

parks & recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident:
· ·	I FAIL		12/17/17
Report should be submi	itted to the D. 1 1. D.		
Location Excility/ Programs	CARVER 5	eation Division Manager wit	
cocanon racinty/ Program: (-MRVER SI	KAIING	Phone:
Name of Participant/Injured	Party: / T/LTAN	Frank 1	Participants age:
Specific Area where the accid	lent/incident occurred	FOYENOL	6
	The management occupyed.		
Parent/Guardian?)	4	Phone (H):	Phone (W):
MYASIA	LFRANKLIN	Phone (C):4349964801	, mone (vv),
Address: 372	VEFFERSON	DR	Zip:
Description of Acaldont/Incid			
Description of Accident/Incid	ent (what occurred? What was the	patron doing? Please be as specific as	possible.)
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Note: If more space is needed	please use reverse side of form		
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Injured Body Part - Specify Rig	eht or Left		•
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	, torsó/back	Internal	
shoulder	_hand/arm (finger)	other	
14/1Thimson	•		
WITNESSES: NameSX/AMMONIATOR	William Consultation		
Name:	Address: 2205 WHIF	PERWILL RD	Phone: 703863 1801
Name:	Address:		Phone:
	Address:		Phone:
Police Contacted: yes/no	Fire Contacted: yes/no		D
Name:	Name:		Rescue contacted: yes/no Name
Transported: yes no Transp	oorted to:	·	•
STAFE ACTION Eurolain house and		•	
TO E DAG	ff responded including blood borne p	athogen procedures followed:	
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	(
itaff in Charg€: \HERYL. F	Staff completing form:	HERY BD	Time of event: (1/2)
			Tallic of event.
Report Filed By:		Date:	Time:
Date/Time Received by Supervi	sor:		18116-



CHARLOTTESVILLE OCIKS
recreation

CIRCLE ONE:	INCIDENT: .	(ACCIDENT:	DATE of Incident:
PLEASE PRINT			12/15/17.
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Report should be submi	itted to the Parks and Recr	reation Division Manager	within 24 hours
Location Facility/ Program:		Canon Division Manager	
week and a section of the section of		. 1	Phone:
Name of Participant/Injured-F	Party: ()PC/CCO	Mannald	Participants age:
Specific Area where the accid	lant/incldent accurred.	- KWWWM	
Openio raca mana are acces	any incluent occurrent WOI	18CS/Cating	
Parent/Guardian:		T =	
Parenty ouar chan.		Phone (H):	Phone (W):
Address:		Phone (C):	
Address:			. Zip:

Description of Accident/Incide	ent (What occurred? What was the	patron doing? Please be as specif	ic as possible.)
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Injured Body Part—Specify Rig	_1 _1	,	
leg/foot	head/neck	ears/nose/mouth/teeth	•
knees	_torso/back	internal	
shoulder	hand/arm (finger)	other WEIST	
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WITNESSES:			
Name:	Address:		Phone:
Name:	Address:		Phone:
Name:	Address:		·
	Francis,		Phone:
Police Contacted: yes/no	Fire Contacted: yes/no	•	
Name:			Rescue contacted: yes/no
ivalue.	Name:		Name
	•		
Transported: yes/no Transp	orted to:		•
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STAFF ACTION — Explain how staf	ff responded including blood borne (pathogen procedures followed:	
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Staff In Charge: いんととら	Staff completing form:	Jamari	Time of event: 9:050
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Report Filed By: \Ownger	· 1	Date: 12 \5/19	The second
Date/Time Received by Supervis	cori	Date: (2) 15/17	Time: 70100
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CIRCLE ONE:	INCIDENT:	ACCIDENT:	DATE of Incident:
PLEASE PRINT			13/15/17.
Donort should be submit	at all a state of the state of		
Location Facility/ Program:	ted to the Parks and	Recreation Division Manager	
Eocation Facility/ Program:			Phone:
Name of Participant/Injured-Pa	arty: Aballia	Athronisa	Participants age:
Specific Area where the accide	ent/incident occurred:	Miler Foundain w	recent of Stating
			· · · · · · · · · · · · · · · · · · ·
Parent/Guardian:		Phone (H):	Phone (W):
Address:		Phone (C):	
Audiess.			. Zip:
Description of Accident/Incide	nt (What occurred? What w	vas the patron doing? Please be as specif	ic as nossible)
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Note: If more space is needed	please use reverse side of	fform	
Injured Body Part - Specify Rigi	ht orleft		
	head/neck	ears/nose/mouth/teeth	
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shoulder	_hand/arm (finger)	other	
A HTAITCOIC.	,		
WITNESSES:	Address:		
Name:	Address:		Phone:
Name:	Address:		Phone:
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Police Contacted: yes/no	Fire Contacted: yes/no	<u>) </u>	Rescue contacted: yes/no
Name:	Name:		Name
Transported: yes/no Transpo	artodita.	•	• .
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STAFF ACTION - Explain how staff	responded including blood l	borne pathogen procedures followed:	
Charle ice.			
Staff in Charge: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Staff completing form	n: Turari	Time of event: 10:05 (fa.)
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Report Filed By:		Date: (3 \5 / 12	Time: 710000





