



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT		INCIDENT:	ACCIDENT:	DATE of Incident: 10/22/19
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program: CARVER			Phone: 434-525-4626	Participants age: 22
Name of Participant/Injured-Party: JAMARI BYERS-DAVIS				
Specific Area where the accident/incident occurred: PARKING LOT (TOP LOT)				
Parent/Guardian: N/A		Phone (H):	Phone (W):	
Address: 4150 RED HILL SCHOOL RD, NORTH GARDEN		Phone (C):	Zip: 22959	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)				
JAMARI DROVE TO WENDY'S FOR A QUICK SNACK, BEFORE PULLING OUT OF CARVER PARKING LOOP. MY FIRE PRESSURE LIGHT CAME ON, SO I DROVE TO SHELL FOR AIR. I STOPPED, AND GOT OUT TO SEE MY WHEEL HAD BEEN PUNCTURED. I CALLED 911, AND AN OFFICER TOOK PICTURES AND MY INFORMATION. THE GIRL I SUSPECT HAS BEEN →				
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 (finger)		✓ other punctured tire
WITNESSES:				
Name:		Address:		Phone:
Name:		Address:		Phone:
Name:		Address:		Phone:
Police Contacted: yes/no		Fire Contacted: yes/no		Rescue contacted: yes/no
Name: OFFICER BURNETT		Name:		Name
Transported: yes/no		Transported to:		
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:				
called police.				
Staff in Charge: N/A		Staff completing form: JAMARI BYERS-DAVIS		Time of event: 3:15 (approx.)
Report Filed By: JAMARI BYERS-DAVIS		Date: 10/22/19		Time: 4:30p
Date/Time Received by Supervisor:				



City of Charlottesville
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CIRCLE ONE:	INCIDENT	<u>ACCIDENT</u>	DATE: 10/29/17
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>Wallis Barrett</u>		Participants age: <u>6 y.o.</u>	
Specific Area where the accident/incident occurred: <u>Roller skating → Multi-purpose</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.)			
<u>Wallis grabbed onto an adult from behind while skating, and pulled him into her. They both fell backwards, and he fell onto Wallis, knocking the wind out of her and dazing her. All was called immediately after the fall, and rescue arrived within 5 mins. Rescue loaded Wallis and her mother into the ambulance to UVA right after.</u>			
Note: If more space is needed please use reverse side of form			
Injured Body Part – Specify Right or Left			
<u>leg/foot</u> <input checked="" type="checkbox"/>	<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: (ASSUMING)</u>	
WITNESSES:			
Name: <u>Cheryl</u>	Address:	Phone:	
Name: <u>Whitman</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: <u>UVA</u>			
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:			
<u>Held Wallis still on the floor, and called 911. I filled out incident reports while the rescue squad cared for Wallis. After rescue took Wallis and her mother to UVA, I used the spill kit to clean up urine.</u>			
Staff in Charge: <u>N/A</u>	Staff completing form: <u>JBD</u>	Time of event: <u>3:45</u>	
Report Filed By: <u>JBD</u>	Date: <u>10/29/17</u>	Time: <u>4:30pm</u>	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT: <u>ACCIDENT</u>	DATE of Incident: 10/29/17
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>Wailias Barrett</u>	Participants age: <u>6</u>	
Specific Area where the accident/incident occurred:		
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>Wailias was skating and tried to grab on to an adult from the behind. she pulled down the adult (who fell back onto wailias) and another girl - who we had to call in second ambulance for.</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 (finger)</u>	<u>other</u>
WITNESSES:		
Name:	Address:	Phone:
Name:	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>held girls still until 911 came, took incident reports, and had to clean up pee from wailias with spill kit.</u>		
Staff in Charge: <u>N/A</u>	Staff completing form: <u>JAMARI</u>	Time of event: <u>3:45</u>
Report Filed By: <u>JAMARI</u>	Date: <u>10/29/17</u>	Time: <u>4:30</u>
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:		Phone:	
Name of Participant/Injured-Party: Eleanor Erkelen's		Participants age: 7	
Specific Area where the accident/incident occurred:			
Parent/Guardian: Josephine Conover		Phone (H):	Phone (W):
Address: 310 6th St SW Charlottesville, VA		Phone (C): 34-806-7871	Zip: 22903
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Eleanor was holding on to the same adult with his hands. She fell backwards with wallis, but she got up and realized she was in pain afterwards. After we called 911 (for wallis) we came back with the rescue squad to see her laying on the ground too.			
Note: If more space is needed please use reverse side of form			
Injured Body Part -- Specify Right or Left			
leg/foot	<input checked="" type="checkbox"/>	head/neck	ears/nose/mouth/teeth
knees		torso/back	Internal
shoulder		hand/arm (finger)	other
WITNESSES:			
Name: Cheryl	Address:		Phone:
Name: Jammari	Address:		Phone:
Name: TIM FRELECH	Address: 719 LEVY AV		Phone: 882-2657
Police Contacted: <input checked="" type="checkbox"/> yes/no	Fire Contacted: <input checked="" type="checkbox"/> yes/no	Rescue contacted: <input checked="" type="checkbox"/> yes/no	
Name:	Name:	Name	
Transported: <input checked="" type="checkbox"/> yes/no Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
held girls still until ambulance came, took incident reports for 2 girls, and cleaned up pee with spill kit.			
Staff In Charge: N/A	Staff completing form: JAMMARI	Time of event: 3:45	
Report Filed By: JAMMARI	Date: 10/29/17	Time: 4:30	
Date/Time Received by Supervisor:			

