where the accident/incident occurred: Roller skating
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Parent/Guardian:	Phone (H):	Phone (W):
	Phone (C):	

Address:	Zip:
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Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)

was skating and fell on his wrist on his final lap

Note: If more space is needed please use reverse side of form

Injured Body Part – Specify Right or Left

<input type="checkbox"/> leg/foot	<input type="checkbox"/> head/neck	<input type="checkbox"/> ears/nose/mouth/teeth
<input type="checkbox"/> knees	<input type="checkbox"/> torso/back	<input type="checkbox"/> internal
<input type="checkbox"/> shoulder	<input type="checkbox"/> hand/arm (finger)	<input checked="" type="checkbox"/> other: WRIST

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:

Gave ice pack

Staff in Charge: Mike B	Staff completing form: Jamar	Time of event: 7:05p
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Report Filed By: Jamar	Date: 12/15/19	Time: 7:10p
Date/Time Received by Supervisor:		



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Parks and Recreation Department
ACCIDENT/INCIDENT REPORT

CHARLOTTESVILLE
parks & recreation

Bday party

CIRCLE ONE: PLEASE PRINT		INCIDENT:	ACCIDENT:	DATE of Incident: 12/15/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program:			Phone:	
Name of Participant/Injured-Party: <u>Abdullah Harouisa</u>			Participants age: <u>8</u>	
Specific Area where the accident/incident occurred: <u>@ water fountain in front of skating</u>				
Parent/Guardian:		Phone (H):		Phone (W):
		Phone (C):		
Address:			Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)				
<u>went to drink water in hallway (with adult), and fell on his back. Initially, guardians thought he was okay, but came back 20 mins later for ice.</u>				
Note: If more space is needed please use reverse side of form				
Injured Body Part -- Specify Right or Left				
<input type="checkbox"/> leg/foot		<input type="checkbox"/> head/neck		<input type="checkbox"/> ears/nose/mouth/teeth
<input type="checkbox"/> knees		<input checked="" type="checkbox"/> torso/back		<input type="checkbox"/> internal
<input type="checkbox"/> shoulder		<input type="checkbox"/> hand/arm (finger)		<input type="checkbox"/> other
WITNESSES:				
Name:		Address:		Phone:
Name:		Address:		Phone:
Name:		Address:		Phone:
Police Contacted: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no		Fire Contacted: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no		Rescue contacted: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no
Name:		Name:		Name
Transported: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no Transported to:				
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:				
<u>gave ice.</u>				
Staff in Charge: <u>MIKE B.</u>		Staff completing form: <u>Jamari</u>		Time of event: <u>6:45 (fall)</u> <u>7:01 (ice)</u>
Report Filed By: <u>J</u>		Date: <u>12/15/17</u>		Time: <u>7:10pm</u>
Date/Time Received by Supervisor:				



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CIRCLE ONE:	INCIDENT	ACCIDENT	DATE: 12-6-17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <i>Carver / Co ed Volleyball</i>		Phone:	
Name of Participant/Injured Party: <i>Scott Mangon</i>		Participants age: <i>40</i>	
Specific Area where the accident/incident occurred: <i>gym</i>			
Parent/Guardian:		Phone (H):	Phone (W):
Address: <i>408 East Brook Dr</i>		Phone (C): <i>703 855 3174</i>	Zip: <i>22901</i>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<i>volleyball ankle - rolled ankle</i>			
Note: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left			
<input checked="" type="checkbox"/> leg/foot	head/neck	ears/nose/mouth/teeth	
<input type="checkbox"/> knees	torso/back	internal	
<input type="checkbox"/> shoulder	hand/arm	other:	
WITNESSES:			
Name: <i>Janet Hearns</i>	Address: <i>1145 Hacktown Rd</i>	Phone: <i>434 327 7603</i>	
Name: <i>Scott Wade</i>	Address: <i>1605 Stonewall Creek Dr</i>	Phone: <i>434 977 8807</i>	
Name:	Address:	Phone:	
Police Contacted: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no	Fire Contacted: <input type="checkbox"/> yes/ <input checked="" type="checkbox"/> no	Rescue contacted: <input type="checkbox"/> yes/ <input checked="" type="checkbox"/> no	
Name:	Name:	Name	
Transported: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
<i>ice applied</i>			
Staff in Charge: <i>Janet Hearns</i>	Staff completing form: <i>Janet Hearns</i>	Time of event: <i>6:30p</i>	
Report Filed By:	Date: <i>12-6-17</i>	Time:	
Date/Time Received by Supervisor:			