



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:		INCIDENT	ACCIDENT	DATE: 11/19/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: <u>Outside of Carver Rec. Building</u>			Phone:	
Name of Participant/Injured Party: <u>Unknown</u>			Participants age: <u>14-15 approx.</u>	
Specific Area where the accident/incident occurred: <u>Front entrance of Carver Rec.</u>				
Parent/Guardian: <u>N/A</u>		Phone (H):	Phone (W):	
		Phone (C): <u>N/A</u>	<u>N/A</u>	
Address:			Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)				
<p>A group of males were outside huddled around 2 males fighting. Approximately 10-15 boys were watching and video taping the fight. They all ran back inside the building and went upstairs to the gym. I made the announcement that all kids who were outside watching taping or engaged in the fight needed to leave. The group went to the hallway and refused to leave. I threatened to call 911 and have the police escort them out. At this point they left but called me a "Mother fucker and a Bitch."</p>				
Note: If more space is needed please use reverse side of form				
Injured Body Part - Specify Right or Left <u>N/A</u>				
<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		<input type="checkbox"/> other:
WITNESSES: <u>N/A</u>				
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: <u>T.R. Martin</u>		Name:		Name
Transported: <input type="checkbox"/> yes/ <input type="checkbox"/> no Transported to:				
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:				
<p>All kids were kicked out of the facility. The kid that cursed me out and refused to leave is possibly Jahire Folley, 724 Prospect Ave.</p>				
Staff in Charge: <u>Stephe</u>		Staff completing form: <u>Stephe</u>		Time of event: <u>1650 hours</u>
Report Filed By:		Date:		Time:
Date/Time Received by Supervisor:				



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	<u>INCIDENT</u>	ACCIDENT	DATE: 11/14/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver Recreation</u>		Phone:	
Name of Participant/Injured Party: <u>Nate Johnson</u>		Participants age: <u>17</u>	
Specific Area where the accident/incident occurred: <u>Upstairs hallway by the gymnastics room</u>			
Parent/Guardian: <u>Group Home employee</u>	Phone (H):	Phone (W):	
Address: <u>STARS</u>	Phone (C):	Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>At approximately 1534 hours a young man named Nate Johnson stole a soda from the black box located outside the gymnastics room. This soda belonged to Michael Monroe. Michael looked at the camera and saw this young man take his soda. I reviewed the cameras and observed the same thing. I talked talked to the group home supervisor and briefed him on the situation. Nate admitted to stealing taking 2 sodas and didn't have the money to pay for it. I advised him that he needed to leave and it would be requesting for his privilege privilege be revoked from coming to Carver Rec.</p>			
Note: If more space is needed please use reverse side of form			
Injured Body Part - Specify Right or Left <u>N/A</u>			
leg/foot	head/neck	ears/nose/mouth/teeth	
knees	torso/back	internal	
shoulder	hand/arm	other:	
WITNESSES: <u>Dabrina Johnson, Michael Monroe.</u>			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <u>no</u>	Fire Contacted: yes/ <u>no</u>	Rescue contacted: yes/ <u>no</u>	
Name:	Name:	Name	
Transported: yes/ <u>no</u> Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: <u>Supervisor was notified</u>			
Staff in Charge: <u>Steppe</u>	Staff completing form: <u>Steppe</u>	Time of event: <u>1534</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			

