



City of Charlottesville  
Parks and Recreation Department  
ACCIDENT/INCIDENT REPORT



CIRCLE ONE: PLEASE PRINT		INCIDENT: <u>(ACCIDENT)</u>	DATE of Incident: <u>8/26/17</u>
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>Tejon Reid</u>		Participants age: <u>13</u>	
Specific Area where the accident/incident occurred: <u>gym</u>			
Parent/Guardian: <u>Patrice Reid</u>		Phone (H):	Phone (W):
Address: <u>707c 6th St</u>		Phone (C):	<u>806-8974</u>
Zip:			
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<p><u>Tejon was hit in the lip with another player's head accidentally; his upper lip had a cut on the inside and out. He bled through his T-shirt, so Katherine and I called his mom, gave him ice, and gave him a lost and found shirt. Mom didn't answer, we gave him a bag to take home with his bloody items, and he went back upstairs to play after he stopped bleeding.</u></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 checked="" 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>Katherine</u>	Address:	Phone:	
Name: <u>Jamari</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:			
<u>We sat, talked about what he wanted to do/call, called mom - no answer, gave him a new/clean shirt, and sat with him until he was ready to leave / go back and play upstairs.</u>			
Staff in Charge: <u>Jamari</u>	Staff completing form: <u>Jamen</u>	Time of event: <u>8/26/17</u>	
Report Filed By: <u>Jamen</u>	Date: <u>8/26/17</u>	Time: <u>4:05 pm</u>	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT: fall, wrist injury	ACCIDENT:	DATE of Incident: 8/20/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: Carver Rec Gym Skating		Phone: 434 970 1904	
Name of Participant/Injured-Party: Anastasia Wilson		Participants age: 15	
Specific Area where the accident/incident occurred: In gym skating near stair exit opposite of stage, fell on both wrists while bracing fall.			
Parent/Guardian: STARS / Krishna Smith		Phone (H): 434 970 1904	Phone (W):
Address: 517 Park Street Charlottesville VA		Zip: 22901	
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
Resident was skating and lost her balance. In order to minimize fall, she braced herself by using both arms. She felt pain immediately in both wrists. No immediate swelling occurred and ice was placed on site of injury.			
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 wrists (left & right)	
WITNESSES:			
Name: Krishna Smith	Address: 517 Park St Chville VA 22901	Phone: 229 434 970 1904	
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Police Contacted: yes/no <input checked="" type="radio"/> no	Fire Contacted: yes/no <input checked="" type="radio"/> no	Rescue contacted: yes/no <input checked="" type="radio"/> no	
Name:	Name:	Name:	
Transported: yes/no <input checked="" type="radio"/> no Transported to:			
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed:			
Staff returned ice as requested.			
Staff in Charge: CHERYL		Staff completing form:	Time of event: 2:45pm
BROOK S ~ DAVIS			
Report Filed By:	Date:	Time:	
Date/Time Received by Supervisor:			



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CIRCLE ONE: PLEASE PRINT	INCIDENT:	ACCIDENT: <input checked="" type="checkbox"/>	DATE of Incident: 8/17/17
Report should be submitted to the Parks and Recreation Division Manager within 24 hours			
Location Facility/ Program: <u>CARVER, Roller Skating</u>		Phone:	
Name of Participant/Injured-Party: <u>Eamon Manning</u>		Participants age: <u>5</u>	
Specific Area where the accident/incident occurred: <u>Right elbow</u>			
Parent/Guardian: <u>Patty Kohstall</u>		Phone (H):	Phone (W):
Address: <u>626 North Ave.</u>		Phone (C): <u>806-2706</u>	Zip: <u>22901</u>
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)			
<u>Roller skating. Fell and hit elbow on an existing bruise. Swelled up immediately.</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 type="checkbox"/> hand/arm (finger)	<input checked="" type="checkbox"/> other <u>R-elbow</u>	
WITNESSES:			
Name: <u>Emily Cooper</u>	Address:	Phone: <u>434-970-3053</u>	
Name:	Address:	Phone:	
Name: <u>Margaret Lancy</u>	Address:	Phone: <u>434-970-3053</u>	
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:			
<u>STAFF gave Eamon ice and followed up with his parents to see how he was doing</u>			
Staff In Charge: <u>Mike Brown</u>		Staff completing form: <u>Mike Brown</u>	Time of event: <u>6:00pm</u>
Report Filed By:		Date:	Time:
Date/Time Received by Supervisor:			