City of Charlottesville Parks and Recreation Department ACCIDENT/INCIDENT REPORT

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parks S recreation

CIRCLE ONE: PLEASE PRINT	INCIDENT:		ACCIDENT:	DATE of Incident:		
			- Company of the Comp			
Report should be submi	ted to the Parks and	Recrea	rtion Division Manager wi	thin 24 hours		
Location Facility/ Program:	Phone:					
Name of Participant/Injured-F	arty: Amelia	BUR	2005	Participants age: Q3		
Specific Area where the accident/incident occurred: Gymna Sium						
Parent/Guardian:			Phone (H): Phone (C):	Phone (W):		
Address:			,	Zlp:		
Description of Assistant Assistant						
Description of Accident/incident (What occurred? What was the patron doing? Please be as specific as possible.)						
Landed	wrong on	ria	ht knee while	playing.		
	<u> </u>	• 0		1. 0		
	ì					
			•			
			<u></u>			
	,	·				
Note: If more space is needed please use reverse side of form						
Injured Body Part – Specify Rig	that and after		•	·		
leg/foot	head/neck		and the section with the sub-			
knees	torso/back		_ears/nose/mouth/teeth internal			
shoulder	_hand/arm (finger)		other			
*			- Other			
WITNESSES:						
Name:	Address:		•	Phone:		
Name:	Address:			Phone:		
Name:	Address:			Phone:		
Police Contacted: yes no	Fire Contacted: yes no	\sim		Rescue contacted: yes no		
Name:	Name:			Name		
Transported: yes no Transported to:						
STAFF ACTION — Explain how staff responded including blood borne pathogen procedures followed:						
ICF PACY Was given						
	U -					
Staff in Channel 10.						
Staff in Charge: Jamon	Staff completing for	<u>т:</u> /_/	amani	Time of event: 7:25pm		
Report Filed By: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· i			/		
Report Filed By: JOMAN Date: 8 7 12014 Time: 7:30pm						
parel time received by anhets	3UI			1		



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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 Dealth and Material De	nty: Jesse Ale	11.	Participants age:			
Specific Area where the accident/incident occurred: haskethall coult						
Parent/Guardian:		Phone (H):	Phone (W):			
		Phone (C):				
Address:	<u> </u>		Zlp:			
Description of Accident/Incident (What occurred? What was the patron doing? Please be as specific as possible.)						
MUD HACK LEGIOU	May all pally ?		on the busketbull			
court and hen	is butter them	in the mouth,				
	•					
,	,					
Note: If more space is needed p	lease use reverse side of form					
Injured Hady Dank Const. Dist.	, and all		• •			
Injured Body Part – Specify Righ leg/foot	head/neck X	ears/nose/mouth/teeth				
	torso/back	Internal				
	hand/arm (finger)	other				
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
WITNESSES:						
Name:	Address:		Phone:			
Name:	Address:		Phone:			
Name:	Address:		Phone:			
Police Contacted: yes/60	Fire Contacted: yes/no)	•	Rescue contacted: yes/no)			
Name:	Name:		Name			
Transported: yes (no) Transported to:						
CTAPT ACTION - 1.1.						
STAFF ACTION - Explain how staff responded including blood borne pathogen procedures followed: Mike as the same as a skew of he viceded additional						
help thin on the park and asked if he needed additional						
Staff in Charge: Mike Brun	Staff completing form: D	abring	Time of event: 4:30			
The result for			•			
Report Filed By: Date/Time Received by Supervis		Date:	Time:			
pare) time vereiged by subervis	Ur					