11.20.17 - 11:04am

Natalie Carrington, STARS Supervisor

2 week suspension - May Return on December 4, 2017



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT	<u>ACCIDENT</u>	DATE: 11/13/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver Recreation</u>		Phone:	
Name of Participant/Injured Party: <u>Maya Wiler</u>		Participants age: <u>14 yoa</u>	
Specific Area where the accident/incident occurred: <u>Gym</u>			
Parent/Guardian: <u>Ivana Kadiga</u>		Phone (H):	Phone (W):
Address: <u>712 Braves Street, Charlottesville</u>		Phone (C): <u>434-218-8680</u>	Zip: <u>22901</u>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Was playing volleyball and rolled her ankle. NO EMS needed. Ice was provided. Father was called.</u>			
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/ankle	<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: <u>N/A</u>			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no	Fire Contacted: yes/no	Rescue contacted: yes <input checked="" type="checkbox"/> no	
Name:	Name:	Name:	
Transported: yes <input checked="" type="checkbox"/> no Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: <u>Ice provided. No blood</u>			
Staff in Charge: <u>Steph</u>	Staff completing form: <u>Steph</u>	Time of event: <u>6:47 p.m.</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT		INCIDENT: fall	ACCIDENT:	DATE of Incident:
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: skating			Phone:	Participants age: 8
Name of Participant/Injured-Party: Simon Reyes				
Specific Area where the accident/incident occurred:				
Parent/Guardian: Jody Reyes		Phone (H): Phone (C):	Phone (W):	
Address: 2283 Camargo Dr Charlottesville			Zip: 22901	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) fell on @ knee				
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 checked="" type="checkbox"/> knees	<input 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: GIVEN ICE				
Staff in Charge:		Staff completing form: CHERYL BROOKS DAVIS		Time of event: 5:20
Report Filed By:		Date:	Time:	
Date/Time Received by Supervisor:				



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	<u>INCIDENT</u>	ACCIDENT	DATE: 11/25/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver Recreation</u>		Phone:	
Name of Participant/Injured Party: <u>Naguavious Giles, Marguen Michie, Kaijon Shales, Shahiem Michie</u>		Participants age:	
Specific Area where the accident/incident occurred: <u>Gym</u>			
Parent/Guardian: <u>Rob Hagey (Naguavious guardian)</u>	Phone (H):	Phone (W):	
Address: <u>412 Saint Charles St</u>	Phone (C): <u>434-825-2580</u>	Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p>At 10:20:30 on the arena, Naguavious and Shahiem were in the gym when they both were engaged in a physical fight. Employee Reginald Tyler ran and separated them. Marguen and Kaijon ran over to Naguavious and tried to jump him. They all were kicked out of the gym and escorted to the hallway. Mr. Tyler had to restrain Shahiem from attacking Naguavious in the hallway. At this point I advised all parties to leave the building. I told them that they all would be suspended from all Parks and Rec. facilities until further notice. Naguavious was ^{walking} to his guardian's vehicle when all the boys started running after Naguavious outside. Naguavious guardian Rob Hagey had to push the boys away from his vehicle. Mr. Hagey called to police but they cancelled their response once the boys left. NO one were injured.</p>			
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: <u>N/A</u>	
WITNESSES: <u>Tracy Cooper</u>			
Name:	Address:	Phone:	
Name: <u>by Rob Hagey</u>	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: <u>yes/no</u>	Fire Contacted: <u>yes/no</u>	Rescue contacted: <u>yes/no</u>	
Name:	Name:	Name	
Transported: <u>yes/no</u> Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
<u>Notified the kids they all were suspended until further notice.</u>			
Staff in Charge: <u>Steppe</u>	Staff completing form: <u>Steppe</u>	Time of event: <u>10:20</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			

- Marguen & Shahiem mother was called and advised of the suspension

- ~~Rob Hagey~~ Kaijon's mother was also called and advised of the suspension.

Carver Recreation Center

Daily Facility Admission & Drop-In Log

November 2017

Liability Release: I understand that there are risks and dangers associated with any activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to participating in activity. I also understand that each participant has the responsibility to exercise due care in the performance of activity for the safety of himself/herself and other participants. I hereby release, identify and hold harmless the City of Charlottesville, its employees, agents, operators, and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage, or loss, which may be sustained by me/ the participant as a result of or relating to my participation. **Photo Permission:** I give the City of Charlottesville, its officials and employees, permission to photograph or videotape during my participation at Carver Recreation Center. I understand and agree that my photo and any materials produced during the program may be placed on the City's website or within other material publicizing the City's recreation program. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the recreation program or patron of Carver Recreation Center.