City of Charlottesville
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ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT	ACCIDENT	DATE:
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Report should be submitted to the Parks and Recreation Division Manager within 24 hours

Location Facility/ Program: CARVER Phone: 703-727-10108

Name of Participant/Injured Party: IRIS LOVE (Belong Party) Participants age: 7

Specific Area where the accident/incident occurred: ROCK SKATING

Parent/Guardian: SOPHIE ZUNE Phone (H): Phone (W):
Phone (C):

Address: 14051 Oxford Rd Zip:

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

Adult fell on Iris while skating, and a skate collided with Iris' shin (right)

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 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: <u>Cheryl Davis</u>	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:
Give ice

Staff in Charge: N/A Staff completing form: Jamari Time of event: 1:45p

Report Filed By: Jamari Date: 10/29/17 Time: 2:10

Date/Time Received by Supervisor:



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT: Dropped blood	ACCIDENT: Michelle cut her lip shaving	DATE of Incident: Oct 10, 2017
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>Center - 2nd Floor</u>		Phone:	
Name of Participant/Injured-Party: <u>Michelle ?</u>		Participants age:	
Specific Area where the accident/incident occurred: <u>Bathroom and dropped blood from bathroom to group Ex Room</u>			
Parent/Guardian: <u>NA</u>		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>Michelle cut her lip shaving. She did not stop the bleeding and came into the group Ex Room. Blood got on the floor. Sean cleaned up. (Thank you, Sean!)</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	<u>lip</u>
<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: <u>Garrett Mella</u>	Address: <u>1107 Calhoun St Charlottesville VA</u>	Phone: <u>434-422-0961</u>	
Name:	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>Sean cleaned up the blood according to correct protocol. He disposed of soiled materials in the red hazard box</u>			
Staff In Charge: <u>Garrett Mella</u>	Staff completing form: <u>Sean Daniels</u>	Time of event: <u>12:15 PM</u>	
Report Filed By:	Date: <u>0</u>	Time:	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <i>Roller Ankle</i>	DATE of Incident: <i>10-11-17</i>
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program:		Phone:	
Name of Participant/Injured-Party: <i>Thomas Ramsey</i>		Participants age: <i>2-1</i>	
Specific Area where the accident/incident occurred:			
Parent/Guardian:	Phone (H):	Phone (W):	
Address: <i>1357 Villa Way</i>	Phone (C):	<i>804 350 2739</i>	
		Zip: <i>22903</i>	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) <i>Spained Ankle</i> <i>rolled in volleyball game</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	
knees	torso/back	internal	
shoulder	hand/arm (finger)	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: <input checked="" type="checkbox"/> yes/ <input type="checkbox"/> no Transported to:			
STAFF ACTION -- Explain how staff responded including blood borne pathogen procedures followed:			
<i>Brought to Ice / Checked if needed medical attention</i>			
Staff In Charge:	Staff completing form:	Time of event:	
Report Filed By: <i>Thomas Ramsey</i>	Date: <i>10/11/17</i>	Time: <i>9:57 pm</i>	
Date/Time Received by Supervisor:			



