



City of Charlottesville
Parks and Recreation Department
ACCIDENT/INCIDENT REPORT

CHARLOTTESVILLE
parks & recreation

CAME IN TODAY TO FILL OUT FORM

CIRCLE ONE:	INCIDENT	<u>ACCIDENT</u>	DATE: 10/17/2017
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program:		Phone:	
Name of Participant/Injured Party: PATRICK JORDAN		Participants age: 75	
Specific Area where the accident/incident occurred: SKATE FLOOR RIGHT SIDE			
Parent/Guardian:		Phone (H): 434 529 8971	Phone (W):
Address: 1713 RALPHAWAY CT		Zip: 22911	
CHARLOTTESVILLE VA			
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.) I WAS SKATING FORWARD MY WHEEL STRUCK A DIAMOND SHAPE OBJECT AND STOPPED THE WHEEL I FELL FORWARD AND STRUCK MY KNEE ON THE FLOOR			
BROKEN KNEECAP (CHERYL)			
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 checked="" type="checkbox"/> knees	torso/back	internal	
shoulder	hand/arm	other:	
WITNESSES:			
Name: JAM AREE	Address: STAFF AT CARVEN REC	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: No			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: RESPONDED TO SUPERVISOR MIKE			
Staff in Charge:	Staff completing form:	Time of event:	
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			