ALL INFORMATION MUST BE FILLED IN COMPLETELY, TRUTHFULLY AND LEGIBLY

Date	Time	First & Last Name	Complete Mailing Address	Emergency Contact Phone Number <small>(Not your own cell)</small>
11/25	2:25	CHRIS LUCK	709B 65F	405-9186
11/25	2:31	Marguen Mike	501B Mosley Dr	434-826558
11/25	2:31	Paulon Sholas	607-A Gurrat Str	434-827-230
11/25	2:40	Shawmum Michie	501B Mosley Dr	434-826558
11/25	2:40	Eli Fillos	-	-
11/25	2:42	Jaylen	-	-
11/25	2:42	Stephon Perkins	8722 Hardy Dr	327-26138
11/25	2:50	Marlo Brown	381 A Paton St	434-655-21
11/25	2:50	Jessalyn Martin	609 Prospect	760-4005
11/25	2:50	Ahmad Jones	746B Prospect Ave	305-4502

You must provide accurate information.

failure to provide the correct name, address, & phone number may result in your suspension from the Center.

Carver Recreation Center

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November 2017

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Date	Time	First & Last Name	Complete Mailing Address	Emergency Contact Phone Number <small>(Not your own cell)</small>
11/25	1:52	Norehelle Moore	Riverside Ave	1-703-470-1511
1/52	→	Quinnia Woodfolk	—	—
1/52	1:52	Tainiyah Brown	—	—
1/25	2:15	Jeny Mason	906c south 25th	806-9911
1/25	2:25	Reece Hogg	442 N Charles Ct	939-481-4657
1/25	2:25	Aisha White	2805 Hillwood Place	591-293-7671
1/25	2:26	Zimic Brown	Middlesex	439-566-4134
1/25	2:26	Nacquavious Giles	—	—
1/25	2:26	Colby King	412 S. Charles Ct	825-2580
1/25	2:20	Dr. Ayelo Coffey	416 NALTONA ROAD	434-366-3413

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City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:		<u>INCIDENT</u>	ACCIDENT	DATE: 11/5/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: <u>CARVER</u>			Phone:	Participants age: <u>13</u>
Name of Participant/Injured Party: <u>NILEM Hill</u>				
Specific Area where the accident/incident occurred: <u>Hallway upstairs near stairwell</u>				
Parent/Guardian:		Phone (H):	Phone (W):	
Address:		Phone (C):	Zip:	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)				
<p><u>Chrissy was allegedly accused of cussing at Nilem Hill, after we initially went upstairs b/c someone set the door alarm off. We just asked if he was off of suspension when we saw him, and he got his things to leave. I didn't hear any dysfunction, but when I came back from talking to Bill, I overheard Chrissy telling the brother to leave because he was being disrespectful, so I asked him to step outside to calm down. The mother, Ms. Hill, correct and said Chrissy had cussed at her boys →</u></p>				
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>		
WITNESSES:				
Name: <u>JAMARI</u>	Address:	Phone:		
Name: <u>CHRISSEY</u>	Address:	Phone:		
Name: <u>DARLINA</u>	Address:	Phone:		
Police Contacted: yes/ <u>no</u>	Fire Contacted: yes/ <u>no</u>	Rescue contacted: yes/ <u>no</u>		
Name:	Name:	Name		
Transported: yes/ <u>no</u> Transported to:				
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:				
<p><u>Talked to Ms. Hill and let her know personally I didn't hear and cussing, but I was very sorry in general of how things took place. I took down her contact information, and took notes</u></p>				
Staff in Charge: <u>N/A</u>	Staff completing form: <u>Jamari</u>	Time of event: <u>3:30 - 3:45</u>		
Report Filed By:	Date:	Time:		
Date/Time Received by Supervisor:				

from her and her son regarding what was said.

Carver Recreation Center

Daily Facility Admission & Drop-In Log

November 2017

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ALL INFORMATION MUST BE FILLED IN COMPLETELY, TRUTHFULLY AND LEGIBLY

Date	Time	First & Last Name	Complete Mailing Address	Emergency Contact Phone Number <small>(Not your own cell)</small>
11/5/17		Tewan Reid	20706 st	800-6944
11/5/17		Myron hall	924 C South first st	306-5389
11/5/17		Ravis Jones	924 SWS	_____
11/5/17	3:15	Carthay Moruki	130 noys place	434-862-7885
11/5/17	3:18	D'Kiera	922A Hardy Dr	_____
11/5/17	3:18	Corbasion	930 B South first	_____
11/5/17	3:20	Rammy	324 6 1/2 st SW	_____
11/5/17	3:20	Jyehym Feggyas	121 h WALK NACE	434-825-4954
11/5/17	3:31	Jesse Jones IV	409 dice st	434-836-7626
11/5/17	3:31	Marcus Jones	409 dice st	434-836-7626

You must provide accurate information.