City of Charlottesville
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ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	INCIDENT	ACCIDENT	DATE:
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: CHERRY - PINKER BLADE		Phone: 434-806-8365	
Name of Participant/Injured Party: FELL ON LOWER LEG		Participants age: 52 + G	
Specific Area where the accident/incident occurred: PINKER BLADE GYM			
Parent/Guardian: BOB PINKER		Phone (H):	Phone (W):
Address: 1513 CANTONMENT ST, CHERRY		Phone (C): 434-806-8365	Zip: 22902
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
PATIENT FELL ON CHILD ROUTE SEATING			
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	
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:			
APPLIED BAG OF ICE			
Staff in Charge: CHERYL BROOKS-DAVIS	Staff completing form: CHERYL BROOKS-DAVIS	Time of event: 2:10	
Report Filed By:	Date:	Time: 2:20	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:	<u>INCIDENT</u>	ACCIDENT	DATE: 10/8/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Mens Locker Room		Phone:	
Name of Participant/Injured Party: David Nelson		Participants age:	
Specific Area where the accident/incident occurred:			
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.)			
David went into the Locker Rooms and 2 young men looking threw all the lockers. They pretended that a locked locker was there. David then called them thieves and to go back to basket ball. They accused David of cursing at them and he testified that he did not cuss at them and told them that they need to stop lying. He said it was a kid with a white shirt and a black shirt with red letters. Bill over heard the kids say they were going to cut David.			
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: John Bittner - saw no faces			
Name:	Address:		
Name:	Address:		
Name:	Address:		
Police Contacted: yes/no	Fire Contacted: yes/no		
Name:	Name:		
Transported: yes/ no Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed			
Staff in Charge: <i>[Signature]</i>	Staff completing form: Dabrina J.	Time of event: 4:25	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			

CHILDREN ARE
JESSE JONES IV
MARCUS JONES
409 DICE ST
434 836 7626



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT:	DATE of Incident: 10/6/19
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: MP Room		Phone:	Participants age: 9
Name of Participant/Injured-Party: Harley Fackly			
Specific Area where the accident/incident occurred: skating			
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.)			
fell on right wrist while skating			
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	<input checked="" type="checkbox"/> hand/arm (finger)	other	
WITNESSES:			
Name: Jamari	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			
Staff in Charge: Mike B	Staff completing form: Jamari	Time of event: 6:51 pm	
Report Filed By: Jamari	Date: 10/6/19	Time: 7:00 pm	
Date/Time Received by Supervisor:			



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT



CIRCLE ONE:		<u>INCIDENT</u>	ACCIDENT	DATE:
Report should be submitted to the Parks and Recreation Division Manager within 24 hours				
Location Facility/ Program:			Phone:	
Name of Participant/Injured Party: <u>Austin</u>			Participants age:	
Specific Area where the accident/incident occurred: <u>Gym</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>17:43 Najeem was seen on camera stealing another patron's phone and charger in the gym. Austin stated that he wouldn't involve the police if the phone was returned the next day during business hours, and I reiterated that to Hill's mother when I located Najeem's emergency contact. She stated that she would handle it Monday, October 2, 2017, and return the items (6:05pm).</p>				
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		<input type="checkbox"/> other:
WITNESSES:				
Name: <u>Jamari</u>		Address:		Phone:
Name: <u>Dabrina</u>		Address:		Phone:
Name:		Address:		Phone:
Police Contacted: yes/ <input checked="" type="radio"/> no		Fire Contacted: yes/ <input checked="" type="radio"/> no		Rescue contacted: yes/ <input checked="" type="radio"/> no
Name:		Name:		Name
Transported: yes/ <input checked="" type="radio"/> no Transported to:				
STAFF ACTION – Explain how staff responded including blood borne pathogen procedures followed:				
I asked Austin what he wanted to do after we located the incident on camera, and then I informed Najeem Hill's mom of what occurred and that she could definitely return the phone the next day.				
Staff in Charge: <u>Jamari</u>		Staff completing form: <u>Jamari</u>		Time of event: <u>6:05 (17:43)</u>
Report Filed By: <u>Jamari</u>		Date: <u>10/3/17</u>		Time: <u>6:05pm</u>
Date/Time Received by Supervisor:				