CIRCLE ONE:	INCIDENT	(ACCIDENT)	DATE:
Report should be subm	itted to the Parks and Re	creation Division Manag	12-6-17
		Velley be (1	Phone:
	/		Participants age:
Name of Participant/Injured P	arty: Scott Manga,	V å	40
Specific Area where the accide	ent/incident occurred:		
Parent/Guardian:		Phone (H): Phone (C): 703 855 3 / 74	Phone (W):
Address: 403 CAST	BROCK OR		Zip: 2240
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	ent (What occurred? What was the p		ıs possible.)
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Note: If more space is needed	please use reverse side of form		
Injured Body Part – Specify Rig	tht or Left	ears/nose/mouth/tooth	
Injured Body Part – Specify Rig	ht or Left head/neck	_ears/nose/mouth/teeth	
Injured Body Part – Specify Rig	ght or Left head/neck _torso/back	internal	
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Injured Body Part – Specify Rig	ght or Left head/neck _torso/back	internal	
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Injured Body Part – Specify Rig	tht or Left head/neck torso/back hand/arm Address: //45 /fa.e.k/n2	_internal _other:	Phone: 434327 7603 Phone: 424-424-583
Injured Body Part – Specify Rig	ht or Left head/neck torso/back hand/arm	_internal _other:	
Injured Body Part – Specify Rig	ht or Left head/neck torso/back hand/arm Address: //45 /fackfaz Address: //605 510000	_internal _other:	Phone: 434-477-883 Phone:
Injured Body Part – Specify Rig	ht or Left head/neck torso/back hand/arm Address: //45 /fackfor Address: /605 510000	_internal _other:	Phone: 434-974-883
Injured Body Part – Specify Rig	Address: //45 /fackfar	_internal _other:	Phone: 434-477-583 Phone: Rescue contacted: yes/no
Injured Body Part – Specify Rig	Address: //45 /fackfar	_internal _other:	Phone: 434-477-583 Phone: Rescue contacted: yes/no
Injured Body Part – Specify Rig	Address: //45 /fackfar	_internal _other:	Phone: 434-477-583 Phone: Rescue contacted: yes/no
Injured Body Part – Specify Rig	Address: //45 /fackfar	Internal Other: In Rid In Creek Dr.	Phone: 434-477-583 Phone: Rescue contacted: yes/no
Injured Body Part – Specify Rig leg/foot knees shoulder WITNESSES: Name: Janet Hearts Name: Police Contacted: yes/no Name: Transported: yes/no T	Address: // // // // // // // // // // // // //	Internal Other: In Rid In Creek Dr.	Phone: 434-477-583 Phone: Rescue contacted: yes/no
Injured Body Part – Specify Rig	Address: // // // // // // // // // // // // //	Internal Other: In Rid In Creek Dr.	Phone: 434-477-583 Phone: Rescue contacted: yes/no
Injured Body Part – Specify Rig	Address: // // // // // // // // // // // // //	Internal Other: In Rid In Creek Dr.	Phone: 434-477-583 Phone: Rescue contacted: yes/no
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Injured Body Part – Specify Rig leg/foot knees shoulder WITNESSES: Name: Janet Hearts Name: Police Contacted: yes/no Name: Transported: yes/no T	Address: //45 /fackface Address: //45 /fackface Address: //45 /fackface Address: //45 /fackface Address: Fire Contacted: yes/no Name: Orted to: ff responded including blood borne pages	Internal Other: In Rid In Creek Dr.	Phone: 434 474 880 Phone: Rescue contacted: yes/no Name
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