Failure to provide the correct name, address, & phone number may result in your suspension from the Center.



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: 11/19/12
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver</u>		Phone:	
Name of Participant/Injured-Party: <u>Harmony Stephens</u>		Participants age: <u>7</u>	
Specific Area where the accident/incident occurred: <u>roller skating - m.p.</u>			
Parent/Guardian: <u>Missy Stephens</u>		Phone (H):	Phone (W):
Address:		Phone (C):	Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) <u>Fell on left elbow.</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 type="checkbox"/> torso/back	<input type="checkbox"/> internal	
<input type="checkbox"/> shoulder	<input checked="" type="checkbox"/> hand/arm (finger)	<input type="checkbox"/> other	
<u>Elbow</u>			
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 pack</u>			
Staff in Charge:	Staff completing form: <u>Jaman</u>	Time of event: <u>2:50pm</u>	
Report Filed By: <u>Jaman</u>	Date: <u>11/19/12</u>	Time: <u>2:50</u>	
Date/Time Received by Supervisor:			



City of Charlottesville
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CIRCLE ONE:	INCIDENT	<u>ACCIDENT</u>	DATE: 11/13/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Carver Recreation</u>		Phone:	
Name of Participant/Injured Party: <u>Maya Wicker</u>		Participants age: <u>14 yoa</u>	
Specific Area where the accident/incident occurred: <u>Gym</u>			
Parent/Guardian: <u>Ivana Kadifca</u>		Phone (H):	Phone (W):
Address: <u>712 Braves Street, Charlottesville</u>		Phone (C): <u>434-218-8686</u>	Zip: <u>22901</u>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Was playing volleyball and rolled her ankle. No EMS needed. Ice was provided. Father was called.</u>			
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	<input checked="" type="checkbox"/> ankle	head/neck	ears/nose/mouth/teeth
knees	torso/back	internal	
shoulder	hand/arm	other:	
WITNESSES: <u>N/A</u>			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no	Fire Contacted: yes/no	Rescue contacted: yes/ <input checked="" type="checkbox"/> no	
Name:	Name:	Name	
Transported: yes/ <input checked="" type="checkbox"/> no Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: <u>Ice provided. No blood</u>			
Staff in Charge: <u>Steppe</u>	Staff completing form: <u>Steppe</u>	Time of event: <u>6:47p.m.</u>	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident:
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <i>Carver Recreational</i>		Phone:	
Name of Participant/Injured Party: <i>Stephen Park</i>		Participants age: <i>6</i>	
Specific Area where the accident/incident occurred: <i>Gymnasium</i>			
Parent/Guardian: <i>Ann Marie Park</i>		Phone (H):	Phone (W):
Address: <i>1601 Cedar Hill Rd. 22901</i>		Phone (C): <i>917 747 5021</i>	Zip:
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) <i>Fell while rollerskating, bumped back of head, PART OF BIRTHDAY PARTY, PARTY MOM CALLED HIS MOM,</i>			
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 checked="" 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 type="checkbox"/> other	
WITNESSES:			
Name: <i>Dwight Brown</i>	Address: <i>1601 Cedar Hill Rd.</i>	Phone: <i>434-409-7426</i>	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/ <input checked="" type="checkbox"/> no	Fire Contacted: yes/ <input checked="" type="checkbox"/> no	Rescue contacted: yes/ <input checked="" type="checkbox"/> no	
Name:	Name:	Name	
Transported: yes/ <input checked="" type="checkbox"/> no Transported to:			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed: <i>Ice pack requested and given</i>			
Staff in Charge: <i>CHERYL BROOKS</i> Staff completing form: <i>CHERYL BROOKS-DAVIS</i> Time of event: <i>6:15</i> <i>DAVIS</i>			
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			